

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
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
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 ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">010</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1986</td> </tr> </table>	1b Three-digit plan number (PN) ▶	010	1c Effective date of plan 01/01/1986	
1b Three-digit plan number (PN) ▶	010				
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 AMERICAN FINANCIAL RESOURCES INC. GREAT AMERICAN TOWER 18S 301 E. FOURTH STREET CINCINNATI, OH 45202-4201	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 06-1356481</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 513-369-5000</td> </tr> <tr> <td>2d Business code (see instructions) 524290</td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) 06-1356481	2c Plan Sponsor's telephone number 513-369-5000	2d Business code (see instructions) 524290	
2b Employer Identification Number (EIN) 06-1356481					
2c Plan Sponsor's telephone number 513-369-5000					
2d Business code (see instructions) 524290					

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.	10/15/2015	MARK MUETHING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	MARK MUETHING
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1658
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 6 6a(2) 6 6b 1159 6c 370 6d 1535 6e 66 6f 1601 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 3H 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☒ G (Financial Transaction Schedules)

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
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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 <u>SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN</u>	B Three-digit plan number (PN) ▶ <u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GREAT AMERICAN FINANCIAL RESOURCES INC.</u>	D Employer Identification Number (EIN) <u>06-1356481</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2014</u>	
2 Assets:	
a Market value	2a <u>30023218</u>
b Actuarial value	2b <u>27915867</u>
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.....	<u>1259</u> <u>21111177</u> <u>21111177</u>
b For terminated vested participants.....	<u>393</u> <u>5611684</u> <u>5611684</u>
c For active participants.....	<u>6</u> <u>490226</u> <u>490226</u>
d Total.....	<u>1658</u> <u>27213087</u> <u>27213087</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.16%</u>
6 Target normal cost	6 <u>325000</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/14/2015</u>
	Signature of actuary	Date
<u>DONALD BUNGENSTOCK</u>	Type or print name of actuary	<u>14-05702</u>
		Most recent enrollment number
<u>BUCK CONSULTANTS, LLC</u>	Firm name	<u>513-784-0005</u>
		Telephone number (including area code)
<u>720 E. PETE ROSE WAY</u> <u>SUITE 300</u> <u>CINCINNATI, OH 45202</u>	Address of the firm	

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

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

Schedule SB (Form 5500) 2014
v. 140124

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)	1013895	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	800000	0
9 Amount remaining (line 7 minus line 8)	213895	0
10 Interest on line 9 using prior year's actual return of <u>14.83</u> %	31721	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 <u>6.37</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
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		
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)	245616	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	101.67 %
15 Adjusted funding target attainment percentage	15	102.58 %
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	98.75 %
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
04/15/2014	122000	0			
07/22/2014	222000	0			
			Totals ►	18(b)	344000
				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	334716
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
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
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	325000	
b Excess assets, if applicable, but not greater than line 31a	31b	325000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	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	334716	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	334716	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN</u>	B Three-digit plan number (PN) ▶ <u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GREAT AMERICAN FINANCIAL RESOURCES INC.</u>	D Employer Identification Number (EIN) <u>06-1356481</u>

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)..... ☐ 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

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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)

BUCK CONSULTANTS, LLC

13-2655989

(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	NONE	61260	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BONY

13-5160382

(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	NONE	48956	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PNC INSTITUTIONAL INVESTORS

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	56710	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN</u>	B Three-digit plan number (PN) ▶ <u>010</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT AMERICAN FINANCIAL RESOURCES INC.</u>	D Employer Identification Number (EIN) <u>06-1356481</u>	

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: COLLECTIVE SHORT TERM INVESTMENT

b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON

c EIN-PN <u>13-6154008-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>809441</u>
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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)
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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)
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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):

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 G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	Financial Transaction Schedules 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.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
A Name of plan SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN	B Three-digit plan number (PN) ► 010
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT AMERICAN FINANCIAL RESOURCES INC.	D Employer Identification Number (EIN) 06-1356481

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.
--------	--

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	PSI NET INC.	11%, DUE 8/1/2009

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
500000	0	0	500000	500000	

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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 <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN</u>	B Three-digit plan number (PN) ►	<u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GREAT AMERICAN FINANCIAL RESOURCES INC.</u>	D Employer Identification Number (EIN) <u>06-1356481</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	139	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)		
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	84399	85212
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
	(2) U.S. Government securities	1c(2)	9602223	9160448
	(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)	10772587	12240506
	(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)	1970382	809441
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)	7593365	7079010

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	30023095	29374617

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	30023095	29374617
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	344000	
(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)		344000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	464296	
(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)		464296

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	196250	
(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)		196250

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5929973	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6555239	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-625266

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2653781	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2653781

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3033061

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3420743	
(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)		3420743
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)	166926	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	93870	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		260796
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3681539

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-648478
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: CLARK, SCHAEFFER & HACKETT

(2) EIN: 31-0800053

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b	X		500000

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		25000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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 SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN				B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT AMERICAN FINANCIAL RESOURCES INC.				D Employer Identification Number (EIN) 06-1356481	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-5160382					
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	19
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

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: 35.9% Investment-Grade Debt: 32.0% High-Yield Debt: _____% Real Estate: _____% Other: 32.1%

- 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 AUDITORS' REPORT

To Trustees of
The Sprague Electric Company Retirement Income Guarantee Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Sprague Electric Company Retirement Income Guarantee Plan, which comprise the statements of net assets available for benefits and accumulated plan benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits and changes in accumulated plan benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by The Bank of New York Mellon, N.A., 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 year ended December 31, 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

one east fourth street, ste. 1200
cincinnati, oh 45202

www.cshco.com
p. 513.241.3111
f. 513.241.1212

Disclaimer of Opinion

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

Other Matter

The supplemental schedules as of or for the year ended December 31, 2014, as listed in the table of contents, 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.

Clark, Schaefer, Hackett & Co.

