

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u> |                                                                                                                                                                                                                                                                                                                                                |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                            |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                      |

|                                                                                                                                                                                                                          |                                                                                                                                                                                                        |
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| <b>Part II</b>                                                                                                                                                                                                           | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                         |
| <b>1a</b> Name of plan<br><u>HUSSMANN CORPORATION RETIREMENT PLAN</u>                                                                                                                                                    | <b>1b</b> Three-digit plan number (PN) ▶ <u>039</u><br><b>1c</b> Effective date of plan<br><u>04/01/1947</u>                                                                                           |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>HUSSMANN CORPORATION</u><br><br><u>12999 ST. CHARLES ROCK ROAD</u><br><u>BRIDGETON, MO 63044</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>43-0156220</u><br><b>2c</b> Plan Sponsor's telephone number<br><u>314-291-2000</u><br><b>2d</b> Business code (see instructions)<br><u>333410</u> |

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

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

|                                                                                                            |                                                          |                   |                                                              |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | <u>Filed with authorized/valid electronic signature.</u> | <u>10/15/2015</u> | <u>THERESA MORETTI</u>                                       |
|                                                                                                            | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                                          |                   |                                                              |
|                                                                                                            | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                          |                   |                                                              |
|                                                                                                            | <b>Signature of DFE</b>                                  | 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)                       |
|                                                                                                            |                                                          |                   |                                                              |

|                                                                                                                                                                                                  |  |                                                                                              |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                         |  | <b>3b</b> Administrator's EIN                                                                |      |
|                                                                                                                                                                                                  |  | <b>3c</b> Administrator's telephone number                                                   |      |
|                                                                                                                                                                                                  |  |                                                                                              |      |
| <b>4</b> 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:           |  | <b>4b</b> EIN                                                                                |      |
| <b>a</b> Sponsor's name                                                                                                                                                                          |  | <b>4c</b> PN                                                                                 |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                          |  | <b>5</b>                                                                                     | 5499 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |  |                                                                                              |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                          |  | <b>6a(1)</b>                                                                                 | 1744 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                |  | <b>6a(2)</b>                                                                                 | 1600 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                              |  | <b>6b</b>                                                                                    | 1654 |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                |  | <b>6c</b>                                                                                    | 1276 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....                                                                                                                    |  | <b>6d</b>                                                                                    | 4530 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                       |  | <b>6e</b>                                                                                    | 436  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....                                                                                                                                        |  | <b>6f</b>                                                                                    | 4966 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                  |  | <b>6g</b>                                                                                    | 0    |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                       |  | <b>6h</b>                                                                                    | 32   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                              |  | <b>7</b>                                                                                     |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A    3H    1C                   |  |                                                                                              |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                      |  |                                                                                              |      |
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                        |  | <b>9b</b> Plan benefit arrangement (check all that apply)                                    |      |
| <b>(1)</b> <input checked="" type="checkbox"/> Insurance                                                                                                                                         |  | <b>(1)</b> <input checked="" type="checkbox"/> Insurance                                     |      |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts                                                                                                                   |  | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts               |      |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                                                                                                                                             |  | <b>(3)</b> <input checked="" type="checkbox"/> Trust                                         |      |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                |  | <b>(4)</b> <input type="checkbox"/> General assets of the sponsor                            |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                |  |                                                                                              |      |
| <b>a Pension Schedules</b>                                                                                                                                                                       |  | <b>b General Schedules</b>                                                                   |      |
| <b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                                            |  | <b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)              |      |
| <b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                            |  | <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)            |      |
| <b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                               |  | <b>(3)</b> <input checked="" type="checkbox"/> <u>2</u> <b>A</b> (Insurance Information)     |      |
|                                                                                                                                                                                                  |  | <b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)       |      |
|                                                                                                                                                                                                  |  | <b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) |      |
|                                                                                                                                                                                                  |  | <b>(6)</b> <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <div><div><b>SCHEDULE A</b></div><div><b>(Form 5500)</b></div><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div><b>Insurance Information</b></div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ <b>File as an attachment to Form 5500.</b></div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div><b>2014</b></div> <div><b>This Form is Open to Public Inspection</b></div> |
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|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014 |                                                             |     |
| <b>A</b> Name of plan<br>HUSSMANN CORPORATION RETIREMENT PLAN                              | <b>B</b> Three-digit plan number (PN) ▶                     | 039 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>HUSSMANN CORPORATION      | <b>D</b> Employer Identification Number (EIN)<br>43-0156220 |     |

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

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                           |
|---------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br><br>AXA EQUITABLE - ANNUITY GROUP |
|---------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-5570651 | 62944         | AC-0742                               | 4                                                                           | 01/01/2014              | 12/31/2014 |

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

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| 0                                           | 0                                    |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

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

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                                                                                                                                                                                      |              |       |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                                        | <b>4</b>     |       |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end .....                                                                                                                                                          | <b>5</b>     |       |
| <b>6</b> | Contracts With Allocated Funds:                                                                                                                                                                                                                      |              |       |
| <b>a</b> | State the basis of premium rates ▶                                                                                                                                                                                                                   |              |       |
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                                                                       | <b>6b</b>    |       |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                                                                 | <b>6c</b>    |       |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶                                                | <b>6d</b>    |       |
| <b>e</b> | Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                                        |              |       |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>                                                                                                                    |              |       |
| <b>7</b> | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                                        |              |       |
| <b>a</b> | Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input checked="" type="checkbox"/> guaranteed investment      (4) <input type="checkbox"/> other ▶ |              |       |
| <b>b</b> | Balance at the end of the previous year .....                                                                                                                                                                                                        | <b>7b</b>    | 82757 |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                                         | <b>7c(1)</b> |       |
|          | (2) Dividends and credits .....                                                                                                                                                                                                                      | <b>7c(2)</b> |       |
|          | (3) Interest credited during the year .....                                                                                                                                                                                                          | <b>7c(3)</b> | 1397  |
|          | (4) Transferred from separate account .....                                                                                                                                                                                                          | <b>7c(4)</b> |       |
|          | (5) Other (specify below) .....                                                                                                                                                                                                                      | <b>7c(5)</b> | 4225  |
|          | ▶ UNREALISED GAINS                                                                                                                                                                                                                                   |              |       |
|          | (6) Total additions .....                                                                                                                                                                                                                            | <b>7c(6)</b> | 5622  |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                                         | <b>7d</b>    | 88379 |
| <b>e</b> | Deductions:                                                                                                                                                                                                                                          |              |       |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                                      | <b>7e(1)</b> | 9797  |
|          | (2) Administration charge made by carrier .....                                                                                                                                                                                                      | <b>7e(2)</b> | 3584  |
|          | (3) Transferred to separate account .....                                                                                                                                                                                                            | <b>7e(3)</b> |       |
|          | (4) Other (specify below) .....                                                                                                                                                                                                                      | <b>7e(4)</b> |       |
|          | (5) Total deductions .....                                                                                                                                                                                                                           |              | 13381 |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....                                                                                                                                                       | <b>7f</b>    | 74998 |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                       |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                         |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                          |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014 |                                                             |     |
| <b>A</b> Name of plan<br>HUSSMANN CORPORATION RETIREMENT PLAN                              | <b>B</b> Three-digit plan number (PN) ▶                     | 039 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>HUSSMANN CORPORATION      | <b>D</b> Employer Identification Number (EIN)<br>43-0156220 |     |

