# 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
RETIREMENT PLAN FOR GREAT DANE LIMITED PARTNERSHIP

**1b** Three-digit plan number (PN) ▶ 005

**1c** Effective date of plan 01/01/1986

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

602 E LATHROP AVENUE
SAVANNAH, GA 31415

602 E LATHROP AVENUE
SAVANNAH, GA 31415

**2b** Employer Identification Number (EIN)
36-4120610

**2c** Plan Sponsor's telephone number
912-644-2100

**2d** Business code (see instructions)
336210

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/18/2015 | JAMES PETRARCA |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/18/2015 | JAMES PETRARCA |
| | **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** | 5807 |
| **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)** | 3112 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 2977 |
| **b** | Retired or separated participants receiving benefits | **6b** | 811 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 1819 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 5607 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 242 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 5849 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 0 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 66 |
| **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:
1C

**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)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**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

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

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

**A** Name of plan
RETIREMENT PLAN FOR GREAT DANE LIMITED PARTNERSHIP

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GREAT DANE LIMITED PARTNERSHIP

**D** Employer Identification Number (EIN)
36-4120610

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

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

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2014

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 197670467 |
| **b** Actuarial value | **2b** | 197670467 |

**3** Funding target/participant count breakdown

| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|---|---|---|
| **a** For retired participants and beneficiaries receiving payment | 912 | 33967344 | 33967344 |
| **b** For terminated vested participants | 1836 | 34637198 | 34637198 |
| **c** For active participants | 3331 | 61295011 | 64945750 |
| **d** Total | 6079 | 129899553 | 133550292 |

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

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | **4a** | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | **4b** | |
| **5** Effective interest rate | **5** | 6.62% |
| **6** Target normal cost | **6** | 3624563 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Signature of actuary

09/09/2015
Date

BONNIE J. MARR
Type or print name of actuary

14-04072
Most recent enrollment number

MERCER
Firm name

312-917-9900
Telephone number (including area code)

155 N. WACKER DRIVE
SUITE 1500
CHICAGO, IL 60606-7500
Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 33.71% | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 0 |
| | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.44 % | | 0 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 0 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | | |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 148.01 % |
| 15 | Adjusted funding target attainment percentage | 15 | 148.01 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 119.46 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 10/29/2014 | 6000000 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 6000000 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | a Contributions allocated toward unpaid minimum required contributions from prior years. | 19a | 0 |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 5691069 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| | | | |

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 4.99 % | 6.32 % | 6.99 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **22** Weighted average retirement age | **22** | 61 |

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

## Part VI Miscellaneous Items

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

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

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6) | **31a** | 3624563 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 3624563 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | | |
| **b** Waiver amortization installment | | |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 0 |

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

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 0 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 5691069 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 5691069 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

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

**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<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
RETIREMENT PLAN FOR GREAT DANE LIMITED PARTNERSHIP

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500
GREAT DANE LIMITED PARTNERSHIP

**D** Employer Identification Number (EIN)
36-4120610

## 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

THE NORTHERN TRUST COMPANY

36-1561860

**(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)

NEUBERGER BERMAN, LLC

13-5521910

| (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 51 | INVESTMENT ADVISOR | 918060 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

HARRIS ASSOCIATES, LP

36-3484078

| (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 51 | INVESTMENT ADVISOR | 392260 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

SILCHESTER INTERNATIONAL INVESTORS

36-7045783

| (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 51 | INVESTMENT ADVISOR | 382095 | 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)

MERCER

13-2834414

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 11 | ACTUARY | 252529 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

THE NORTHERN TRUST COMPANY

36-1561860

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 21 27 51 99 | TRUSTEE | 111856 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

PRICE WATERHOUSE COOPERS

13-4008324

| (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 | AUDITOR | 37000 | 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)

CITIGROUP GLOBAL/SMITH BARNEY

11-2418067

| (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? |
|---|---|---|---|---|---|---|
| 71 | BROKER | 0 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE 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
RETIREMENT PLAN FOR GREAT DANE LIMITED PARTNERSHIP

**B** Three-digit plan number (PN) ▶ 005

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
GREAT DANE LIMITED PARTNERSHIP

**D** Employer Identification Number (EIN)
36-4120610

**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: SILCHESTER INT VALUE EQUITY TRUST

**b** Name of sponsor of entity listed in (a): SILCHESTER INTERNATIONAL INVESTORS, LLP

| **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) |
|---|---|---|
| 36-7045783-001 | E | 44188221 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: COLSHRT TRM INVST FUND

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, NA

| **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) |
|---|---|---|
| 45-6138589-084 | C | 11749999 |

**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
RETIREMENT PLAN FOR GREAT DANE LIMITED PARTNERSHIP

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500
GREAT DANE LIMITED PARTNERSHIP

**D** Employer Identification Number (EIN)
36-4120610

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 1888677 | 456810 |
| **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) | 142922879 | 151780068 |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 6824088 | 11749999 |
| **(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) | 46444849 | 44188221 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(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 | 198080493 | 208175098 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 410026 | 58358 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 410026 | 58358 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 197670467 | 208116740 |

## 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) | 6000000 | |
| | **(B)** Participants | 2a(1)(B) | | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 6000000 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 11636 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 11636 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | 3388612 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 3388612 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 46507815 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 30166512 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 16341303 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | -4307876 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | -4307876 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | -1170244 |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 20263431 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 7723358 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | | |
| **(3)** Other | 2e(3) | | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 7723358 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | 289529 | |
| **(2)** Contract administrator fees | 2i(2) | 100744 | |
| **(3)** Investment advisory and management fees | 2i(3) | 1703527 | |
| **(4)** Other | 2i(4) | | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 2093800 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 9817158 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 10446273 |
| **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: PRICE WATERHOUSE COOPERS, LLP **(2)** EIN: 13-4008324

**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
RETIREMENT PLAN FOR GREAT DANE LIMITED PARTNERSHIP

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500
GREAT DANE LIMITED PARTNERSHIP

**D** Employer Identification Number (EIN)
36-4120610

## 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**

**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): _____ _____

**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** 67

## 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: 97.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: 3.0%

**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):

## Independent Auditor's Report

To the Plan Administrator and
Board of Trustees of the Retirement Plan for
Great Dane Limited Partnership