Cincinnati, Ohio
October 15, 2015

SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN
EIN/PN: 06-1356481

Schedule SB, line 26 - Schedule of Active Participant Data

Years of credited service:

[illegible]

SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN
EIN/PN: 06-1356481
ATTACHMENT TO 2014 SCHEDULE SB, PART V – SUMMARY OF ACTUARIAL ASSUMPTIONS

STATEMENT OF FUNDING ACTUARIAL ASSUMPTIONS / METHODS
JANUARY 1, 2014 ACTUARIAL VALUATION

Funding interest rates

For 2014 Plan Year:

Segment Rates with four-month lookback, constrained in accordance with MAP-21 and HATFA as follows:

	Unconstrained Rates*	Rates Reflecting MAP-21 Corridor	Rates Reflecting HATFA Corridor**
First Segment Rate	1.37%	4.43%	4.99%
Second Segment Rate	4.05%	5.62%	6.32%
Third Segment Rate	5.06%	6.22%	6.99%

Effective Interest Rate
Based on HATFA rates 6.16%

For 2013 Plan Year:

Segment Rates with four-month lookback, constrained in accordance with MAP-21 and HATFA as follows:

	Unconstrained Rates*	Rates Reflecting MAP-21 Corridor*	Rates Reflecting HATFA Corridor**
First Segment Rate	1.75%	4.94%	5.23%
Second Segment Rate	4.62%	6.15%	6.51%
Third Segment Rate	5.72%	6.76%	7.16%

Effective Interest Rate
Based on HATFA rates 6.37%

* Used for maximum tax-deduction premium purposes

** Used for minimum funding and benefit restriction purposes

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN
EIN/PN: 06-1356481
ATTACHMENT TO 2014 SCHEDULE SB, PART V – SUMMARY OF ACTUARIAL ASSUMPTIONS

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

Turnover - N/A

Salary Increase- N/A

Expenses

Expected plan administrative expenses of \$325,000 were added to the Target Normal Cost.

Retirement Age - Age 65

Funding method: Unit credit actuarial cost method.

A method under which the actuarial accrued liability is equal to the present value of benefits accrued to the valuation date. The normal cost is equal to the difference in the actuarial liability at the end of the plan year and the actuarial liability at the beginning of the plan year.

Asset valuation method: The actuarial assets are equal to the 24-month smoothed value of assets, smoothed annually.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

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 SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN		B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GREAT AMERICAN FINANCIAL RESOURCES INC.		D Employer Identification Number (EIN) 06-1356481	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value.....	2a	30023218	
b Actuarial value.....	2b	27915867	
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.....	1259	21111177	21111177
b For terminated vested participants.....	393	5611684	5611684
c For active participants.....	6	490226	490226
d Total.....	1658	27213087	27213087
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	6.16%	
6 Target normal cost.....	6	325000	

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	
DONALD BUNGENSTOCK	
Type or print name of actuary	
BUCK CONSULTANTS, LLC	
Firm name	
720 E. PETE ROSE WAY SUITE 300 CINCINNATI OH 45202	
Address of the firm	

October 14, 2015
Date
1405702
Most recent enrollment number
513-784-0005
Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2014
v. 140124

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).....	1013895	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	800000	0
9	Amount remaining (line 7 minus line 8)	213895	0
10	Interest on line 9 using prior year's actual return of <u>14.83%</u>	31721	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 <u>6.37%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	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.....		
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)	245616	0

Part III	Funding Percentages
-----------------	----------------------------

14	Funding target attainment percentage	14	101.67%
15	Adjusted funding target attainment percentage	15	102.58%
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	98.75%
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 employee(s):

(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		
04/15/2014	122000	0					
07/22/2014	222000	0					
			Totals ►	18(b)	344000	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	334716

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 63
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	325000										
b Excess assets, if applicable, but not greater than line 31a	31b	325000										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0										
		Carryover balance	Prefunding 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	334716										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	334716										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b											
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN
EIN/PN: 06-1356481

ATTACHMENT TO 2014 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

(SPRAGUE RIGP PLAN)

Effective Date	January 1, 1986.
Eligibility for Membership	All salaried employees hired before January 1, 1986.
Average Annual Compensation	The highest 60 consecutive month average of base, overtime and incentive compensation received in the 120 months preceding retirement. The Plan was amended during 1989 to provide that compensation and service credits used to calculate benefits were frozen as of December 31, 1993.
Normal Retirement	
Eligibility	Age 65. Employment may continue beyond age 65.
Basic Benefit	The annual normal retirement benefit (inclusive of benefits payable under the Travelers Insurance Company Group Annuity Contract Number GR-1840) is equal to: (i) 2% of average annual compensation per year of benefit service from the 1st to the 20th year - plus (ii) 1% of such compensation per year of benefit service after the first 20 such years, not to exceed a maximum of 60% - less (iii) 1-1/2% of participant's annual Social Security benefit per year of benefit service to a maximum 50% offset but not less than (iv) \$1,320 minimum annual benefit or any benefit that would have been payable under the plan provisions in effect as of January 1, 1986. (See "Grandfather Provisions.")

SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN
EIN/PN: 06-1356481

ATTACHMENT TO 2014 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

For any employee who works past age 65 his/her benefit determined as described above based on service and compensation at retirement date except that calculation under the "Grandfather provisions" are based on service and compensation at Normal Retirement Date increased to the extent that benefits payable under the Group Annuity Contract are increased.

The Basic Benefit calculated above is offset by benefits derived by the 5% Retirement Account plus the value of the Retirement Rollover with an assumed growth rate of 9% per year, or if applicable, the annuity provided by Equitable Life.

Early Retirement

Eligibility

Age 55 and 10 years of benefit service.

Benefit

Benefit determined as in a normal retirement allowance based on service and compensation at Early Retirement Date payable at Normal Retirement Date without reduction or payable at Early Retirement reduced by 1/4% for each month by which age at Early Retirement Date precedes age at Normal Retirement Date.

If benefits are paid in accordance with one of the "Grandfather provisions", benefits are not reduced by the Social Security offset until age 65 but such offset at age 65 is reduced for early retirement.