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

**1** Coverage Information:

**(a)** Name of insurance carrier  
AETNA LIFE INSURANCE

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 06-6033492 | 60054         | 5913                                  | 20                                                                          | 01/01/2014              | 12/31/2014 |

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

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| 0                                           | 0                                    |

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

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

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

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

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

**4** Current value of plan's interest under this contract in the general account at year end ..... **4****5** Current value of plan's interest under this contract in separate accounts at year end ..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b** 1902290**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits ..... **7c(2)** 90634  
(3) Interest credited during the year ..... **7c(3)**  
(4) Transferred from separate account ..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**  
▶(6) Total additions ..... **7c(6)** 90634**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 1992924**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 19291(2) Administration charge made by carrier ..... **7e(2)** 17187(3) Transferred to separate account ..... **7e(3)**(4) Other (specify below) ..... **7e(4)**  
▶(5) Total deductions ..... **7e(5)** 36478**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 1956446

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                       |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                         |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                          |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

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.

|                                                                                                       |                                                                  |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>HUSSMANN CORPORATION RETIREMENT PLAN</div>                                    | <div>B Three-digit plan number (PN) 039</div>                    |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br/>HUSSMANN CORPORATION</div> | <div>D Employer Identification Number (EIN)<br/>43-0156220</div> |

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 01 Day 01 Year 2014                                                                                                                                                |                                                                                                      |
| 2 | Assets:                                                                                                                                                                                            |                                                                                                      |
|   | a Market value                                                                                                                                                                                     | 2a 230036653                                                                                         |
|   | b Actuarial value                                                                                                                                                                                  | 2b 222982799                                                                                         |
| 3 | Funding target/participant count breakdown                                                                                                                                                         |                                                                                                      |
|   | a For retired participants and beneficiaries receiving payment                                                                                                                                     | (1) Number of participants 1998 (2) Vested Funding Target 98665049 (3) Total Funding Target 98665049 |
|   | b For terminated vested participants                                                                                                                                                               | 1757 38670855 38670855                                                                               |
|   | c For active participants                                                                                                                                                                          | 1744 76738967 81051472                                                                               |
|   | d Total                                                                                                                                                                                            | 5499 214074871 218387376                                                                             |
| 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 6.47%                                                                                              |
| 6 | Target normal cost                                                                                                                                                                                 | 6 2474837                                                                                            |

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.

|                      |                                                                                                                                                                                                                                                                      |                                                                                                                                                                              |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN HERE</div> | <div>Signature of actuary</div> <div>SEAMUS DOYLE</div> <div>Type or print name of actuary</div> <div>TOWERS WATSON DELAWARE INC.</div> <div>Firm name</div> <div>800 BOYLSTON STREET<br/>PRUDENTIAL TOWER<br/>BOSTON, MA 02199</div> <div>Address of the firm</div> | <div>10/13/2015</div> <div>Date</div> <div>14-05809</div> <div>Most recent enrollment number</div> <div>617-638-3700</div> <div>Telephone number (including area code)</div> |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

| Part II Beginning of Year Carryover and Prefunding Balances                                                                                                          |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 36869696              | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 4352007               | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 32517689              | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>9.67</u> % .....                                                                                 | 3144461               | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> 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>6.30</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 35662150              | 0                      |

| Part III Funding Percentages                                                                                                                                               |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 85.77 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 102.10 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 100.88 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| Part IV Contributions and Liquidity Shortfalls                                           |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| Totals ►                                                                                 |                                   |                                 | 18(b)                    | 0                                 | 18(c) 0                         |

|                                                                                                                                      |            |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |            |                                                                     |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | <b>19a</b> | 0                                                                   |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b> | 0                                                                   |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> | 0                                                                   |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |            |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           |            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              |            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b> 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**

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.99 % | 2nd segment:<br>6.32 % | 3rd segment:<br>6.99 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |           |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b> |                                                                     |

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

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            |                     | <b>31a</b>         | 2474837       |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                     | <b>31b</b>         | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 0                   |                    | 0             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   |                    | 0             |
| <b>33</b> 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 ..... |                     | <b>33</b>          | 0             |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..                                                            |                     | <b>34</b>          | 2474837       |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 2474837             | 0                  | 2474837       |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   |                     | <b>36</b>          | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   |                     | <b>37</b>          | 0             |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                     | <b>38a</b>         | 0             |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                     | <b>38b</b>         | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                     | <b>39</b>          | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                     | <b>40</b>          | 0             |

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

|                                                                                                |  |                                                                                                                         |  |
|------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |  |                                                                                                                         |  |
| <b>a</b> Schedule elected .....                                                                |  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               |  | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |
| <b>42</b> Amount of acceleration adjustment .....                                              |  | <b>42</b> 0                                                                                                             |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... |  | <b>43</b> 0                                                                                                             |  |

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

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

|                                                                                              |                                                                    |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>HUSSMANN CORPORATION RETIREMENT PLAN</u>                         | <b>B</b> Three-digit plan number (PN) ▶ <u>039</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>HUSSMANN CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>43-0156220</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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| <u>STATE STREET</u><br><u>BOX 5493</u><br><u>BOSTON, MA 02206</u><br><br><u>90-0337987</u>                        |

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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**(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)

TOWERS WATSON DELAWARE INC.