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Retirement Plan for Great Dane Limited Partnership (the "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 statement of accumulated plan benefits as of January 1, 2014 and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of the 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 the 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 6, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

pwc

***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 the financial statements.

***Other Matter***

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

**Report on Form and Content in Compliance with DOL Rules and Regulations**

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

PricewaterhouseCoopers LLP

September 17, 2015

| (a) | Identity of issue, borrower, lessor or similar party (b) | Description of investment including maturity date, rate of interest, collateral, par or maturity value (c) | Cost (d) | Current value (e) |
|---|---|---|---|---|
| | Investments | | | |
| | Common stocks | | | |
| | Accenture Plc | Common Stock | $ 817,851 | $ 2,027,337 |
| | Amazon.com, Inc. | Common Stock | 3,901,213 | 3,941,445 |
| | American Express Company | Common Stock | 564,893 | 1,376,992 |
| | American International Group, Inc. | Common Stock | 3,268,013 | 5,024,097 |
| | Anadarko Petroleum Corporation | Common Stock | 409,751 | 907,500 |
| | Aon Plc | Common Stock | 4,815,520 | 6,562,236 |
| | Apple, Inc. | Common Stock | 3,681,861 | 5,353,430 |
| | Applied Materials, Inc. | Common Stock | 1,394,570 | 2,686,376 |
| | Ashland, Inc. | Common Stock | 574,293 | 886,224 |
| | B/E Aerospace, Inc. | Common Stock | 1,186,036 | 1,160,400 |
| | Berkshire Hathaway, Inc. | Common Stock | 1,374,138 | 1,501,500 |
| | Blackrock, Inc. | Common Stock | 3,011,293 | 3,897,404 |
| | Boeing Company | Common Stock | 2,440,906 | 3,769,420 |
| | Cabot Oil and Gas Corporation | Common Stock | 1,348,161 | 3,671,640 |
| | California Resources Corporation | Common Stock | 31,839 | 38,570 |
| | Carmax, Inc. | Common Stock | 2,281,156 | 4,068,038 |
| | Carpenter Technology Corporation | Common Stock | 1,735,647 | 2,511,750 |
| | CBRE Group, Inc. | Common Stock | 2,387,087 | 3,099,625 |
| | Covanta Holding Corporation | Common Stock | 1,119,903 | 1,540,700 |
| | Eli Lilly and Company | Common Stock | 1,368,455 | 1,517,780 |
| | EOG Resources, Inc. | Common Stock | 970,905 | 1,583,604 |
| | Express Scripts Holding Company | Common Stock | 973,785 | 1,100,710 |
| | Family Dollar Stores, Inc. | Common Stock | 1,623,691 | 2,186,196 |
| | FedEx Corporation | Common Stock | 798,678 | 868,300 |
| | Franklin Resources, Inc. | Common Stock | 1,461,262 | 3,626,735 |
| | General Motors Company | Common Stock | 4,345,041 | 5,065,441 |
| | Glencore Plc | Common Stock | 5,311,496 | 4,237,493 |
| | Intel Corporation | Common Stock | 3,284,365 | 5,247,534 |
| | International Business Machines Corp. | Common Stock | 1,520,921 | 2,727,480 |
| | International Paper Company | Common Stock | 1,517,101 | 2,839,740 |
| | Johnson & Johnson | Common Stock | 1,206,525 | 1,673,120 |
| | JP Morgan Chase and Company | Common Stock | 2,641,937 | 4,680,984 |

| (a) | Identity of issue, borrower, lessor or similar party (b) | Description of investment including maturity date, rate of interest, collateral, par or maturity value (c) | Cost (d) | Current value (e) |
|---|---|---|---|---|
| | Common stocks - continued | | | |
| | KLX, Inc. | Common Stock | 467,034 | 412,500 |
| | M & T Bank Corporation | Common Stock | 1,422,310 | 1,595,374 |
| | Microsoft Corporation | Common Stock | 1,783,838 | 3,112,150 |
| | National Oilwell Varco, Inc. | Common Stock | 1,897,724 | 2,791,578 |
| | Nortel Networks Corporation | Common Stock | 36 | - |
| | Occidental Petroleum Corporation | Common Stock | 1,828,780 | 2,821,350 |
| | Oracle Corporation | Common Stock | 947,426 | 2,563,290 |
| | Packaging Corporation of America | Common Stock | 1,187,756 | 3,512,250 |
| | Penn National Gaming, Inc. | Common Stock | 266,812 | 523,113 |
| | Pfizer, Inc. | Common Stock | 1,486,130 | 2,432,815 |
| | Pioneer Natural Resources Company | Common Stock | 720,581 | 3,140,735 |
| | Progressive Corporation | Common Stock | 1,031,149 | 1,106,590 |
| | Ralph Lauren Corporation | Common Stock | 3,774,637 | 4,388,292 |
| | Sandisk Corporation | Common Stock | 2,622,485 | 3,919,200 |
| | Sanofi | Common Stock | 1,610,347 | 1,596,350 |
| | Starwood Hotels & Resorts, Inc. | Common Stock | 792,726 | 1,507,902 |
| | Textron, Inc. | Common Stock | 1,828,353 | 2,442,380 |
| | Tiffany & Company | Common Stock | 631,485 | 1,228,890 |
| | Travelers Companies, Inc. | Common Stock | 1,022,826 | 2,646,250 |
| | United Continental Holdings, Inc. | Common Stock | 2,334,030 | 4,013,400 |
| | Unum Group | Common Stock | 1,326,119 | 2,246,272 |
| | Viacom, Inc. | Common Stock | 802,443 | 2,265,000 |
| | Visa, Inc. | Common Stock | 1,451,118 | 4,142,760 |
| | Wells Fargo & Company | Common Stock | 3,282,271 | 5,991,826 |
| | | Total common stocks | 97,886,709 | 151,780,068 |
| | Common and collective trusts | | | |
| | Silchester Int'l Value Equity Grp Trust | Common and Collective Trust | 26,254,980 | 44,188,221 |
| * | Northern Trust Collective STIF | Common and Collective Trust | 11,749,999 | 11,749,999 |
| | | Total common and collective trusts | 38,004,979 | 55,938,220 |
| | | Total investments | $135,891,688 | $ 207,718,288 |

* Represents a party-in-interest to the Plan.

# Retirement Plan for Great Dane Limited Partnership
## Schedule H, Line 4j - Schedule of Reportable Transactions
## Year Ended December 31, 2014

**Schedule II**

| (a) | Identity of party involved/description of investment (b) | Transaction Aggregate: Number of transactions | Purchase price (c) | Selling price (d) | Cost of asset (g) | Current value of asset on transaction date (h) | Net gain/ (loss) (i) |
|---|---|---|---|---|---|---|---|
| | **Series of Transactions in excess of 5%** | | | | | | |
| * | Northern Trust STIF | 264 | $ 52,497,211 | $ - | $ 52,497,211 | $ 52,497,211 | $ - |
| * | Northern Trust STIF | 163 | - | 47,571,299 | 47,571,299 | 47,571,299 | - |

* Represents a party-in-interest to the Plan.

DRAFT 6 10 2015

Information included in this schedule is certified as complete and accurate by The Northern Trust Company.

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

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

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**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

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

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

**A** Name of plan
Retirement Plan for Great Dane Limited Partnership

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Great Dane Limited Partnership

**D** Employer Identification Number (EIN)
36-4120610

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

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

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2014

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 197670467 |
| **b** Actuarial value | **2b** | 197670467 |

**3** Funding target/participant count breakdown

| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|---|---|---|
| **a** For retired participants and beneficiaries receiving payment | 912 | 33967344 | 33967344 |
| **b** For terminated vested participants | 1836 | 34637198 | 34637198 |
| **c** For active participants | 3331 | 61295011 | 64945750 |
| **d** Total | 6079 | 129899553 | 133550292 |

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

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | **4a** | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | **4b** | |
| **5** Effective interest rate | **5** | 6.62% |
| **6** Target normal cost | **6** | 3624563 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Signature of actuary

9/9/15
Date

BONNIE J. MARR
Type or print name of actuary

1404072
Most recent enrollment number

MERCER
Firm name

312-917-9900
Telephone number (including area code)