Vested Deferred Retirement

Eligibility

5 years of service.

Benefit

Deferred benefit payable in full at age 65 determined as normal retirement allowance based on applicable compensation as of employee's date of termination and service projected to normal retirement date and multiplied by the ratio of his benefit service as of the date of termination to projected benefit service at normal retirement date. The benefit is payable as a lump-sum immediately or as an annuity starting at early or normal retirement, reduced appropriately.

SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN
EIN/PN: 06-1356481

ATTACHMENT TO 2014 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Disability Retirement

Eligibility	Upon total and permanent disablement so as to qualify for Long Term Disability Benefits.
Benefit	Benefit determined as a normal retirement allowance above based on the applicable compensation as of the date of disability and service projected to Normal Retirement Date. Benefit commences on the later of Normal Retirement Date and the date on which LTD payments cease.

Death Benefit

Eligibility	Death in active service after completing eligibility requirements for a deferred vested benefit or death of any vested retired or terminated member who dies prior to his/her benefit commencement.
Benefit	Benefit payable to eligible spouse is 50% of the benefit that would have been payable to the deceased employee, commencing on the later of his date of death and the 55th anniversary of his date of birth, as if he had separated service the day before his death and had elected a joint and 50% survivor form of benefit payment commencing immediately or at age 55, if later.

Grandfather Provisions

- A. If an employee was a Plan participant on July 1, 1981, his annual normal retirement benefit, payable on a 10 year certain and life basis (inclusive of any benefits payable under the Travelers Insurance Company Group Annuity Contract Number GR-1840), will not be less than:
- (i) 2% of the highest consecutive 5-year average annual base "compensation" per year of service from the 1st to the 10th year of service,

plus
 - (ii) 1% of such compensation per year of service from the 11th to the 30th year of service,

plus

SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN
EIN/PN: 06-1356481

ATTACHMENT TO 2014 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

- (iii) 1/2% of such compensation per year of service from the 31st to the 40th year of service,

less

- (iv) \$1,020 multiplied by a ratio, the numerator of which equals benefit service to June 30, 1976 and the denominator of which equals benefit service projected to Normal Retirement Date, plus 1-1/4% of the participant's annual Social Security benefit per year of benefit service after June 30, 1976,

but not less than

- (v) \$1,200 minimum annual benefit.

"Compensation" for purposes of these grandfather A provisions is base salary prior to Normal Retirement Date only; it excludes overtime and incentive compensation.

- B. If any employee was a Plan participant on July 1, 1976, his annual normal retirement benefit, payable on a 10 year certain and life basis (inclusive of any benefits payable under the Travelers Insurance Company Group Annuity Contract Number GR-1840), will not be less than:

- (i) 2% of the highest annual rate of base "compensation" on a July 1 at least 5 years and not more than 11 years prior to Normal Retirement Date per completed year of benefit service from the 1st to the 10th year,

plus

- (ii) 1% of such compensation per completed year of benefit service from the 11th to the 30th year,

plus

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ATTACHMENT TO 2014 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

year of benefit service from the 31st to the 40th year, (iii) 1/2% of such compensation per completed

less

(iv) \$1,020 (Social Security offset),

but not less than

(v) \$720 minimum annual benefit.

"Compensation" for purposes of these grandfather B provisions excludes overtime and incentive compensation; service is calculated in completed years.

**Early Retirement Incentive
Program (ERIP)**

Effective Date

Eligible employees who retire between April 1, 1987 and April 30, 1987.

Eligibility

Age 55 and 10 years of benefit service as of April 1, 1987.

Benefits

Benefit determined as a normal or early retirement allowance based on including 3 additional years of benefit service and 3 less years of early retirement reduction.

In addition, a \$500 monthly supplement is payable to the member until age 65 (with a 12 month minimum). After the death of the member, the \$500 continues to be paid to the spouse until the member would have been age 65. In any event, at least 12 monthly payments will be made.

Normal Form of Benefit

Single

Life annuity.

Married

Reduced 50% joint and survivorship annuity.

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ATTACHMENT TO 2014 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Optional Forms of Benefit	(1) Life annuity. (2) Joint and survivorship annuity with any multiple of 10% continuation. (3) Lump sum distribution.
Maximum Allowance	The amount of allowance payable under the Plan will be limited to the extent necessary so that the allowance will not exceed the maximum amount permissible under ERISA.
Contributions	Non-contributory.

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ATTACHMENT TO 2014 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

SUMMARY OF PLAN PROVISIONS
(BRANCH PLANTS PLAN)

Last Amended	January 1, 1988.
Eligibility for Membership	Date employee first completes an Hour of Service.
Normal Retirement Allowance	
Eligibility	Age 65. Employment may continue beyond age 65.
Benefits	The monthly benefit is equal to \$13.00 times the number of years of credited service, (maximum 30 years) to age 65.
Early Retirement Allowance	
Eligibility	Age 60 and 10 years of credited service.
Benefits	Benefit computed as a normal retirement allowance based on credited service to early retirement date reduced by .3% per month for each month that the date payments commence precedes age 65.
Late Retirement Allowance	
Eligibility	After age 70.
Benefit	Benefit computed as a normal retirement allowance based on credited service to retirement date.
Vested Termination Allowance	
Eligibility	5 years of vesting service.
Benefits	Benefit computed as a normal retirement allowance as of date of termination deferred to age 65. Any members with 10 years of credited service may elect to commence payment of his/her benefit anytime after age 60 reduced by .3% for each month that the date payments commence precedes age 65.

SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN
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ATTACHMENT TO 2014 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

**Disability Retirement
Allowance**

Eligibility	Becoming permanently incapacitated after age 45 and when age and credited service (not less than 10) total 60.
Benefit	Greater of \$125 monthly benefit or 110% of benefit calculated as an early retirement allowance based on credited service to date of disability reduced by 1/2% for each month between 60 and 65 and 1/4% for each month prior to age 60, to a maximum reduction of 45%.