53-0181291

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 11 50                         | NONE                                                                                                     | 498737                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

TRANSAMERICA

13-3689044

| <b>(b)</b><br>Service Code(s)          | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 11 12 15 28<br>38 50 59 61<br>62 63 64 | NONE                                                                                                     | 344969                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

LOOMIS, SAYLES & COMPANY LP

27-6848787

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28                            | NONE                                                                                                     | 212266                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

**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)

BLACK ROCK SOLUTIONS

94-3112180

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 78134                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

GREENSFELDER, HEMKER & GALE, P.C.

43-1313567

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 56467                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

JP MORGAN CHASE

13-4994650

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 44590                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**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)

MONETA GROUP INVESTMENT ADVISORS

20-1983821

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27                            | NONE                                                                                                     | 43334                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

AETNA

06-6033492

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 50                         | NONE                                                                                                     | 17187                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

BROWN, SMITH, WALLACE, LLC

43-1001367

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10 50                         | NONE                                                                                                     | 14000                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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)

ROCATON INVESTMENT ADVISORS, LLC

04-3638035

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 50                         | NONE                                                                                                     | 8841                                                                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2014</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

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

|                                                                                                     |                                                                    |  |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| <b>A</b> Name of plan<br><u>HUSSMANN CORPORATION RETIREMENT PLAN</u>                                | <b>B</b> Three-digit plan number (PN) <b>►</b> <u>039</u>          |  |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>HUSSMANN CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>43-0156220</u> |  |

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

|                                                                                              |                               |                                                                                                                      |
|----------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>US DEBT INDEX NON-LENDABLE FUND</u>        |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACK ROCK INSTITUTIONAL TRUST COMP</u> |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>26-4149955-000</u>                                                        | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>33643273</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG TERM CREDIT BOND INDEX NL</u>         |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACK ROCK INSTITUTIONAL TRUST COMP</u> |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>26-3797251-000</u>                                                        | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>215895</u>    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MSCI ACWI EQUITY INDEX FU</u>    |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACK ROCK INSTITUTIONAL TRUST COMP</u> |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>26-3816145-000</u>                                                        | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>102466170</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIPS</u>                                   |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACK ROCK INSTITUTIONAL TRUST COMP</u> |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>26-3816145-000</u>                                                        | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20158771</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STRATEGIC ALPHA TRUST NHIT</u>             |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>LOOMIS, SAYLES &amp; COMPANY LP</u>     |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>27-6848787-000</u>                                                        | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36750446</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                               |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a):                                            |                               |                                                                                                                      |
| <b>c</b> EIN-PN                                                                              | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                               |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a):                                            |                               |                                                                                                                      |
| <b>c</b> EIN-PN                                                                              | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                  |

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>HUSSMANN CORPORATION RETIREMENT PLAN</u>                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;"><u>039</u></span>                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>HUSSMANN CORPORATION</u>                                                                                                                                                                             |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>43-0156220</u>                                       |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 100000                | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 3827913               | 7330353         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    | 212674644             | 193234555       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 11549049              | 12490464        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 1985047               | 2031443         |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 230136653             | 215086815       |

**Liabilities**

|                                                                           |           |        |        |
|---------------------------------------------------------------------------|-----------|--------|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |        |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 146676 | 237242 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |        |        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |        |        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 146676 | 237242 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 229989977 | 214849573 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 92791      |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 92791     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 0          |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 11937202  |
| (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 <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 12029993  |

**Expenses**

|                                                                                     |       |          |          |
|-------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                 |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 24911287 |          |
| (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) |          | 24911287 |
| f Corrective distributions (see instructions).....                                  | 2f    |          |          |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |          |          |
| h Interest expense.....                                                             | 2h    |          | 18629    |
| i Administrative expenses: (1) Professional fees.....                               | 2i(1) | 914173   |          |
| (2) Contract administrator fees.....                                                | 2i(2) |          |          |
| (3) Investment advisory and management fees.....                                    | 2i(3) | 407935   |          |
| (4) Other.....                                                                      | 2i(4) | 918373   |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |          | 2240481  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |          | 27170397 |

**Net Income and Reconciliation**

|                                                         |       |  |           |
|---------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | -15140404 |
| 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: BROWN SMITH WALLACE, LLC

(2) EIN: 43-1001367

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> 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  |          |
| <b>4c</b>                                                                                                                                                                                                                     |     |    |          |
| <b>d</b> 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  |          |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 10000000 |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |          |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                     |     |    |          |
| <b>g</b> 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  |          |
| <b>4g</b>                                                                                                                                                                                                                     |     |    |          |
| <b>h</b> 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  |          |
| <b>4h</b>                                                                                                                                                                                                                     |     |    |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                                     |     |    |          |
| <b>j</b> 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  |          |
| <b>4j</b>                                                                                                                                                                                                                     |     |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |          |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |          |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |          |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |          |
| <b>n</b> 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. ....                                      |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |          |

**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)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                              |                                                                    |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>HUSSMANN CORPORATION RETIREMENT PLAN</u>                         | <b>B</b> Three-digit plan number (PN) ▶<br><u>039</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>HUSSMANN CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>43-0156220</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                                      |          |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                | <b>1</b> | <u>0</u>   |
| <b>2</b> 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):<br><br>EIN(s): <u>13-3689044</u> <u>13-3795042</u> |          |            |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                                              |          |            |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                      | <b>3</b> | <u>442</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                             | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                 | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                                        |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> 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?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                              |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input checked="" type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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: 50.0% Investment-Grade Debt: 45.0% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: 5.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

**HUSSMANN CORPORATION RETIREMENT PLAN**

FINANCIAL STATEMENTS  
WITH  
INDEPENDENT AUDITOR'S REPORT

**DECEMBER 31, 2014**

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## **Independent Auditor's Report**

To the Participants and Plan Administrator of the  
Hussmann Corporation Retirement Plan  
St. Louis, Missouri

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Hussmann Corporation Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits and the related statements of changes in net assets available for benefits as of and for the years ended December 31, 2014 and 2013, and the statement of accumulated plan benefits and statement of changes in accumulated plan benefits for the year ended December 31, 2013, and the related notes to the financial statements.

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

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

### **Auditor's Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by JP Morgan Chase Bank, the Trustee and a custodian of the Plan, State Street Bank and Trust Company, and Loomis, Sayles & Company, L.P., the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodians and Trustee hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the custodians and Trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by the custodians and Trustee is complete and accurate.

**Disclaimer of Opinion**

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

**Other Matter**

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

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodians and 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.