155 N. WACKER DRIVE
SUITE 1500
CHICAGO IL 60606-7500
Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 33.71 % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 0 |
| | **b(1)** Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.44% | | 0 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 0 |
| | **d** Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | | |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 148.01 % |
| 15 | Adjusted funding target attainment percentage | 15 | 148.01 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 119.46 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 10/29/2014 | 6000000 | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 6000000 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | **a** Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| | **b** Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 5691069 |

20 Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| | | | |

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | ☐ N/A, full yield curve used |
|---|---|---|---|
| 4.99% | 6.32% | 6.99% | |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | 21b | 0 |
| **22** Weighted average retirement age | 22 | 61 |

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

## Part VI Miscellaneous Items

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

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

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

## Part VIII Minimum Required Contribution For Current Year

| | | |
|---|---|---|
| **31** Target normal cost and excess assets (see instructions): | | |
| **a** Target normal cost (line 6) | 31a | 3624563 |
| **b** Excess assets, if applicable, but not greater than line 31a | 31b | 3624563 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | | |
| **b** Waiver amortization installment | | |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | 33 | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | 34 | 0 |

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

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | 36 | 0 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | 37 | 5691069 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | 38a | 5691069 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | 39 | 0 |
| **40** Unpaid minimum required contributions for all years | 40 | 0 |

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

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

**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

## Schedule SB, Line 24 — Change in Actuarial Assumptions

- The expense component of the normal cost decreased from $377,000 to $371,000 to reflect our expectations for the current plan year.

## Schedule SB, Line 26 — Schedule of Active Participant Data

## Distribution of Active Participants as of January 1, 2014

| Attained age | Years of credited service | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & up | Total |
| Under 25 | 9 | 265<br>25,325 | 8 | | | | | | | | 282 |
| 25-29 | 1 | 243<br>29,022 | 53<br>29,101 | 4 | | | | | | | 301 |
| 30-34 | | 198<br>27,391 | 114<br>34,068 | 51<br>39,422 | 1 | | | | | | 364 |
| 35-39 | | 169<br>29,898 | 61<br>34,457 | 64<br>37,833 | 37<br>49,067 | 5 | | | | | 336 |
| 40-44 | | 153<br>30,083 | 67<br>34,449 | 62<br>40,630 | 64<br>50,624 | 52<br>42,690 | | | | | 398 |
| 45-49 | 1 | 147<br>33,216 | 63<br>44,273 | 56<br>46,289 | 51<br>50,392 | 61<br>47,368 | 37<br>43,450 | 6 | | | 422 |
| 50-54 | | 120<br>31,540 | 78<br>38,677 | 81<br>39,996 | 52<br>51,840 | 43<br>42,244 | 76<br>50,335 | 33<br>61,454 | 32<br>53,047 | | 515 |
| 55-59 | | 98<br>32,786 | 62<br>44,293 | 59<br>45,937 | 45<br>56,009 | 23<br>44,053 | 45<br>44,051 | 31<br>62,139 | 96<br>55,358 | 2 | 461 |
| 60-64 | | 24<br>27,905 | 23<br>38,144 | 43<br>48,461 | 27<br>50,065 | 18 | 26<br>48,204 | 17 | 25<br>45,065 | 6 | 209 |
| 65-69 | | 4 | 2 | 6 | 3 | 3 | 7 | 1 | 2 | 5 | 33 |
| 70 & up | | 2 | | 1 | 4 | 2 | | | 1 | | 10 |
| Total | 11 | 1423 | 531 | 427 | 284 | 207 | 191 | 88 | 156 | 13 | 3,331 |

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is the average of compensation for 2013 limited to $255,000. Average compensation is not shown for cells with fewer than 20 participants.

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

# Actuarial Assumptions

To prepare an actuarial valuation, assumptions are used in a forward looking financial and demographic model to present a single scenario from a wide range of possibilities. The future is uncertain and the plan's actual experience will differ from those assumptions; these differences may be significant or material because actuarial estimates can be very sensitive to the assumptions made and, in some cases, to the interaction between the assumptions.

Different assumptions or scenarios within the range of possibilities may also be reasonable and results based on alternative assumptions would be different. As a result of the uncertainty inherent in a forward looking projection over a very long period of time, no one projection is uniquely "correct" and many alternative projections of the future could also be regarded as reasonable. Two different actuaries could, quite reasonably, arrive at different results based on the same data and different views of the future. A "sensitivity analysis" shows the degree to which results would be different if alternative assumptions are used for the actuarial estimates. At CC Industries, Inc.'s request, Mercer is available to perform such a sensitivity analysis.

Assumptions may also be changed from one valuation to the next because of changes in mandated requirements, plan experience, changes in expectations about the future and other factors. A change in assumptions is not an indication that prior assumptions were unreasonable when made.

### Actuarial Assumptions for Funding Valuation

| | | |
|---|---|---|
| **Discount rate sponsor elections** | | |
| • Segment rates or full yield curve | Segment | |
| • Look-back months | 0 | |
| • Use stabilized rates – funding | Yes | |
| • Use stabilized rates – Section 436 benefit restrictions | Yes | |
| | **Stabilized rates** | **Nonstabilized rates** |
| • First 5 years | 4.99% | 1.25% |
| • Next 15 years | 6.32% | 4.06% |
| • Over 20 years | 6.99% | 5.08% |
| **Mortality sponsor elections** | | |
| • Healthy and disabled participants | PPA separate generational annuitant and non-annuitant mortality tables. | |

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

| | |
|---|---|
| **417(e) lump sums** | Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and unisex generational mortality. |
| **Other economic assumptions** | |
| • Salary increases | 3.00% per year |
| • Flat-dollar benefit increases | N/A |
| • Social Security wage base | N/A |
| • Inflation | 2.50% per year |
| • Expenses | $371,000 added to current year normal cost |
| **Demographic assumptions** | |
| • Withdrawal | See table of sample rates. |
| • Disability incidence | See table of sample rates. |

• Retirement age

| Attained age | Percentage |
|---|---|
| Under 55 | 0% |
| 55 – 59 | 8% |
| 60 – 61 | 15% |
| 62 | 30% |
| 63 | 15% |
| 64 | 30% |
| 65 | 45% |
| 66 – 67 | 25% |
| 68 – 69 | 15% |
| 70 and above | 100% |

| | | |
|---|---|---|
| • Benefit commencement age for | | |
| — Future vested deferred | 65 | |
| — Current vested deferred | 65 | |
| • Spouse assumptions | **Male participants** | **Female participants** |
| — Percentage married | 90% | 90% |
| — Spouse age difference | 3 years younger | 3 years older |

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

**Form of payment**

For benefits earned prior to January 1, 2012:

| | Lump sum | Single life | 50% J&S |
|---|---|---|---|
| • Active retirements | 85% | 15% | 0% |
| • Future vested deferred | 0% | 10% | 90% |
| • Future disabilities | 0% | 10% | 90% |
| • Future deaths | 0% | 0% | 100% |
| • Current vested deferred | 0% | 10% | 90% |

For benefits earned after January 1, 2012:

| | Lump sum | Single life | 50% J&S |
|---|---|---|---|
| • Active retirements | 0% | 50% | 50% |
| • Future vested deferred | 0% | 50% | 50% |
| • Future disabilities | 0% | 50% | 50% |
| • Future deaths | 0% | 50% | 50% |
| • Current vested deferred | 0% | 50% | 50% |

**Valuation Pay**

Valuation pay for 2014 is equal to [(a) - (b) + (c) - (d) + (e)] multiplied by the funding salary scale of 3.00%: (a) 2013 actual pension compensation, annualized for layoffs during 2013; (b) actual bonus during 2013; (c) an assumed bonus equal to an individual's target bonus percent multiplied by their base compensation for 2013; (d) 2013 actual commissions; and (e) average of commissions for the prior 3 years.