Spouse's Benefit

Eligibility	A married active employee who dies in active service after attaining the eligibility requirements for a vested allowance or retired member who dies prior to the date benefits commence.
Benefit	Benefit payable on the earliest date on which the member could have commenced payments to surviving spouse equal to 50% of accrued benefit of employee as of his date of death appropriately reduced for 50% survivorship coverage and early commencement.

Refund of Contributions

Any employee with less than 5 years of service who either terminates or dies in active service, the member or spouse is entitled to his/her accumulated contributions with interest to date of distribution.

Normal Form of Benefit

Single	Life annuity with 60 monthly payments guaranteed.
Married	Reduced 50% joint and survivorship annuity.

Optional Forms of Benefit

- (1) Life annuity with no monthly payments guaranteed.
- (2) Life annuity with sixty monthly payments guaranteed.
- (3) Joint and survivorship annuity with 50% or 100% continuation.

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ATTACHMENT TO 2014 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Maximum Allowance

The amount of allowance payable under the Plan will be limited to the extent necessary so that the allowance will not exceed the maximum amount permissible under ERISA.

Contributions

Non-contributory since September 2, 1974.

SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN
EIN/PN: 06-1356481

ATTACHMENT TO 2014 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

SUMMARY OF PLAN PROVISIONS
(APU RIGP PLAN)

Last Amended:	December 31, 1996 to freeze benefit accruals and incorporate the minimum distribution requirements of RPA '94.
Eligibility for Membership:	All employees hired before January 1, 1986 are eligible upon the completion of one year of service.
Normal Retirement Allowance:	
Eligibility	Age 65. Employment may continue beyond age 65.
Benefit	Benefit sum total of the following: (i) 2% of average final five year compensation for each of the first 20 years of credited service, plus (ii) 1% of average final five year compensation for each year of credited service in excess of 20 years; minus (iii) 1-1/2% of Social Security primary insurance amount for each year of credited service (not to be greater than 50%). The above benefit is to be offset by benefits derived by the 5% retirement account in the Savings Plan and the benefit payable under the applicable Prior Plans. For those participants whose pay is limited to \$150,000 (indexed), the allowance is the greater of the above and their accrued benefit determined as of December 31, 1993 plus a benefit using the above formula, based on service after 1993. Effective December 31, 1996 benefit accruals under the plan were frozen.

SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN
EIN/PN: 06-1356481

ATTACHMENT TO 2014 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Early Retirement Allowance:

Eligibility	Age 55 and 5 years of vesting service.
Benefit	Monthly allowance determined as a normal retirement allowance based on credited service and average final five year compensation to date of retirement appropriately reduced by .25% for each month that payment commencement date precedes age 65.

Vested Termination Allowance:

Eligibility	<table><tr><th><u>Service</u></th><th><u>Vesting Percentage</u></th></tr><tr><td>3</td><td>20%</td></tr><tr><td>4</td><td>40%</td></tr><tr><td>5</td><td>60%</td></tr><tr><td>6</td><td>80%</td></tr><tr><td>7+</td><td>100%</td></tr></table>	<u>Service</u>	<u>Vesting Percentage</u>	3	20%	4	40%	5	60%	6	80%	7+	100%
<u>Service</u>	<u>Vesting Percentage</u>												
3	20%												
4	40%												
5	60%												
6	80%												
7+	100%												
Benefit	Benefit computed as a normal retirement allowance as of date of termination deferred to age 65 multiplied by the appropriate vesting percentage. Any member may elect to have payments begin before age 65, reduced by 1/240 for each month that the payment commencement date precedes age 65.												

Disability Retirement Allowance:

Eligibility	Retired on account of disability and in receipt of payments under the LTD plan.
Benefit	Benefit computed as normal retirement or early retirement allowance assuming the employee continued in active service at the same rate of compensation as of date of disability.

SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN
EIN/PN: 06-1356481

ATTACHMENT TO 2014 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Spouse's Benefits:

Eligibility

A married active employee who dies in active service after attaining the eligibility requirements for a vested allowance or retired member who dies before benefit payments have commenced.

Benefit

Benefit payable to spouse is 50% of the allowance that would have been payable to the deceased employee, commencing on the later of date of death or the employee's 55th anniversary of his birth, as if he had separated from service the day before his death and elected a joint and 50% survivor coverage with payments commencing immediately or at age 55 if later.

Normal Form of Benefit:

Single

Life annuity with no monthly payments guaranteed.

Married

Reduced 50% joint and survivorship annuity.

Optional Forms of Benefit:

- (1) Life annuity
- (2) Joint and survivorship 25%, 50%, 75%, and 100% annuity.
- (3) Period Certain (5, 10, 15, and 20 years) and life thereafter annuity.
- (4) Social Security Leveling Option to age 62.
- (5) Lump sum distribution.

Maximum Allowance:

The amount of allowance payable under the Plan will be limited to the extent necessary so that the allowance will not exceed the maximum amount permissible under ERISA.

Contributions:

Non-contributory.

SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN
EIN/PN: 06-1356481

ATTACHMENT TO 2014 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

**RETIREMENT PLAN FOR SALARIED EMPLOYEES OF
AMERICAN EMPIRE INSURANCE COMPANY**

Effective Date of Plan	April 1, 1965.
Termination Date	December 1, 1975.
Eligibility	See "Vested Benefits". Only vested participants at December 1, 1975 are eligible for benefits. No further benefits will be earned.
Normal Retirement Date	First of the month following participant's 65 th birthday.
Normal Retirement Benefit:	
Past Service	¾ of 1% of the first \$4,800 of annual rate of compensation on December 31, 1964 plus 1-1/2% of annual rate of compensation on December 31, 1964 in excess of \$4,800, multiplied by the number of years and completed months of Past Service. Past Service is the period of service credited prior to January 1, 1965 but after the completion of eligibility requirements. Past Service Benefits are not to be less than amounts credited under Previous Plans for the same period of service from Employer contributions.
Future Service	1% of the first \$4,800 of annual compensation plus 2% of annual compensation in excess of \$4,800 for each year of Future Service. Future Service is Credited Service from date of membership in the Plan to the Normal or Early Retirement Date. The minimum pension as computed above, will be \$5.00 a month for each year of Credited Service to a maximum of 35 years.
Optional Forms of Payout	The member may elect prior to normal retirement an actuarially equivalent mode of payment as follows: a) 10 Years Certain and Life b) 100% or 50% Joint and Survivor

SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN
EIN/PN: 06-1356481

ATTACHMENT TO 2014 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Early Retirement

A member who has attained age 55 and has completed at least 15 years of Continuous Service may retire either:

- i) immediately with his accrued pension at that date reduced 3/10 of 1% for each of the first 60 months that the Early Retirement date precedes the normal retirement date, and 5/10 of 1% for each of the next 60 months.
- ii) At normal retirement with the pension accrued to the date of such early retirement.

Vested Benefits

All benefits accrued to December 1, 1975

Death Benefits

If a married Member dies prior to actually retiring, the spouse will be entitled to receive a monthly pension calculated under the assumption that the Member had retired as of the day before his death and elected the Joint and One-half (50%) to Survivor form of payment. If death occurs prior to age 55, the calculation will be made and benefits will commence when the Member would have attained age 55.



Schedule of Investments at End of Plan Year at Historical Cost

TOTAL COMBINED - B13G00010000

01/01/14 - 12/31/14

Sprague Electric Company
Retirement Income Guarantee Plan
EIN 06-1356481 Plan # 010
Schedule of Assets (Held at End of Year)
December 31, 2014

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
U. S. GOVERNMENT SECURITIES					
B13F84228602	36210VK42 GNMA POOL #0503515 7.000% 03/15/2029 DD 03/01/99	52,371.857	51,324.42	58,681.62	7,357.20
<u>TOTAL U. S. GOVERNMENT SECURITIES</u>			<u>51,324.42</u>	<u>58,681.62</u>	<u>7,357.20</u>
CORPORATE DEBT INSTRUMENTS - PREFERRED					
B13F84228602	032165AD4 AMSOUTH BANCORP 6.750% 11/01/2025 DD 11/06/95	1,000,000.000	998,100.00	1,192,510.00	194,410.00
B13F84228602	07330TAA0 BCRR TRUST 2009-2 2A 1A1 144A 6.500% 07/17/2040 DD 07/11/09	1,397,856.860	1,286,301.33	1,443,077.53	156,776.20
B13F84228602	60687UAE7 ML-CFC COMMERCIAL MORTGAG 2 A4 VAR RT 06/12/2046 DD 06/01/06	1,651,462.260	1,403,742.94	1,732,994.95	329,252.01
<u>TOTAL CORPORATE DEBT INSTRUMENTS - PREFERRED</u>			<u>3,688,144.27</u>	<u>4,368,582.48</u>	<u>680,438.21</u>
CORPORATE DEBT INSTRUMENTS					
B13F84228602	084423AC6 WR BERKLEY CORP 8.700% 01/01/2022 DD 01/01/92	380,000.000	361,000.00	476,219.80	115,219.80
B13F84228602	17315GAL2 CITIGROUP MORTGAGE 5 6A1 144A 6.000% 02/25/2037 DD 05/01/09	9,251.790	8,719.81	9,351.25	631.44
B13F84228602	25157FAK0 DEUTSCHE MORTGAGE WF1 1A4 144A VAR RT 06/26/2035 DD 08/01/05	1,612,000.000	891,225.00	1,603,327.44	712,102.44
B13F84228602	46632TAA3 JP MORGAN MORTGAGE R2 1A1 144A VAR RT 07/27/2037 DD 07/01/08	2,465,906.120	1,530,731.52	2,125,093.24	594,361.72
B13F84228602	69363VAB3 PSINET INC 11.000% 08/01/2009 DD 07/23/99	429,152.100	446,250.00	0.00	-446,250.00
B13F84228602	75970NAL1 RENAISSANCE HOME EQUITY 2 AF4 VAR RT 08/25/2035 DD 06/01/05	255,000.000	178,500.00	247,842.15	69,342.15
B13F84228602	86359AMH3 STRUCTURED ASSET S AL1 B1 144A 3.357% 04/25/2031 DD 01/01/03	308,288.830	215,031.43	271,349.66	56,318.23
<u>TOTAL CORPORATE DEBT INSTRUMENTS</u>			<u>3,631,457.76</u>	<u>4,733,183.54</u>	<u>1,101,725.78</u>
CORPORATE STOCK - COMMON					
B13F84228602	060505104 BANK OF AMERICA CORP	10,000.000	483,334.00	178,900.00	-304,434.00
B13F84228602	124857202 CBS CORP	4,261.000	117,977.89	235,803.74	117,825.85
B13F84228602	12686C109 CABLEVISION SYSTEMS CORP	10,000.000	50,182.75	206,400.00	156,217.25
B13F84228602	172967424 CITIGROUP INC	4,000.000	1,796,675.00	216,440.00	-1,580,235.00
B13F84228602	20030N200 COMCAST CORP	5,000.000	91,990.67	287,825.00	195,834.33
B13F84228602	313400301 FEDERAL HOME LOAN MORTGAGE COR	10,000.000	567,702.00	20,600.00	-547,102.00
B13F84228602	320517105 FIRST HORIZON NATIONAL CORP	428.000	13,081.87	5,812.24	-7,269.63
B13F84228602	369604103 GENERAL ELECTRIC CO	20,000.000	662,162.00	505,400.00	-156,762.00
B13F84228602	69007J106 OUTFRONT MEDIA INC	1,796.865	25,614.29	48,227.86	22,613.57
B13F84228602	707991105 PENN CENTRAL COAL LEASE	3,875,959.860	3,875,959.86	3,875,959.86	0.00
B13F84228602	849991104 SPRAGUE TECH COAL LEASE	3,203,050.158	3,203,050.16	3,203,050.16	0.00
B13F84228602	85207U105 SPRINT CORP	2,617.000	139,899.84	10,860.55	-129,039.29
B13F84228602	999F69740 HARRIS CIF SPL CAP LIQ	122.030	122.03	122.03	0.00
B13F84228602	999F69757 HARRIS CIF CONV LIQUIDATING	250.480	250.48	250.48	0.00
B13F84228902	020002101 ALLSTATE CORP/THE	1,680.000	85,782.48	118,020.00	32,237.52
B13F84228902	02209S103 ALTRIA GROUP INC	3,050.000	111,859.10	150,273.50	38,414.40
B13F84228902	025816109 AMERICAN EXPRESS CO	770.000	32,582.66	71,640.80	39,058.14
B13F84228902	03076C106 AMERIPRISE FINANCIAL INC	310.000	41,270.80	40,997.50	-273.30
B13F84228902	031162100 AMGEN INC	490.000	60,586.23	78,052.10	17,465.87
B13F84228902	037833100 APPLE INC	3,793.000	188,422.21	418,671.34	230,249.13
B13F84228902	075887109 BECTON DICKINSON AND CO	650.000	59,544.05	90,454.00	30,909.95