*Brown Smith Wallace, LLC*

St. Louis, Missouri

October 15, 2015

## HUSSMANN CORPORATION RETIREMENT PLAN

### Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

(See Independent Auditor's Report)

|                                          | 2014                  | 2013                  |
|------------------------------------------|-----------------------|-----------------------|
| <b>ASSETS</b>                            |                       |                       |
| <b>Investments, at fair value</b>        |                       |                       |
| Cash and cash equivalents                | \$ 7,330,353          | \$ 3,827,913          |
| Collective trusts                        | 193,234,555           | 212,674,644           |
| Registered investment company            | 12,490,464            | 11,549,049            |
| Group annuity contracts                  | 2,031,443             | 1,985,047             |
| <b>Total investments, at fair value</b>  | <b>215,086,815</b>    | <b>230,036,653</b>    |
| <b>Related party receivable</b>          | <b>-</b>              | <b>100,000</b>        |
| <b>Total assets</b>                      | <b>215,086,815</b>    | <b>230,136,653</b>    |
| <b>LIABILITIES</b>                       |                       |                       |
| <b>Accrued expenses</b>                  | <b>237,242</b>        | <b>146,676</b>        |
| <b>Total liabilities</b>                 | <b>237,242</b>        | <b>146,676</b>        |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <b>\$ 214,849,573</b> | <b>\$ 229,889,977</b> |

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

## HUSSMANN CORPORATION RETIREMENT PLAN

### Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2014 and 2013

(See Independent Auditor's Report)

|                                                               | 2014                  | 2013                  |
|---------------------------------------------------------------|-----------------------|-----------------------|
| <b>Additions to net assets attributable to:</b>               |                       |                       |
| Investment income:                                            |                       |                       |
| Interest and dividend income                                  | \$ 92,791             | \$ 96,062             |
| Net appreciation in fair value investments                    | 11,937,202            | 21,133,947            |
| <b>Total investment income</b>                                | <b>12,029,993</b>     | <b>21,230,009</b>     |
| <b>Total additions</b>                                        | <b>12,029,993</b>     | <b>21,230,009</b>     |
| <b>Deductions from net assets attributable to:</b>            |                       |                       |
| Benefits paid to participants                                 | 24,911,287            | 14,623,651            |
| Other disbursements                                           | 18,629                | -                     |
| Administrative expense                                        | 2,240,481             | 1,193,249             |
| <b>Total deductions</b>                                       | <b>27,170,397</b>     | <b>15,816,900</b>     |
| <b>NET INCREASE (DECREASE)</b>                                | <b>(15,140,404)</b>   | <b>5,413,109</b>      |
| <b>Net assets available for benefits at beginning of year</b> | <b>229,989,977</b>    | <b>224,576,868</b>    |
| <b>Net assets available for benefits at end of year</b>       | <b>\$ 214,849,573</b> | <b>\$ 229,989,977</b> |

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

## HUSSMANN CORPORATION RETIREMENT PLAN

### Statement of Accumulated Plan Benefits

December 31, 2013 \*

(See Independent Auditor's Report)

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#### Actuarial present value of accumulated plan benefits (Note B)

Vested benefits:

|                                            |                   |
|--------------------------------------------|-------------------|
| Participants currently receiving payments  | \$ 86,227,617     |
| Participants entitled to deferred benefits | 39,684,611        |
| Other participants                         | <u>98,705,625</u> |

|                       |             |
|-----------------------|-------------|
| Total vested benefits | 224,617,853 |
|-----------------------|-------------|

|                    |                  |
|--------------------|------------------|
| Nonvested benefits | <u>5,606,734</u> |
|--------------------|------------------|

|                                                                   |                                     |
|-------------------------------------------------------------------|-------------------------------------|
| <b>Total actuarial present value of accumulated plan benefits</b> | <b><u><u>\$ 230,224,587</u></u></b> |
|-------------------------------------------------------------------|-------------------------------------|

\* Based on the latest actuarial valuation at January 1, 2014

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

## HUSSMANN CORPORATION RETIREMENT PLAN

### Statement of Changes in Accumulated Plan Benefits

Year ended December 31, 2013 \*

(See Independent Auditor's Report)

---

|                                                                                |                                     |
|--------------------------------------------------------------------------------|-------------------------------------|
| <b>Actuarial present value of accumulated plan benefits at January 1, 2013</b> | <b>\$ 218,011,818</b>               |
| Increase (decrease) during the year attributable to:                           |                                     |
| Benefits accumulated                                                           | 4,302,769                           |
| Increase for interest due to the decrease in the discount period               | 14,507,012                          |
| Net actuarial losses                                                           | 630,590                             |
| Benefits paid                                                                  | (14,623,651)                        |
| Change of assumptions                                                          | <u>7,396,049</u>                    |
| Net increase during the year                                                   | <u>12,212,769</u>                   |
| <b>Actuarial present value of accumulated plan benefits at January 1, 2014</b> | <b><u><u>\$ 230,224,587</u></u></b> |

\* Based on the latest actuarial valuation at January 1, 2014

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

# HUSSMANN CORPORATION RETIREMENT PLAN

## Notes to Financial Statements

December 31, 2014

(See Independent Auditor's Report)

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### Note A - Description of the Plan

The following brief description of the Hussmann Corporation Retirement Plan (the "Plan") is intended for general information purposes. Participants should refer to the Plan document for complete information.

#### General

The Plan is a defined benefit pension plan covering eligible non-union hourly, salaried and bargained employees of Hussmann Corporation, (the "Company") and any affiliate who has adopted the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

At December 31, 2010, the Ingersoll Rand Company served as sponsor of the Plan and its parent, Ingersoll-Rand plc, had the authority to amend or terminate the Plan, subject to certain restrictions. On September 30 and November 30, 2011, Ingersoll-Rand plc through a series of transactions transferred the majority of its interest in Hussmann International, Inc. and certain companies affiliated with Hussmann International, Inc. to Clayton, Dubilier & Rice, LLC (the "Transaction"). In conjunction with this ownership change, the Plan was amended to (i) include the participation of all salaried and non-bargained employees hired after December 31, 2009, and all "Business Employees" as defined by the stock purchase agreement, who would otherwise satisfy the Plan's eligibility requirement, (ii) change the Plan Sponsor to Hussmann Corporation, (iii) change the Plan name to the "Hussmann Corporation Retirement Plan", (iv) provide that members of the Benefits Investment Committee and Benefits Administration Committee should consist of individuals appointed by Hussmann Corporation, and (v) authorize Hussmann Corporation to have the authority to amend and/or terminate the Plan. During August of 2012, the Plan was amended to exclude all future non-bargained hourly and salaried employees from entering the Plan. In November 2013, the Company announced the freeze of the Plan for all non-bargained employees. Effective January 1, 2014, non-collective bargaining employees in the U.S. no longer accrue additional years of service and recognize future increases in compensation under the existing Plan for benefit purposes.