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Table of Sample Rates

| | Percentage | | |
|---|---|---|---|
| | Withdrawal | | Disability incidence |
| Attained age | Less than or equal to 5 years of service (Select) | Greater than 5 years of service (Ultimate) | |
| 20 | 42.85% | 30.00% | 0.04% |
| 25 | 37.11% | 22.50% | 0.07% |
| 30 | 30.75% | 15.25% | 0.10% |
| 35 | 28.29% | 10.88% | 0.14% |
| 40 | 26.24% | 8.63% | 0.22% |
| 45 | 24.19% | 7.63% | 0.34% |
| 50 | 22.14% | 7.00% | 0.61% |
| 55 | 21.12% | 5.50% | 1.11% |
| 60 | 20.09% | 4.25% | 1.60% |

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

# Actuarial Methods

An actuarial valuation is only a snapshot of a plan's estimated financial condition at a particular point in time; it does not predict the plan's future financial condition or its ability to pay benefits in the future and does not provide any guarantee of future financial soundness of the plan. Over time, a plan's total cost will depend on a number of factors, including the amount of benefits the plan pays, the number of people paid benefits, the period of time over which benefits are paid, plan expenses and the amount earned on any assets invested to pay benefits. These amounts and other variables are uncertain and unknowable at the valuation date.

Because modeling all aspects of a situation is not possible or practical, we may use summary information, estimates, or simplifications of estimates to facilitate the modeling of future events in an efficient and cost-effective manner. We may also exclude factors or data that, if used, in our judgment, would not have significantly affected our results. Use of such simplifying techniques does not, in our judgment, affect the reasonableness of valuation results for the plan.

Valuations do not affect the ultimate cost of the plan, only the timing of when benefit costs are recognized. Cost recognition occurs over time. If the costs recognized over a period of years are lower or higher than necessary, for whatever reason, normal and expected practice is to adjust future cost levels to recognize the entire cost of the plan over time.

### Actuarial Methods for Funding

#### Asset Methods

The asset valuation method is the fair market value.

#### Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts**: The plan does not have any insurance contracts.

#### Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- This plan provides benefits that are not a function of a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the ratio of the participant's service at the beginning of the plan year to their service at each decrement age and is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

### Maximum Deductible Contribution Method

Calculation of maximum deductible contributions include the excess of the funding target computed using the projected unit credit method over the minimum funding target. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future compensation increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **projected funding target** is the present value of future benefits based on credited service as of the beginning of the plan year and projected compensation that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the projected funding target for an individual is the sum of the component projected funding targets associated with the various anticipated separation dates.
- The plan's **projected funding target** is the sum of the projected funding targets for all participants under the plan. The excess of the plan's projected funding target over the plan's funding target is included in the "cushion amount".

**Schedule SB, Part V — Summary of Plan Provisions**

# Plan Provisions

## Benefits Included or Excluded

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Most recent plan amendments included:** The plan was restated effective January 1, 2010, and executed December 30, 2010. The plan has been amended effective January 15, 2012.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
  - *Active participants:* Current active participants over normal retirement age are valued using their accrued benefit. Late retirement actuarial increases are deemed to be insignificant for the purposes of this valuation.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued using their accrued benefit. Late retirement actuarial increases are deemed to be insignificant for the purposes of this valuation.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

### Plan Provisions Specific to Funding

## Additional Benefits Included or Excluded

- **IRC Section 436 benefit restrictions:**
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit* accruals: The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** No scheduled benefit increases exist under the plan.
- **Shutdown benefits:** We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

## Schedule SB, Part V — Summary of Plan Provisions

### Summary of Major Plan Provisions

| | |
|---|---|
| Effective date and plan year | Original plan: January 1, 1986<br>Restated plan: January 1, 2010<br>Last amended: January 15, 2012<br>Plan year: The calendar year |
| Status of the plan | The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements. |
| Significant events that occurred during the year | None |
| **Definitions** | |
| • Participation | Employees are eligible on the January 1st or July 1st coincident with or next following the anniversary of their employment commencement date following completion of one year of eligibility service and attainment of age 21. Current plan participants continue to participate effective January 1, 1998. Former participants of the Pines Trailer Target Benefit Plan and Trust become participants on January 1, 1998. Former participants of the Great Dane Limited Partnership Bargaining Unit Plan became participants on January 1, 2006. Employees of the Johnson Truck Bodies are eligible to become participants beginning on January 15, 2012. |
| • Employee Contributions | Contributions are neither permitted nor required. |
| • Vesting service | Service prior to January 1, 1998 is determined under the terms of the prior plans. On or after January 1, 1998, and prior to January 15, 2012, vesting service is determined as years and completed months of employment with the Company.<br>On or after January 15, 2012, vesting service is determined as years and months in which one has worked for more than one hour of credited service with the Company. |
| • Benefit service | Service prior to January 1, 1998 is determined under the terms of the prior plans. On or after January 1, 1998, and prior to January 15, 2012, benefit service is determined as years and completed months of employment with the Company.<br>On or after January 15, 2012, benefit service is determined as years and months in which one has worked for more than one hour of credited service with the Company. |

## Schedule SB, Part V — Summary of Plan Provisions

| | |
|---|---|
| • Compensation | Total earnings from the Employer, as reported on Form W-2 including the amount of any authorized reductions pursuant to a salary reduction agreement under Section 401(k) or Section 125 of the Code, but excluding certain non-income related items such as moving expenses and fringe benefits. |
| • Average Monthly Compensation | Compensation received during the highest five consecutive completed calendar years within the last 10 calendar years of service prior to January 15, 2012. If a participant has less than five calendar years of service, the average monthly compensation received in all full consecutive completed calendar years of service prior to January 15, 2012. |
| • Prior Plan Accrued benefit | The accrued benefit as of December 31, 1985, payable at age 65 for which an annuity has been purchased from Travelers. |
| • Normal Retirement Date | The first of the month coincident with or next following age 65. |

## Schedule SB, Part V — Summary of Plan Provisions

| **Normal retirement** | |
|---|---|
| • Eligibility | Age 65. |
| • Benefit | **Past Service Benefit**<br>Frozen Accrued Benefit as of December 31, 1997 earned under the provisions of the prior Great Dane plan, payable as an annuity or converted to a lump sum.<br>10% of Average Monthly Compensation for each year of service earned after January 1, 1988 through January 15, 2012, payable as a lump sum or converted to an annuity.<br><br>**Future Service Benefit**<br>***Hourly:***<br>$25 per completed month of Benefit Service earned after January 15, 2012, payable as an annuity.<br>***Salaried:***<br>0.75% of Compensation earned after January 15, 2012, payable as an annuity |

| **Early retirement** | |
|---|---|
| • Eligibility | Attainment of age 55 and 10 years of Vesting Service. |
| • Benefit | The Future Service Component is reduced according to the actuarial equivalence definition in effect after January 15, 2012. The Past Service Benefits described above are reduced as follows: The Past Service Component earned after December 31, 1997 and prior to January 15, 2012 is reduced 5% for each year retirement precedes age 65. The Past Service Component earned prior to December 31, 1997 is reduced according to the prior early retirement reduction factors (6% from 60-65 and 3% from 55-60). |

| **Termination benefits** | |
|---|---|
| • Eligibility | 3 years of Vesting Service. |
| • Benefit | An amount equal to 100% of the Accrued Benefit as of date of termination payable as an annuity only. The benefit payment date is deferred to the Normal Retirement Date. Participants with 10 years of Vesting Service at severance of employment may elect a reduced annuity commencing as early as age 55. The Past Service Component earned prior to January 15, 2012 and the Future Service Component are reduced for early retirement based on actuarial equivalent factors in effect at the time accruals were earned. |