Schedule of Investments at End of Plan Year at Historical Cost

TOTAL COMBINED - B13G00010000

01/01/14 - 12/31/14

Sprague Electric Company
Retirement Income Guarantee Plan
EIN 06-1356481 Plan # 010
Schedule of Assets (Held at End of Year)
December 31, 2014

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
B13F84228902	09062X103 BIOGEN IDEC INC	180.000	43,262.03	61,101.00	17,838.97
B13F84228902	097023105 BOEING CO/THE	810.000	66,834.07	105,283.80	38,449.73
B13F84228902	12514G108 CDW CORP/DE	2,880.000	92,977.17	101,289.60	8,312.43
B13F84228902	125509109 CIGNA CORP	590.000	56,311.31	60,716.90	4,405.59
B13F84228902	126650100 CVS HEALTH CORP	1,100.000	62,491.74	105,941.00	43,449.26
B13F84228902	17275R102 CISCO SYSTEMS INC	2,200.000	53,951.92	61,193.00	7,241.08
B13F84228902	20030N101 COMCAST CORP	1,320.000	48,674.96	76,573.20	27,898.24
B13F84228902	21036P108 CONSTELLATION BRANDS INC	850.000	70,110.18	83,444.50	13,334.32
B13F84228902	247361702 DELTA AIR LINES INC	2,200.000	54,028.59	108,218.00	54,189.41
B13F84228902	254687106 WALT DISNEY CO/THE	1,570.000	103,816.39	147,878.30	44,061.91
B13F84228902	26138E109 DR PEPPER SNAPPLE GROUP INC	1,420.000	91,371.46	101,785.60	10,414.14
B13F84228902	26875P101 EOG RESOURCES INC	930.000	74,441.93	85,625.10	11,183.17
B13F84228902	277432100 EASTMAN CHEMICAL CO	840.000	74,700.44	63,722.40	-10,978.04
B13F84228902	28176E108 EDWARDS LIFESCIENCES CORP	640.000	51,708.48	81,523.20	29,814.72
B13F84228902	30225T102 EXTRA SPACE STORAGE INC	1,130.000	52,807.05	66,263.20	13,456.15
B13F84228902	344849104 FOOT LOCKER INC	2,300.000	81,229.57	129,214.00	47,984.43
B13F84228902	375558103 GILEAD SCIENCES INC	1,150.000	91,733.20	108,399.00	16,665.80
B13F84228902	38259P508 GOOGLE INC	170.000	67,966.23	90,212.20	22,245.97
B13F84228902	40412C101 HCA HOLDINGS INC	990.000	64,859.85	72,656.10	7,796.25
B13F84228902	405217100 HAIN CELESTIAL GROUP INC/THE	1,100.000	58,769.37	64,119.00	5,349.63
B13F84228902	410345102 HANESBRANDS INC	1,250.000	65,916.97	139,525.00	73,608.03
B13F84228902	437076102 HOME DEPOT INC/THE	1,050.000	47,243.06	110,218.50	62,975.44
B13F84228902	478160104 JOHNSON & JOHNSON	700.000	52,723.41	73,199.00	20,475.59
B13F84228902	494368103 KIMBERLY-CLARK CORP	510.000	53,915.09	58,925.40	5,010.31
B13F84228902	501044101 KROGER CO/THE	1,950.000	90,668.06	125,209.50	34,541.44
B13F84228902	501797104 L BRANDS INC	840.000	57,025.92	72,702.00	15,676.08
B13F84228902	539830109 LOCKHEED MARTIN CORP	340.000	48,073.21	65,473.80	17,400.59
B13F84228902	559222401 MAGNA INTERNATIONAL INC	920.000	65,812.89	99,994.80	34,181.91
B13F84228902	58155Q103 MCKESSON CORP	470.000	69,001.69	97,562.60	28,560.91
B13F84228902	594918104 MICROSOFT CORP	1,700.000	52,589.77	78,965.00	26,375.23
B13F84228902	595112103 MICRON TECHNOLOGY INC	3,040.000	100,206.16	106,430.40	6,224.24
B13F84228902	679580100 OLD DOMINION FREIGHT LINE INC	1,100.000	70,073.49	85,404.00	15,330.51
B13F84228902	68389X105 ORACLE CORP	1,830.000	52,119.46	82,295.10	30,175.64
B13F84228902	695156109 PACKAGING CORP OF AMERICA	1,130.000	81,185.13	88,196.50	7,011.37
B13F84228902	731068102 POLARIS INDUSTRIES INC	650.000	33,856.24	98,306.00	64,449.76
B13F84228902	741503403 PRICELINE GROUP INC/THE	50.000	59,646.79	57,010.50	-2,636.29
B13F84228902	74251V102 PRINCIPAL FINANCIAL GROUP INC	1,370.000	71,441.74	71,157.80	-283.94
B13F84228902	747525103 QUALCOMM INC	790.000	42,407.49	58,720.70	16,313.21
B13F84228902	784117103 SEI INVESTMENTS CO	1,780.000	66,673.82	71,271.20	4,597.38
B13F84228902	790849103 ST JUDE MEDICAL INC	1,380.000	61,729.06	89,741.40	28,012.34
B13F84228902	806857108 SCHLUMBERGER LTD	1,300.000	129,917.67	111,033.00	-18,884.67
B13F84228902	83088M102 SKYWORKS SOLUTIONS INC	1,950.000	67,976.23	141,784.50	73,808.27