JP Morgan Chase Bank, as Trustee, has the authority and responsibility to hold, manage and protect the assets of the Plan in accordance with the provisions of the trust agreement and ERISA requirements.

# **HUSSMANN CORPORATION RETIREMENT PLAN**

## **Notes to Financial Statements - Continued**

December 31, 2014

(See Independent Auditor's Report)

---

### **Note A - Description of the Plan (Continued)**

#### **Pension Benefits**

Employees who satisfy the Plan's eligibility requirement become fully vested in accordance with the vesting schedule set forth in the Plan and are entitled to annual pension benefits beginning at the normal retirement age (65). Benefits are calculated under the applicable appendices incorporated in the Plan and reflect total years and months of credited service. The benefit calculation for non-collectively bargained employees, expressed as a single life annuity, is based on Credited Service, average compensation in the highest consecutive five of the final ten years of employment and the benefit formula as established by the applicable appendices of the Plan. The benefit calculation for collectively bargained employees, expressed as a single life annuity, is based on credited service and a negotiated flat-dollar accrual rate established by the applicable adoption agreement. Early retirement benefits are available and require age and service requirements under certain appendices of the Plan. Death benefits are paid pursuant to the applicable appendix of the Plan and applicable laws.

Certain vested participants who become disabled are entitled to a vested deferred retirement benefit calculated in the same manner as an early retirement benefit. Vesting is based on the vesting schedule set forth in the Plan.

### **Note B - Summary of Significant Accounting Policies**

#### **Basis of Accounting**

The accompanying financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"), except participant benefit payments which are recorded when distributed.

#### **Use of Estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

#### **Cash and Cash Equivalents**

The Plan classifies money market mutual funds as cash equivalents.

# HUSSMANN CORPORATION RETIREMENT PLAN

## Notes to Financial Statements - Continued

December 31, 2014

(See Independent Auditor's Report)

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### Note B - Summary of Significant Accounting Policies (Continued)

#### **Valuation of Investments**

The Plan's investments at December 31, 2014 and 2013 are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policy utilizing information provided by the investment advisory custodians and insurance companies. See Note C for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation (depreciation) represents the Plan's net realized and unrealized gains and losses on investments.

#### **Funding Policy**

The Company's funding policy is to make annual minimum contributions as required by law and determined by the actuary, and other contributions in its discretion as allowed by law. The actuary determines the required contributions using the Projected Unit Credit Cost Method. As determined by the actuary, no contributions were required during 2014 and 2013.

#### **Expenses**

The Plan pays all eligible expenses, other than those absorbed by the plan sponsor on a discretionary basis, incurred in administering the Plan. The Plan's actuarial cost method includes a factor to fund such expenses through employer contributions. Fees paid by the Plan include various professional fees, investment fees, Pension Benefit Guaranty Corporation ("PBGC") fees and any other costs of administering the Plan. The PBGC requires the Plan to pay an annual fee based on the number of participants in the Plan.

#### **Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service rendered by the Plan's participants. Accumulated plan benefits include benefits expected to be paid to (i) retired or terminated employees or their beneficiaries; (ii) beneficiaries of employees who have died; and (iii) present employees or their beneficiaries. Benefits payable under all circumstances are included to the extent they are deemed attributable to employee service rendered to the valuation date.

# HUSSMANN CORPORATION RETIREMENT PLAN

## Notes to Financial Statements - Continued

December 31, 2014

(See Independent Auditor's Report)

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### Note B - Summary of Significant Accounting Policies (Continued)

#### **Actuarial Present Value of Accumulated Plan Benefits (Continued)**

The actuarial present value of accumulated plan benefits was determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation at January 1, 2014 were as follows:

- Participants' life expectancy for non-disabled participants utilized the mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants. Life expectancy for disabled participants utilized mortality rates in accordance with Revenue Ruling 96-7.
- Retirement ages, which start at 55 and use actual plan experience.
- Investment return, equal to the average interest rate is assumed to be 6.75% for funding.
- Pension Protection Act effective interest rate, which is assumed to be 6.47%.
- The RP-2014 Employee Morality table, adjusted based on similar industry experience, was used to calculate the actuarial present value of accumulated plan benefits.

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

There is a difference of \$10,914,034 between the ASC 960 benefit obligation recorded in the Statement of Accumulated Plan Benefits and the funding calculation performed under the IRS prescribed table as used for the Schedule SB due to changes in assumptions used.

#### **Reclassifications**

Certain reclassifications have been made in the 2013 financial statements to conform to the 2014 presentation.

# HUSSMANN CORPORATION RETIREMENT PLAN

## Notes to Financial Statements - Continued

December 31, 2014

(See Independent Auditor's Report)

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### Note C - Fair Value Measurements

GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and are significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

# HUSSMANN CORPORATION RETIREMENT PLAN

## Notes to Financial Statements - Continued

December 31, 2014

(See Independent Auditor's Report)

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### Note C - Fair Value Measurements (Continued)

*Cash and Cash Equivalents:* Valued at the daily closing price as reported by the fund. The funds held by the Plan are registered with the Securities Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The funds held by the Plan are deemed to be actively traded and classified as Level 1.

*Collective Trust Funds:* Valued at the NAV of the units of the individual bank collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur on a daily basis. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. Therefore, these assets are classified as Level 2.

*Registered Investment Company:* These alternative funds are valued at the NAV of the shares of the registered investment company. The NAV, as provided by the Custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur on a daily basis. Were the Plan to initiate a full redemption of the alternative investment, the investment advisor reserves the right to temporarily delay withdrawal from the investment in order to ensure that securities liquidations will be carried out in an orderly business manner. Therefore, these assets are classified as Level 2.

*Group Annuity Contracts:* The investments are valued at fair value. Fair value is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer. Such assets are classified within Level 3.