## Schedule SB, Part V — Summary of Plan Provisions

| | |
|---|---|
| **Deferred retirement benefits** | |
| • Eligibility | Retirement after Normal Retirement Date. |
| • Benefit | Normal Retirement Benefit based on service and pay at late retirement date. |
| **Pre-retirement death benefits** | |
| • Eligibility | 3 years of Vesting Service. |
| • Benefit | If death occurs while the participant is an active employee, the beneficiary receives 50% of the participant's Past Service Components reduced for the 50% joint and survivor form, but not reduced for early retirement, payable beginning on the participant's earliest retirement date. Future Service Components earned after January 15, 2012 are reduced for the 50% joint and survivor form and for early retirement.<br>If death occurs while the participant is no longer employed, 50% of the participant's accrued benefit, reduced for the 50% joint and survivor form, payable at the participant's normal retirement date or reduced according to the applicable early retirement factors if benefits begin prior to the participant's normal retirement date. |

## Schedule SB, Part V — Summary of Plan Provisions

| | |
|---|---|
| **Disability benefits** | |
| • Eligibility | 3 years of Vesting Service |
| • Benefit | An amount equal to 100% of the sum of the Past and Future Service Benefits as of the date of disability payable as an annuity only. The benefit payment date is deferred to the Normal Retirement Date. Participants with 10 years of Vesting Service at severance of employment may elect a reduced annuity commencing as early as age 55. The Past Service Component earned prior to January 15, 2012 and the Future Service Component are reduced for early retirement based on actuarial equivalent factors in effect at the time accruals were earned. |
| **Form of benefits** | |
| • Automatic form for unmarried participants | Life annuity. |
| • Automatic form for married participants | A reduced, Qualified 50% Joint and Survivor Annuity. |
| • Optional forms | For benefits earned prior to January 15, 2012: Actuarially equivalent Qualified Joint and 50%, 75% or 100% Survivor Annuity. Lump-sum payments are available at early and normal retirement only.<br><br>Benefits earned after January 15, 2012 are available as actuarially equivalent Life, Qualified Joint and 50%, 75% or 100% Survivor Annuity form only. |
| • Actuarial Equivalence for Optional form conversion factors and Early Retirement | Valuation assumptions for benefits accrued prior to January 15, 2012<br>6% interest and RP2000 mortality projected to 2015 (healthy, 50% male / 50% female, no collar adjustment) for benefits accrued after January 15, 2012 |
| **Miscellaneous** | |
| • Maximum compensation | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2014, the limit is $260,000. |
| • Maximum benefits | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2014, the limit is $210,000. |

## Schedule SB, Part V — Summary of Plan Provisions

### Plan Provision Changes Since Prior Valuation

- Maximum benefit amounts under IRS rules were updated from 2013 to 2014.

## Schedule SB, Line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 61.

| A<br>**Age** | B<br>**Rate of Retirement** | C<br>**Lx** | D<br>**# Ret** | E<br>**#Ret x Age** |
|---|---|---|---|---|
| 55 | 8% | 10,000 | 800 | 44,000 |
| 56 | 8% | 9,200 | 736 | 41,216 |
| 57 | 8% | 8,464 | 677 | 38,589 |
| 58 | 8% | 7,787 | 623 | 36,134 |
| 59 | 8% | 7,164 | 573 | 33,807 |
| 60 | 15% | 6,591 | 989 | 59,340 |
| 61 | 15% | 5,602 | 840 | 51,240 |
| 62 | 30% | 4,762 | 1,429 | 88,598 |
| 63 | 15% | 3,333 | 500 | 31,500 |
| 64 | 30% | 2,833 | 850 | 54,400 |
| 65 | 45% | 1,983 | 892 | 57,980 |
| 66 | 25% | 1,091 | 273 | 18,018 |
| 67 | 25% | 818 | 205 | 13,735 |
| 68 | 15% | 613 | 92 | 6,256 |
| 69 | 15% | 521 | 78 | 5,382 |
| 70 | 100% | 443 | 443 | 31,010 |
| Total | | | 10,000 | 611,205 |
| **Weighted Average Retirement Age (Column E/Column D)** | | | | **61** |

# Retirement Plan for Great Dane Limited Partnership

**Financial Statements and Supplemental Schedules**
**December 31, 2014 and 2013**

## Independent Auditor's Report

To the Plan Administrator and
Board of Trustees of the Retirement Plan for
Great Dane Limited Partnership

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Retirement Plan for Great Dane Limited Partnership (the "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 statement of accumulated plan benefits as of January 1, 2014 and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of the 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 the 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 6, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

pwc

***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 the financial statements.

***Other Matter***

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

**Report on Form and Content in Compliance with DOL Rules and Regulations**

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

PricewaterhouseCoopers LLP

September 17, 2015

# Retirement Plan for Great Dane Limited Partnership
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**Note:** Other schedules of additional financial information required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.

# Retirement Plan for Great Dane Limited Partnership
## Statements of Net Assets Available for Benefits
## December 31, 2014 and 2013

| | 2014 | 2013 |
|---|---|---|
| **Assets** | | |
| Investments, at fair market value | | |
| Common stocks | $ 151,780,068 | $ 142,922,879 |
| Common and collective trusts | 55,938,220 | 53,268,937 |
| Total investments | 207,718,288 | 196,191,816 |
| Receivables | | |
| Due from broker for securities sold | 326,091 | 1,786,470 |
| Investment income receivable | 130,719 | 102,207 |
| Total assets | 208,175,098 | 198,080,493 |
| **Liabilities** | | |
| Due to broker for securities purchased | - | 369,307 |
| Accrued expenses | 58,358 | 40,719 |
| Total liabilities | 58,358 | 410,026 |
| Net assets available for benefits | $ 208,116,740 | $ 197,670,467 |

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

# Retirement Plan for Great Dane Limited Partnership
## Statements of Changes in Net Assets Available for Benefits
## Years Ended December 31, 2014 and 2013

| | 2014 | 2013 |
|---|---|---|
| **Additions to net assets attributed to** | | |
| Interest income | $ 11,636 | $ 16,639 |
| Dividend income | 3,388,612 | 2,038,125 |
| Net appreciation in fair value of investments | 10,863,183 | 49,607,789 |
| Total investment income | 14,263,431 | 51,662,553 |
| Employer contributions | 6,000,000 | - |
| Total additions | 20,263,431 | 51,662,553 |
| **Deductions from net assets attributed to** | | |
| Benefit payments to participants | 7,723,358 | 8,731,753 |
| Investment management fees | 1,703,527 | 1,447,585 |
| Administrative expenses | 390,273 | 371,449 |
| Total deductions | 9,817,158 | 10,550,787 |
| Net increase | 10,446,273 | 41,111,766 |
| **Net assets available for benefits** | | |
| Beginning of year | 197,670,467 | 156,558,701 |
| End of year | $ 208,116,740 | $ 197,670,467 |