Schedule of Investments at End of Plan Year at Historical Cost

TOTAL COMBINED - B13G00010000

01/01/14 - 12/31/14

Sprague Electric Company
Retirement Income Guarantee Plan
EIN 06-1356481 Plan # 010
Schedule of Assets (Held at End of Year)
December 31, 2014

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
B13F84228902	833034101 SNAP-ON INC	620.000	62,061.03	84,778.80	22,717.77
B13F84228902	844741108 SOUTHWEST AIRLINES CO	3,090.000	67,102.29	130,768.80	63,666.51
B13F84228902	887317303 TIME WARNER INC	1,270.000	82,824.62	108,483.40	25,658.78
B13F84228902	907818108 UNION PACIFIC CORP	740.000	48,501.92	88,156.20	39,654.28
B13F84228902	911363109 UNITED RENTALS INC	820.000	34,761.37	83,648.20	48,886.83
B13F84228902	958102105 WESTERN DIGITAL CORP	730.000	51,939.13	80,811.00	28,871.87
B13F84228902	98310W108 WYNDHAM WORLDWIDE CORP	970.000	27,467.87	83,187.20	55,719.33
B13F84228902	G60754101 MICHAEL KORS HOLDINGS LTD	760.000	42,872.96	57,076.00	14,203.04
B13F84228902	H0023R105 ACE LTD	800.000	81,168.22	91,904.00	10,735.78
B13F84228902	H84989104 TE CONNECTIVITY LTD	1,080.000	61,362.16	68,310.00	6,947.84
B13F84228902	M22465104 CHECK POINT SOFTWARE TECHNOLOG	1,170.000	79,541.74	91,926.90	12,385.16
B13F84228902	N53745100 LYONDELLBASELL INDUSTRIES NV	480.000	54,423.65	38,107.20	-16,316.45
B13F84228902	N6596X109 NXP SEMICONDUCTORS NV	1,330.000	56,524.19	101,612.00	45,087.81
B13F84228902	V7780T103 ROYAL CARIBBEAN CRUISES LTD	1,150.000	71,202.47	94,794.50	23,592.03
B13F84229002	00817Y108 AETNA INC	990.000	66,765.90	87,941.70	21,175.80
B13F84229002	011659109 ALASKA AIR GROUP INC	820.000	46,043.90	49,003.20	2,959.30
B13F84229002	020002101 ALLSTATE CORP/THE	1,217.000	50,215.26	85,494.25	35,278.99
B13F84229002	030420103 AMERICAN WATER WORKS CO INC	1,060.000	51,551.62	56,498.00	4,946.38
B13F84229002	03076C106 AMERIPRISE FINANCIAL INC	670.000	79,788.29	88,607.50	8,819.21
B13F84229002	031162100 AMGEN INC	540.000	63,066.88	86,016.60	22,949.72
B13F84229002	037833100 APPLE INC	760.000	61,408.01	83,888.80	22,480.79
B13F84229002	097023105 BOEING CO/THE	490.000	66,957.03	63,690.20	-3,266.83
B13F84229002	12514G108 CDW CORP/DE	1,380.000	44,020.44	48,534.60	4,514.16
B13F84229002	126650100 CVS HEALTH CORP	1,070.000	76,034.20	103,051.70	27,017.50
B13F84229002	14040H105 CAPITAL ONE FINANCIAL CORP	620.000	50,419.27	51,181.00	761.73
B13F84229002	166764100 CHEVRON CORP	823.000	76,712.92	92,324.14	15,611.22
B13F84229002	17275R102 CISCO SYSTEMS INC	4,298.000	78,640.85	119,548.87	40,908.02
B13F84229002	20030N101 COMCAST CORP	1,120.000	57,805.95	64,971.20	7,165.25
B13F84229002	20825C104 CONOCOPHILLIPS	1,390.000	98,956.65	95,993.40	-2,963.25
B13F84229002	21036P108 CONSTELLATION BRANDS INC	500.000	45,142.85	49,085.00	3,942.15
B13F84229002	247361702 DELTA AIR LINES INC	1,990.000	55,507.67	97,888.10	42,380.43
B13F84229002	254687106 WALT DISNEY CO/THE	1,000.000	77,472.03	94,190.00	16,717.97
B13F84229002	254709108 DISCOVER FINANCIAL SERVICES	1,461.000	54,455.68	95,680.89	41,225.21
B13F84229002	277432100 EASTMAN CHEMICAL CO	830.000	74,063.85	62,963.80	-11,100.05
B13F84229002	30225T102 EXTRA SPACE STORAGE INC	1,240.000	61,439.23	72,713.60	11,274.37
B13F84229002	30231G102 EXXON MOBIL CORP	1,805.000	169,326.79	166,872.25	-2,454.54
B13F84229002	344849104 FOOT LOCKER INC	960.000	44,018.69	53,932.80	9,914.11
B13F84229002	369604103 GENERAL ELECTRIC CO	4,000.000	110,413.56	101,080.00	-9,333.56
B13F84229002	40412C101 HCA HOLDINGS INC	1,030.000	69,353.71	75,591.70	6,237.99
B13F84229002	410345102 HANESBRANDS INC	490.000	35,880.30	54,693.80	18,813.50
B13F84229002	446150104 HUNTINGTON BANCSHARES INC/OH	8,960.000	90,449.78	94,259.20	3,809.42
B13F84229002	46625H100 JPMORGAN CHASE & CO	2,830.000	165,112.77	177,101.40	11,988.63