The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

# HUSSMANN CORPORATION RETIREMENT PLAN

## Notes to Financial Statements - Continued

December 31, 2014

(See Independent Auditor's Report)

### Note C - Fair Value Measurements (Continued)

The following summarizes the classification of the Plan's investments by classification and method as of December 31, 2014 and 2013:

|                                    | Assets at Fair Value as of<br>December 31, 2014 |               |              |                |
|------------------------------------|-------------------------------------------------|---------------|--------------|----------------|
|                                    | Level 1                                         | Level 2       | Level 3      | Total          |
| Cash and cash equivalents          | \$ 7,330,353                                    | \$ -          | \$ -         | \$ 7,330,353   |
| Collective trusts:                 |                                                 |               |              |                |
| Global equity (a)                  | -                                               | 102,466,170   | -            | 102,466,170    |
| Fixed income (b)                   | -                                               | 90,768,385    | -            | 90,768,385     |
| Registered investment company (c): |                                                 |               |              |                |
| Alternative investments            | -                                               | 12,490,464    | -            | 12,490,464     |
| Group annuity contracts            | -                                               | -             | 2,031,443    | 2,031,443      |
| Total                              | \$ 7,330,353                                    | \$205,725,019 | \$ 2,031,443 | \$ 215,086,815 |

|                                    | Assets at Fair Value as of<br>December 31, 2013 |               |              |               |
|------------------------------------|-------------------------------------------------|---------------|--------------|---------------|
|                                    | Level 1                                         | Level 2       | Level 3      | Total         |
| Cash and cash equivalents          | \$ 3,827,913                                    | \$ -          | \$ -         | \$ 3,827,913  |
| Collective trusts:                 |                                                 |               |              |               |
| Global equity (a)                  | -                                               | 118,907,611   | -            | 118,907,611   |
| Fixed income (b)                   | -                                               | 93,767,033    | -            | 93,767,033    |
| Registered investment company (c): |                                                 |               |              |               |
| Alternative investments            | -                                               | 11,549,049    | -            | 11,549,049    |
| Group annuity contracts            | -                                               | -             | 1,985,047    | 1,985,047     |
| Total                              | \$ 3,827,913                                    | \$224,223,693 | \$ 1,985,047 | \$230,036,653 |

- (a) This class includes an investment manager who invests in U.S. and international equity investments. The manager adheres to a passive management approach to closely approximate the MSCI ACWI Index.

# HUSSMANN CORPORATION RETIREMENT PLAN

## Notes to Financial Statements - Continued

December 31, 2014

(See Independent Auditor's Report)

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### Note C - Fair Value Measurements (Continued)

(b) This class includes a number of investment managers who invest in debt securities with a focus on domestic debt. The majority of the allocations employ a passive approach with the objective of approximating as closely as practicable the total rate of return of the Barclays U.S. Aggregate Bond Index, the Barclays U.S. Long Credit Bond Index and the Barclays U.S. TIPS Index. Allocations may also be made to alternative fixed income managers with the investment objective to generate income while managing interest rate risk exposure.

(c) This class includes professional investment managers that focus on alternative investment strategies that include actively managed funds and short-term deposits.

The Plan establishes processes to ensure that the valuations for investments that are categorized within Level 3 of the fair value hierarchy are fair, consistent and reasonable. Plan management is responsible for developing and overseeing the review process of the Plan's Level 3 Investments and their valuation. Plan management conducts an annual review of the activity within each of the Level 3 investments, verifying the activity and the ending balances are reasonable given the nature of the activity and the market.

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

|                            | Level 3 Assets                  |                                         |
|----------------------------|---------------------------------|-----------------------------------------|
|                            | Year ended December 31, 2014    |                                         |
|                            | Aetna Life<br>Insurance Company | AXA Equitable Life<br>Insurance Company |
| Balance, beginning of year | \$ 1,902,290                    | \$ 82,757                               |
| Realized gains             | 91,006                          | 1,397                                   |
| Unrealized gains           | -                               | 4,225                                   |
| Sales                      | (36,851)                        | (13,381)                                |
| Balance, end of year       | \$ 1,956,445                    | \$ 74,998                               |

# HUSSMANN CORPORATION RETIREMENT PLAN

## Notes to Financial Statements - Continued

December 31, 2014

(See Independent Auditor's Report)

### Note C - Fair Value Measurements (Continued)

|                            | Level 3 Assets               |                                      |
|----------------------------|------------------------------|--------------------------------------|
|                            | Year ended December 31, 2013 |                                      |
|                            | Aetna Life Insurance Company | AXA Equitable Life Insurance Company |
| Balance, beginning of year | \$ 1,852,078                 | \$ 102,765                           |
| Realized gains             | 89,812                       | 1,472                                |
| Unrealized gains           | -                            | (3,713)                              |
| Sales                      | (39,600)                     | (17,767)                             |
| Balance, end of year       | \$ 1,902,290                 | \$ 82,757                            |

### Note D - Fair Value of Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2014:

| Investment Type                                | Fair Value at December 31, 2014 | Fair Value at December 31, 2013 | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|------------------------------------------------|---------------------------------|---------------------------------|----------------------|----------------------|--------------------------|
| Collective trusts:                             |                                 |                                 |                      |                      |                          |
| BlackRock MSCI ACWI Equity                     | \$102,466,170                   | \$118,907,611                   | \$ -                 | Daily                | Daily                    |
| BlackRock US Debt Index                        | 53,802,044                      | 55,491,329                      | -                    | Daily                | Daily                    |
| BlackRock Long-Term Credit Bond Index          | 215,895                         | 188,134                         | -                    | Daily                | Daily                    |
| Loomis Sayles Strategic Alpha Trust            | 36,750,446                      | 38,087,570                      | -                    | Bi-monthly           | 30 days                  |
| Registered investment company:                 |                                 |                                 |                      |                      |                          |
| Abbey Capital Limited Alternative Fund Class B | 12,490,464                      | 11,549,049                      | -                    | Daily                | Daily                    |

# HUSSMANN CORPORATION RETIREMENT PLAN

## Notes to Financial Statements - Continued

December 31, 2014

(See Independent Auditor's Report)

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### Note E - Investment Information Certified or Provided by the Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's rules and regulations for reporting and disclosure under ERISA. Accordingly, JP Morgan Chase Bank, the Trustee and a custodian of the Plan, State Street Bank and Trust Company, and Loomis, Sayles & Company, L.P., the custodians of the Plan, have certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits for the years ended December 31, 2014 and 2013, (Note C) and the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014; and the related investment activity reflected in the statements of changes in net assets available for benefits for the year ended December 31, 2014 and 2013, excluding the registered investment company assets.