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

# Retirement Plan for Great Dane Limited Partnership
## Statement of Accumulated Plan Benefits
## January 1, 2014

| | |
|---|---|
| **Actuarial present value of accumulated plan benefits** | |
| Vested benefits | |
| Participants currently receiving benefits | $ 28,507,255 |
| Other participants | 77,690,683 |
| Total | 106,197,938 |
| Nonvested benefits | 2,918,493 |
| Total actuarial present value of accumulated plan benefits | $ 109,116,431 |

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

# Retirement Plan for Great Dane Limited Partnership
## Statement of Changes in Accumulated Plan Benefits
## Year Ended January 1, 2014

| | |
|---|---|
| **Actuarial present value of accumulated plan benefits** | |
| January 1, 2013 | $101,733,001 |
| **Increase (decrease) during the year** | |
| Benefits paid | (8,731,753) |
| Changes in actuarial assumptions | 2,856,633 |
| Increase in interest due to a decrease in the discount period | 8,002,772 |
| Benefits accumulated and losses | 5,255,778 |
| Net increase | 7,383,430 |
| **Actuarial present value of accumulated plan benefits** | |
| January 1, 2014 | $109,116,431 |

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

## 1. Description of Plan

The following description provides general information on the provisions of the Retirement Plan for Great Dane Limited Partnership (the "Plan") sponsored by Great Dane Limited Partnership (the "Company" and "Plan Administrator"). Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### General

The Plan was adopted effective January 1, 1986 (the Great Dane Limited Partnership Bargaining Unit Pension Plan (the "Bargaining Unit Plan") was adopted effective January 1, 1978), and was amended and restated on December 28, 2001, effective January 1, 2001, to comply with the GUST amendments. The Plan and the Bargaining Unit Plan were amended on December 28, 2005 to reflect the merger of the Bargaining Unit Plan into the Plan and to make certain other changes. The Plan was most recently amended and restated effective January 1, 2010.

The Plan is a noncontributory, defined benefit plan currently covering substantially all nonunion employees of the Company as well as certain bargaining unit employees of the Company and provides for retirement and death benefits. Effective January 1, 2012, employees of Johnson Truck Bodies, LLC ("JTB") joined the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Northern Trust Company is the trustee of the Plan.

### Participation

Generally, employees are eligible to participate after attaining age 21 and completing 12 consecutive months of service.

### Funding Policy

The Company makes annual contributions based on the funding recommendations of the Plan's actuary to meet the minimum funding requirements under ERISA. The Plan is in compliance with applicable ERISA funding requirements for 2014 and 2013.

### Vesting

Participants become fully vested upon completion of three years of service. Vesting service is credited to a participant for any calendar month in which a participant is credited with one hour of service.

### Retirement Benefit Options

Each participant, with the exception of certain prior Plan and former Bargaining Unit Plan participants, having three years of vesting service is entitled to monthly pension benefits beginning at normal retirement age (65) calculated as the greater of (a) or (b) for service prior to January 1, 1998, plus (c) for service after December 31, 1997 and prior to January 15, 2012, plus either (d) for salaried employees or (e) for hourly employees, for service after January 15, 2012:

a. 2% of the participant's average monthly compensation, times years of benefit service (up to 30 years), minus 2-3/16% of monthly primary Social Security benefits, times years of benefit service (up to 30 years).

b. $10.50 times years of benefit service (up to 30 years).

c. A monthly amount equal to the actuarial equivalent of a single sum payable at a participant's normal retirement date of 10% of the participant's average annual compensation multiplied by the participant's years of benefit service after December 31, 1997 and before January 15, 2012.

d. For a salaried participant, 0.75% of annual compensation for each year of Plan participation on or after January 15, 2012 divided by twelve.

e. For an hourly paid participant, $25.00 multiplied by participant's years of benefit service earned on or after January 15, 2012.

In no event will a participant's monthly retirement benefit be less than $10.50 multiplied by the years of benefit service up to a maximum of thirty years.

Former Bargaining Unit Plan participants are entitled to normal monthly retirement benefits calculated by multiplying an increasing dollar amount based on participation date by the credited years of service. Credited service may not exceed 30 years when calculating normal retirement benefits. Former Bargaining Unit Plan participants vest upon completing three or more years of credited service and normal retirement age is 65. A former Bargaining Unit Plan participant whose employment is terminated on or after August 1, 2005 and prior to attaining age 55 shall be entitled to a vested retirement benefit commencing at his normal retirement age or as early as age 55, as calculated in accordance with the Plan.

**Payment of Benefits**
The Plan allows for early retirement, starting at age 55 (age 62 for former Bargaining Unit Plan participants), provided the participant has at least 10 years of vesting service, with reduced benefits as defined by the Plan. The Plan's normal form of benefit for a single participant is a Straight Life Annuity, and for a married participant a 50% Joint and Survivor Annuity, which provides a lifetime benefit payable to the participant and, upon death, 50% of such benefit payable to the participant's surviving spouse.

Each participant, with the exception of former Bargaining Unit Plan participants, may also elect one of the following options:

**Contingent Annuity** - This option is similar to the Joint and Survivor Annuity described above. However, the individual named as the contingent annuitant can be an individual other than the participant's spouse. The benefits payable to the contingent annuitant can be 100%, 75% or 50% of the benefits earned by the participant, depending upon the election made by the participant.

**Lump Sum** - Participants may elect a lump-sum distribution of benefits accrued prior to January 15, 2012, to be paid immediately, transferred to an Individual Retirement Account ("IRA") or transferred to another employer's qualified plan. This option is only available if a participant works until retirement age. The remainders of benefits, if any, are available only in the forms outlined above.

Selection of one of these options by a married participant is contingent upon spousal consent.

If a participant terminates their employment with the Company before completing the required years of vesting service, they do not receive Plan benefits. Participants who terminate with vested accumulated Plan benefits that are less than $5,000 receive their accumulated benefits as a lump-sum distribution.

**Administrative Expenses and Investment Management Fees**
Expenses of administration, that are permitted under ERISA regulations, such as legal, accounting, actuary, investment management fees, recordkeeping and trustee fees, are paid from the assets of the Plan.

**Plan Termination**
Although the Company has not expressed any intent to terminate the Plan, it may do so at any time, subject to the provisions of ERISA. In the event the Plan terminates, the assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Benefits for all participants or beneficiaries whose retirement benefits have been or could have been payable three years prior to termination of the Plan.

b. Benefits guaranteed by and up to the insurance limitations of the Pension Benefit Guaranty Corporation ("PBGC").

c. Benefits that are vested but not guaranteed by the termination insurance provisions of ERISA.

If the Plan terminates, a portion of the benefits under the Plan is insured by the PBGC (a U.S. Government agency). Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, and may also depend on the level of benefits guaranteed by the PBGC.

## 2. Summary of Significant Accounting Policies

**Basis of Accounting**
The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

**Use of Estimates**
The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

**Subsequent Events**
Events or transactions occurring after the period end through September 17, 2015, the date that the financial statements were available to be issued, have been evaluated in the preparation of the financial statements.