Schedule of Investments at End of Plan Year at Historical Cost

TOTAL COMBINED - B13G00010000

01/01/14 - 12/31/14

Sprague Electric Company
Retirement Income Guarantee Plan
EIN 06-1356481 Plan # 010
Schedule of Assets (Held at End of Year)
December 31, 2014

	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
B13F84229002	478160104	JOHNSON & JOHNSON	1,329.000	87,683.40	138,973.53	51,290.13
B13F84229002	501044101	KROGER CO/THE	1,140.000	56,335.31	73,199.40	16,864.09
B13F84229002	501797104	L BRANDS INC	610.000	40,257.87	52,795.50	12,537.63
B13F84229002	52729N308	LEVEL 3 COMMUNICATIONS INC	1,300.000	49,972.67	64,194.00	14,221.33
B13F84229002	534187109	LINCOLN NATIONAL CORP	1,877.000	54,531.72	108,246.59	53,714.87
B13F84229002	559222401	MAGNA INTERNATIONAL INC	400.000	32,173.44	43,476.00	11,302.56
B13F84229002	58155Q103	MCKESSON CORP	310.000	49,753.92	64,349.80	14,595.88
B13F84229002	595112103	MICRON TECHNOLOGY INC	1,800.000	59,061.58	63,018.00	3,956.42
B13F84229002	636180101	NATIONAL FUEL GAS CO	930.000	66,672.63	64,662.90	-2,009.73
B13F84229002	695156109	PACKAGING CORP OF AMERICA	840.000	59,312.28	65,562.00	6,249.72
B13F84229002	717081103	PFIZER INC	1,936.000	41,166.70	60,306.40	19,139.70
B13F84229002	74251V102	PRINCIPAL FINANCIAL GROUP INC	1,300.000	66,598.06	67,522.00	923.94
B13F84229002	742718109	PROCTER & GAMBLE CO/THE	653.000	37,863.71	59,481.77	21,618.06
B13F84229002	7591EP100	REGIONS FINANCIAL CORP	7,810.000	77,042.53	82,473.60	5,431.07
B13F84229002	761713106	REYNOLDS AMERICAN INC	1,140.000	68,377.66	73,267.80	4,890.14
B13F84229002	784117103	SEI INVESTMENTS CO	1,290.000	48,921.44	51,651.60	2,730.16
B13F84229002	790849103	ST JUDE MEDICAL INC	1,178.000	45,005.70	76,605.34	31,599.64
B13F84229002	806857108	SCHLUMBERGER LTD	620.000	60,853.52	52,954.20	-7,899.32
B13F84229002	833034101	SNAP-ON INC	470.000	56,855.48	64,267.80	7,412.32
B13F84229002	887317303	TIME WARNER INC	950.000	63,486.39	81,149.00	17,662.61
B13F84229002	89417E109	TRAVELERS COS INC/THE	870.000	78,936.93	92,089.50	13,152.57
B13F84229002	907818108	UNION PACIFIC CORP	500.000	41,452.48	59,565.00	18,112.52
B13F84229002	911363109	UNITED RENTALS INC	660.000	50,790.43	67,326.60	16,536.17
B13F84229002	929089100	VOYA FINANCIAL INC	1,150.000	41,386.66	48,737.00	7,350.34
B13F84229002	949746101	WELLS FARGO & CO	3,437.000	134,778.55	188,416.34	53,637.79
B13F84229002	976657106	WISCONSIN ENERGY CORP	1,690.000	70,105.93	89,130.60	19,024.67
B13F84229002	98310W108	WYNDHAM WORLDWIDE CORP	850.000	62,648.05	72,896.00	10,247.95
B13F84229002	G491BT108	INVESCO LTD	1,080.000	43,864.74	42,681.60	-1,183.14
B13F84229002	H0023R105	ACE LTD	790.000	77,253.46	90,755.20	13,501.74
B13F84229002	H84989104	TE CONNECTIVITY LTD	970.000	56,208.41	61,352.50	5,144.09
TOTAL CORPORATE STOCK - COMMON				19,032,429.01	19,319,516.43	287,087.42
COMMON/COLLECTIVE TRUST						
B13F84228602	996214912	EB TEMP INV FD VAR RT 12/31/49 FEE CL 20	600,323.940	600,323.94	600,323.94	0.00
B13F84228602	999F69716	CHASE BANK INTL SHORT TERM FUND	10,000.000	10,000.00	10,000.00	0.00
B13F84228902	996214912	EB TEMP INV FD VAR RT 12/31/49 FEE CL 20	115,672.150	115,672.15	115,672.15	0.00
B13F84229002	996214912	EB TEMP INV FD VAR RT 12/31/49 FEE CL 20	83,445.080	83,445.08	83,445.08	0.00
TOTAL COMMON/COLLECTIVE TRUST				809,441.17	809,441.17	0.00
GRAND TOTAL				27,212,796.63	29,289,405.24	2,076,608.61

* Indicates party-in-interest to the Plan

Sprague Electric Company
Retirement Income Guarantee Plan
EIN 06-1356481 Plan # 010
Schedule of Reportable Transactions
Year Ended December 31, 2014

<u>(a)</u> <u>Party</u> <u>Involved</u>	<u>(b)</u> <u>Description of Asset</u>	<u>(c)</u> <u>Purchase</u> <u>Price</u>	<u>(d)</u> <u>Selling</u> <u>Price</u>	<u>(g)</u> <u>Cost of</u> <u>Asset</u>	<u>(h)</u> <u>Current value</u> <u>of Asset</u>	<u>(i)</u> <u>Gain or</u> <u>(Loss)</u>
Category (III) - a series of transactions in the same security in excess of 5%						
Market	Collective Short-Term Investment Fund					
	Purchases	\$ 4,122,144	-	4,122,144	4,122,144	-
	Sales	\$ 5,283,085	5,283,085	-	5,283,085	-