The following presents investments that represent five percent or more of the Plan's net assets available for benefits as of December 31:

|                                     | <u>2014</u>   | <u>2013</u>   |
|-------------------------------------|---------------|---------------|
| Investments at fair value:          |               |               |
| Collective trusts:                  |               |               |
| BlackRock MSCI ACWI Equity          | \$102,466,170 | \$118,907,610 |
| BlackRock US Debt Index Fund NL     | 33,643,273    | 34,315,878    |
| BlackRock US Tips Fund              | 20,158,771    | 21,175,451    |
| Loomis Sayles Strategic Alpha Trust | 36,750,446    | 38,087,570    |
| Registered investment company:      |               |               |
| ACL Alternative Fund                | 12,490,464    | 11,549,049    |

### Note F - Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to participants in an order of priority determined in accordance with ERISA and applicable regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan is terminated. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan be terminated will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

# **HUSSMANN CORPORATION RETIREMENT PLAN**

## **Notes to Financial Statements - Continued**

December 31, 2014

(See Independent Auditor's Report)

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### **Note G - Transactions with Parties-in-Interest**

The Plan has invested in shares of a mutual fund managed by JP Morgan Chase Bank. JP Morgan Chase Bank is a custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions are allowable party-in-interest transactions under Section 408(b)(8) of the ERISA regulations.

### **Note H - Risks and Uncertainties**

The Plan invests in various investments. These investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, and the level of uncertainty related to changes in fair values of such investments, it is at least reasonably possible that changes in such risks in the near term would materially affect the Plan's investment balances, and amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

### **Note I - Tax Status**

The Plan has received a favorable determination letter from the Internal Revenue Service dated September 26, 2013, which states that the Plan and its underlying trust qualify under the applicable provisions of the Internal Revenue Code (the "Code") and, therefore, are exempt from federal income taxes. In addition, Plan Administrator believes that the Plan is designed and is currently being operated in material compliance with the applicable requirements of the Code and has no income subject to unrelated business income tax. Therefore, no provisions for income taxes have been included in the Plan's financial statements.

The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## **HUSSMANN CORPORATION RETIREMENT PLAN**

### **Notes to Financial Statements - Continued**

December 31, 2014

(See Independent Auditor's Report)

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#### **Note J - Subsequent Events**

The Plan has evaluated subsequent events through October 15, 2015, in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued.

## **Supplemental Schedule**

**HUSSMANN CORPORATION RETIREMENT PLAN**  
**FEIN: 43-0156220**  
**Plan#: 039**

**Schedule of Assets (Held at End of Year)**  
**Form 5500 – Schedule H – Item 4i**

December 31, 2014

(See Independent Auditor's Report)

| a) b)                          | Identity of Issuer                   | c) | Description of Investment                                                  | d) | Cost                 | e) | Current Value        |
|--------------------------------|--------------------------------------|----|----------------------------------------------------------------------------|----|----------------------|----|----------------------|
| Cash and Cash Equivalents:     |                                      |    |                                                                            |    |                      |    |                      |
| *                              | JP Morgan                            |    | JP Morgan Chase US Government                                              | \$ | 1,917,761            | \$ | 1,917,761            |
|                                | Vanguard                             |    | Prime Money Market                                                         |    | 5,412,592            |    | 5,412,592            |
|                                | Total                                |    |                                                                            |    | <u>7,330,353</u>     |    | <u>7,330,353</u>     |
| Collective Trusts:             |                                      |    |                                                                            |    |                      |    |                      |
|                                | BlackRock                            |    | Long-Term Credit Bond Index NL                                             |    | 174,538              |    | 215,895              |
|                                | BlackRock                            |    | MSCI ACWI Equity                                                           |    | 69,268,754           |    | 102,466,170          |
|                                | BlackRock                            |    | US Debt Index Fund NL                                                      |    | 30,988,478           |    | 33,643,273           |
|                                | BlackRock                            |    | US TIPS Fund                                                               |    | 19,798,148           |    | 20,158,771           |
|                                | Loomis Sayles                        |    | Strategic Alpha                                                            |    | 35,394,219           |    | 36,750,446           |
|                                | Total Collective Trusts              |    |                                                                            |    | <u>155,624,137</u>   |    | <u>193,234,555</u>   |
| Registered Investment Company: |                                      |    |                                                                            |    |                      |    |                      |
|                                | Abbey Capital Limited                |    | ACL Alternative Fund                                                       |    | 9,325,936            |    | 12,490,464           |
| Group Annuity Contracts:       |                                      |    |                                                                            |    |                      |    |                      |
|                                | AXA Equitable Life Insurance Company |    | Insurance Contract, average interest rate of 1.91%                         |    | 67,011               |    | 74,998               |
|                                | Aetna Life Insurance Company         |    | Insurance Contract, average interest rates ranging between 4.70% and 5.45% |    | 1,956,445            |    | 1,956,445            |
|                                | Total Group Annuity Contracts        |    |                                                                            |    | <u>2,023,456</u>     |    | <u>2,031,443</u>     |
|                                |                                      |    |                                                                            |    | <u>\$174,303,882</u> |    | <u>\$215,086,815</u> |