**Valuation of Investments and Income Recognition**
Investments are valued at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market 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 (Depreciation) in Fair Value of Investments**
Net realized and unrealized appreciation (depreciation), which includes gains and losses on investments bought and sold, as well as held during the year, is recorded in the accompanying Statements of Changes in Net Assets Available for Benefits as net appreciation (depreciation) in fair value of investments.

**Payment of Benefits**
Benefits are recorded when paid.

**Recent Accounting Pronouncements**
In December, 2011, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Codification ("ASC") Update, 2011-11, *Disclosures about Offsetting Assets and Liabilities*, which provides guidance on disclosure requirements for offsetting financial assets and liabilities. The retrospective application of this guidance was effective for annual periods beginning January 1, 2013 and did not have a material effect on the Plan's financial statements.

In May, 2015, FASB issued ASC Update, 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, which removes the requirement to include investments measured using the net asset value ("NAV") practical expedient in the fair value hierarchy. The retrospective application of this guidance is effective for annual periods beginning in 2017. Plan management does not believe the adoption of this guidance will have a material effect on the Plan's financial statements.

In July, 2015, FASB issued ASC Update, 2015-12, *(Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient,* which requires: 1.) fully benefit-responsive investment contracts be measured only at contract value, 2.) disaggregation of plan assets only by general type of investment and 3.) measurement of plan assets on the closest month-end date to the plan's fiscal year-end. The application of this guidance is effective for annual periods after December 15, 2015. Plan management does not believe the adoption of this guidance will have a material effect on the Plan's financial statements.

## 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits payable under all circumstances (i.e., retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary, Mercer, and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Significant actuarial assumptions used in the valuations as of January 1, 2014 and 2013, are as follows:

| | 2014 | 2013 |
|---|---|---|
| Discount rate per ASC 960 | 8.25% per annum | 8.25% per annum |
| Mortality | Mercer Modified RP 2014 employee/retiree tables and MP 2014 projection scale with white and blue collar adjustments for salaried and hourly employees, respectively. | RP 2000 (sex distinct) projected to 2015 with white and blue collar adjustments for salaried and hourly employees, respectively. |
| Retirement age | Age 55-70, or if older, age on valuation date. | Age 55-70, or if older, age on valuation date. |

Changes in the actuarial assumptions related to mortality were updated from 2013 to 2014 resulting in a $2,856,633 increase in the actuarial present value of accumulated plan benefits.

The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

## 4. Investments

The Plan's investments are managed by the Company's investment managers together with The Northern Trust Company, in its role as trustee of the Plan.

The following table presents the fair value of investments that represent 5% or more of the Plan's net assets as of December 31:

| | 2014 | 2013 |
|---|---|---|
| **Description of Investments** | | |
| Common and Collective Trusts | | |
| Northern Trust Collective STIF | $ 11,749,999 | * |
| Silchester International Value Equity Group Trust | 44,188,221 | $ 46,444,849 |

* Below 5% threshold

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

| | 2014 | 2013 |
|---|---|---|
| Common stocks | $ 11,231,041 | $ 38,808,735 |
| Common and collective trusts | (367,858) | 10,799,054 |
| | $ 10,863,183 | $ 49,607,789 |

## 5. Fair Value

The Plan follows guidance defined in ASC, *Fair Value Measurement (Topic 820)*, which provides a framework for measuring fair value under GAAP. This 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 are described as follows:

Level 1 – Quoted market prices in active markets for identical assets or liabilities.

Level 2 – Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities.

The asset's 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 Plan's investments are valued at fair value using the following methodologies:

- **Common stocks:** valued at the closing price of individual shares at year-end as traded in an active market.

- **Common and collective trusts**: valued at the year-end NAV of the underlying investments comprising the common and collective trusts. The Plan holds investments in The Northern Trust Collective Short Term Investment Fund ("Northern Trust STIF") and the Silchester International Value Equity Group Trust ("Silchester"). The Northern Trust STIF investment reflects high-grade money market instruments with short maturities. Contribution and redemption transactions are permitted daily. The Silchester investment reflects equity securities traded on international exchanges in developed markets. Contributions and redemptions occur at NAV and are permitted on a monthly basis as of the first business day of each month.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 presents the Plan's investment assets measured fair value as of December 31, 2014:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Common stocks | | | | |
| Consumer discretionary | $ 25,174,317 | $ - | $ - | $ 25,174,317 |
| Energy | 14,954,977 | - | - | 14,954,977 |
| Financials | 43,355,885 | - | - | 43,355,885 |
| Health care | 8,320,775 | - | - | 8,320,775 |
| Industrials | 14,207,100 | - | - | 14,207,100 |
| Information technology | 31,779,557 | - | - | 31,779,557 |
| Materials | 13,987,457 | - | - | 13,987,457 |
| Common and collective trusts | - | 55,938,220 | - | 55,938,220 |
| Total assets at fair value | $151,780,068 | $ 55,938,220 | $ - | $207,718,288 |

For comparative purposes, the following table presents the Plan's investment assets measured at fair value as of December 31, 2013:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Common stocks | | | | |
| Consumer discretionary | $ 21,521,245 | $ - | $ - | $ 21,521,245 |
| Energy | 23,476,108 | - | - | 23,476,108 |
| Financials | 39,248,398 | - | - | 39,248,398 |
| Health care | 5,208,630 | - | - | 5,208,630 |
| Industrials | 13,751,068 | - | - | 13,751,068 |
| Information technology | 29,464,094 | - | - | 29,464,094 |
| Materials | 10,253,336 | - | - | 10,253,336 |
| Common and collective trusts | - | 53,268,937 | - | 53,268,937 |
| Total assets at fair value | $142,922,879 | $ 53,268,937 | $ - | $196,191,816 |

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions may require the transfer of financial instruments from one fair value hierarchy to another. In such instances, the transfer is reported at the beginning of the reporting period. The Plan does not hold any investments requiring Level 3 measurements and there have not been any transfers of assets between the levels from 2013 to 2014.

## 6. Information Certified by Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the financial statements and supplemental schedules is complete and accurate:

- Investments, at fair value (except for third party information related to the Silchester International Value Equity Group Trust), amounts due from broker for securities sold, investment income receivable and amounts due to broker for securities purchased as shown in the Statements of Net Assets Available for Benefits.

- Net appreciation in fair value of investments, interest income and dividend income (except for third party information related to the Silchester International Value Equity Group Trust), and investment management fees, as shown in the Statements of Changes in Net Assets Available for Benefits.

- Investment and investment income amounts, as shown in Notes 4 and 5 (except for third party information related to the Silchester International Value Equity Group Trust).

- Schedule I, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014 (except for third party information related to the Silchester International Value Equity Group Trust).

- Schedule II, Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2014.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

## 7. Income Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated December 29, 2011, that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). Since that date, the Plan has been amended; however the Company and the Plan's tax counsel believe that the Plan is designed and continues to be operated in compliance with the applicable requirements of the IRC.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. There are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements as of December 31, 2014. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is no longer subject to income tax examinations for years prior to 2011.

## 8. Risks and Uncertainties

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

The Plan also invests in securities that, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

## 9. Related-Party Transactions

Certain Plan investments are managed by The Northern Trust Company. Northern Trust is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions.

# SUPPLEMENTAL SCHEDULES

# Retirement Plan for Great Dane Limited Partnership
## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
## December 31, 2014

**Schedule I**

| (a) | Identity of issue, borrower, lessor or similar party (b) | Description of investment including maturity date, rate of interest, collateral, par or maturity value (c) | Cost (d) | Current value (e) |
|---|---|---|---|---|
| | Investments | | | |
| | Common stocks | | | |
| | Accenture Plc | Common Stock | $ 817,851 | $ 2,027,337 |
| | Amazon.com, Inc. | Common Stock | 3,901,213 | 3,941,445 |
| | American Express Company | Common Stock | 564,893 | 1,376,992 |
| | American International Group, Inc. | Common Stock | 3,268,013 | 5,024,097 |
| | Anadarko Petroleum Corporation | Common Stock | 409,751 | 907,500 |
| | Aon Plc | Common Stock | 4,815,520 | 6,562,236 |
| | Apple, Inc. | Common Stock | 3,681,861 | 5,353,430 |
| | Applied Materials, Inc. | Common Stock | 1,394,570 | 2,686,376 |
| | Ashland, Inc. | Common Stock | 574,293 | 886,224 |
| | B/E Aerospace, Inc. | Common Stock | 1,186,036 | 1,160,400 |
| | Berkshire Hathaway, Inc. | Common Stock | 1,374,138 | 1,501,500 |
| | Blackrock, Inc. | Common Stock | 3,011,293 | 3,897,404 |
| | Boeing Company | Common Stock | 2,440,906 | 3,769,420 |
| | Cabot Oil and Gas Corporation | Common Stock | 1,348,161 | 3,671,640 |
| | California Resources Corporation | Common Stock | 31,839 | 38,570 |
| | Carmax, Inc. | Common Stock | 2,281,156 | 4,068,038 |
| | Carpenter Technology Corporation | Common Stock | 1,735,647 | 2,511,750 |
| | CBRE Group, Inc. | Common Stock | 2,387,087 | 3,099,625 |
| | Covanta Holding Corporation | Common Stock | 1,119,903 | 1,540,700 |
| | Eli Lilly and Company | Common Stock | 1,368,455 | 1,517,780 |
| | EOG Resources, Inc. | Common Stock | 970,905 | 1,583,604 |
| | Express Scripts Holding Company | Common Stock | 973,785 | 1,100,710 |
| | Family Dollar Stores, Inc. | Common Stock | 1,623,691 | 2,186,196 |
| | FedEx Corporation | Common Stock | 798,678 | 868,300 |
| | Franklin Resources, Inc. | Common Stock | 1,461,262 | 3,626,735 |
| | General Motors Company | Common Stock | 4,345,041 | 5,065,441 |
| | Glencore Plc | Common Stock | 5,311,496 | 4,237,493 |
| | Intel Corporation | Common Stock | 3,284,365 | 5,247,534 |
| | International Business Machines Corp. | Common Stock | 1,520,921 | 2,727,480 |
| | International Paper Company | Common Stock | 1,517,101 | 2,839,740 |
| | Johnson & Johnson | Common Stock | 1,206,525 | 1,673,120 |
| | JP Morgan Chase and Company | Common Stock | 2,641,937 | 4,680,984 |

Information included in this schedule is certified as complete and accurate by The Northern Trust Company; except for third party information related to the Silchester International Value Equity Group Trust.

# Retirement Plan for Great Dane Limited Partnership
## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
## December 31, 2014

**Schedule I**

| (a) | Identity of issue, borrower, lessor or similar party (b) | Description of investment including maturity date, rate of interest, collateral, par or maturity value (c) | Cost (d) | Current value (e) |
|---|---|---|---|---|
| | Common stocks - continued | | | |
| | KLX, Inc. | Common Stock | 467,034 | 412,500 |
| | M & T Bank Corporation | Common Stock | 1,422,310 | 1,595,374 |
| | Microsoft Corporation | Common Stock | 1,783,838 | 3,112,150 |
| | National Oilwell Varco, Inc. | Common Stock | 1,897,724 | 2,791,578 |
| | Nortel Networks Corporation | Common Stock | 36 | - |
| | Occidental Petroleum Corporation | Common Stock | 1,828,780 | 2,821,350 |
| | Oracle Corporation | Common Stock | 947,426 | 2,563,290 |
| | Packaging Corporation of America | Common Stock | 1,187,756 | 3,512,250 |
| | Penn National Gaming, Inc. | Common Stock | 266,812 | 523,113 |
| | Pfizer, Inc. | Common Stock | 1,486,130 | 2,432,815 |
| | Pioneer Natural Resources Company | Common Stock | 720,581 | 3,140,735 |
| | Progressive Corporation | Common Stock | 1,031,149 | 1,106,590 |
| | Ralph Lauren Corporation | Common Stock | 3,774,637 | 4,388,292 |
| | Sandisk Corporation | Common Stock | 2,622,485 | 3,919,200 |
| | Sanofi | Common Stock | 1,610,347 | 1,596,350 |
| | Starwood Hotels & Resorts, Inc. | Common Stock | 792,726 | 1,507,902 |
| | Textron, Inc. | Common Stock | 1,828,353 | 2,442,380 |
| | Tiffany & Company | Common Stock | 631,485 | 1,228,890 |
| | Travelers Companies, Inc. | Common Stock | 1,022,826 | 2,646,250 |
| | United Continental Holdings, Inc. | Common Stock | 2,334,030 | 4,013,400 |
| | Unum Group | Common Stock | 1,326,119 | 2,246,272 |
| | Viacom, Inc. | Common Stock | 802,443 | 2,265,000 |
| | Visa, Inc. | Common Stock | 1,451,118 | 4,142,760 |
| | Wells Fargo & Company | Common Stock | 3,282,271 | 5,991,826 |
| | | Total common stocks | 97,886,709 | 151,780,068 |
| | Common and collective trusts | | | |
| * | Northern Trust Collective STIF | Common and Collective Trust | 11,749,999 | 11,749,999 |
| | Silchester Int'l Value Equity Grp Trust | Common and Collective Trust | 26,254,980 | 44,188,221 |
| | | Total common and collective trusts | 38,004,979 | 55,938,220 |
| | | Total investments | $ 135,891,688 | $ 207,718,288 |

* Represents a party-in-interest to the Plan.

Information included in this schedule is certified as complete and accurate by The Northern Trust Company; except for third party information related to the Silchester International Value Equity Group Trust.

# Retirement Plan for Great Dane Limited Partnership
## Schedule H, Line 4j - Schedule of Reportable Transactions
## Year Ended December 31, 2014

**Schedule II**

| (a) | Identity of party involved/description of investment (b) | Transaction Aggregate: Number of transactions | Purchase price (c) | Selling price (d) | Cost of asset (g) | Current value of asset on transaction date (h) | Net gain/ (loss) (i) |
|---|---|---|---|---|---|---|---|
| | **Series of Transactions in excess of 5%** | | | | | | |
| * | Northern Trust STIF | 264 | $ 52,497,211 | $ - | $ 52,497,211 | $ 52,497,211 | $ - |
| * | Northern Trust STIF | 163 | - | 47,571,299 | 47,571,299 | 47,571,299 | - |

* Represents a party-in-interest to the Plan.

Information included in this schedule is certified as complete and accurate by The Northern Trust Company.