\* Party-in-interests.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2014

| Attained Age | Years of Credited Service |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |           |            |
|--------------|---------------------------|------------|--------|------------|--------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|-----------|------------|
|              | Under 1                   |            | 1 to 4 |            | 5 to 9 |            | 10 to 14 |            | 15 to 19 |            | 20 to 24 |            | 25 to 29 |            | 30 to 34 |            | 35 to 39 |            | 40 & Over |            |
|              | No.                       | Avg. Comp. | No.    | Avg. Comp. | No.    | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.       | Avg. Comp. |
| Under 25     | 0                         |            | 10     |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 25 - 29      | 0                         |            | 16     |            | 19     |            | 1        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 30 - 34      | 0                         |            | 28     | 52,296     | 50     | 68,145     | 12       |            | 1        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 35 - 39      | 0                         |            | 36     | 58,276     | 67     | 68,071     | 39       | 72,679     | 22       | 69,340     | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 40 - 44      | 0                         |            | 30     | 65,426     | 67     | 75,986     | 47       | 83,686     | 30       | 78,515     | 15       |            | 3        |            | 0        |            | 0        |            | 0         |            |
| 45 - 49      | 0                         |            | 42     | 67,912     | 52     | 78,327     | 59       | 77,280     | 35       | 69,597     | 66       | 71,977     | 22       | 60,453     | 4        |            | 0        |            | 0         |            |
| 50 - 54      | 0                         |            | 43     | 72,181     | 53     | 81,042     | 55       | 64,600     | 39       | 66,251     | 73       | 63,090     | 47       | 72,156     | 53       | 58,777     | 1        |            | 0         |            |
| 55 - 59      | 0                         |            | 23     | 68,868     | 37     | 63,546     | 48       | 68,422     | 37       | 76,732     | 57       | 62,557     | 39       | 64,728     | 46       | 62,875     | 48       | 60,952     | 4         |            |
| 60 - 64      | 0                         |            | 9      |            | 19     |            | 37       | 64,125     | 9        |            | 28       | 55,962     | 27       | 76,909     | 32       | 65,437     | 23       | 57,766     | 11        |            |
| 65 - 69      | 0                         |            | 6      |            | 8      |            | 4        |            | 4        |            | 9        |            | 11       |            | 6        |            | 7        |            | 7         |            |
| 70 & Over    | 0                         |            | 1      |            | 2      |            | 4        |            | 0        |            | 0        |            | 1        |            | 2        |            | 1        |            | 0         |            |

Plan Name: Hussmann Corporation Retirement Plan  
 EIN / PN: 43-0156220 / 039  
 Plan Sponsor: Hussmann Corporation  
 Valuation Date: January 1, 2014

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis

- Applicable month September
- Interest rate basis 3-Segment Rates

#### Interest rates

- |  | Reflecting<br>Corridors | Not Reflecting<br>Corridors |
|--|-------------------------|-----------------------------|
|--|-------------------------|-----------------------------|

#### Annual rates of increase

- CompensationNot applicable
- Future Social Security wage basesNot applicable
- Statutory limits on compensationNone

Plan Name: Hussmann Corporation Retirement Plan  
EIN / PN: 43-0156220 / 039  
Plan Sponsor: Hussmann Corporation  
Valuation Date: January 1, 2014

# SCHEDULE SB ATTACHMENTS

## Demographic and other Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees** It was assumed there will be no new or rehired employees.

**Mortality** For non-disabled participants: The prescribed mortality assumption under Section §430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

For disabled participants: mortality in accordance with Revenue Ruling 96-7.

**Termination** **Representative termination rates not due to disability, retirement or mortality**

| Attained Age | Percentage leaving during the year |         |
|--------------|------------------------------------|---------|
|              | Males                              | Females |
| 20           | 14.9%                              | 14.9%   |
| 25           | 9.9%                               | 9.9%    |
| 30           | 6.9%                               | 6.9%    |
| 35           | 4.9%                               | 4.9%    |
| 40           | 2.8%                               | 2.8%    |
| 45           | 1.7%                               | 1.7%    |
| 50           | 0.4%                               | 0.4%    |
| 55           | 0.0%                               | 0.0%    |

| Attained Age | Percentage leaving during the year |         |
|--------------|------------------------------------|---------|
|              | Males                              | Females |
| 20           | 14.9%                              | 14.9%   |
| 25           | 9.9%                               | 9.9%    |
| 30           | 6.9%                               | 6.9%    |
| 35           | 4.9%                               | 4.9%    |
| 40           | 2.8%                               | 2.8%    |
| 45           | 1.7%                               | 1.7%    |
| 50           | 0.4%                               | 0.4%    |
| 55           | 0.0%                               | 0.0%    |

In addition, the rates of withdrawal used for the first three years of service are 30%, 25% and 20%, respectively.

**Disability** The 1985 Wyatt Pension Disability Study Unisex Class Three rates of disablement are used for bargaining employees. The 1985 Wyatt Pension Disability Study Unisex Class One rates of disablement are used for non-bargaining employees.

Plan Name: Hussmann Corporation Retirement Plan  
EIN / PN: 43-0156220 / 039  
Plan Sponsor: Hussmann Corporation  
Valuation Date: January 1, 2014

## SCHEDULE SB ATTACHMENTS

### Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

Salaried and non-bargaining employees:

| Percentage retiring during the year |       |         |
|-------------------------------------|-------|---------|
| Age                                 | Males | Females |
| 55-59                               | 2%    | 2%      |
| 60-61                               | 0%    | 0%      |
| 62                                  | 40%   | 40%     |
| 63-64                               | 5%    | 5%      |
| 65                                  | 40%   | 40%     |

Bargaining employees:

| Percentage retiring during the year |       |         |
|-------------------------------------|-------|---------|
| Age                                 | Males | Females |
| 55-59                               | 3%    | 3%      |
| 60-61                               | 5%    | 5%      |
| 62                                  | 20%   | 20%     |
| 63-64                               | 5%    | 5%      |
| 65                                  | 45%   | 45%     |

Unpredictable  
Contingent Event  
Benefit (UCEB)  
assumptions

None

Plan Name: Hussmann Corporation Retirement Plan  
EIN / PN: 43-0156220 / 039  
Plan Sponsor: Hussmann Corporation  
Valuation Date: January 1, 2014

## SCHEDULE SB ATTACHMENTS

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### Form of payment

#### a) Husmann Salaried and Non-Bargaining Employees

33% of all participants who retire directly from active service after age 55 are assumed to elect the single life annuity or, if married, the actuarial equivalent 50% joint and survivor annuity. The single life annuity includes a ten year guarantee; the joint and survivor annuity is assumed to be equivalent to this form of payment.

67% of all participants who retire directly from active service after age 55 and 100% of vested employees who terminate employment prior to age 55 are assumed to elect the lump sum payment option. The lump sum payable is assumed to be the greater of

- i. the immediate life annuity multiplied by 10, and
- ii. the actuarially equivalent lump sum of the deferred life annuity, determined using interest rates based on the 3 segment rates used for determination of the Funding Target and the applicable mortality under Revenue Ruling 2007-67.

#### b) Husmann Bargaining Employees

All participants are assumed to elect the single life annuity or, if married, the actuarial equivalent 50% joint and survivor annuity.

#### c) Former Employees with Deferred Vested Benefits

All participants are assumed to elect a single life annuity, with a 10 year guarantee for non-bargaining employees who terminated employment after December 31, 2002.

### Timing of benefit payment

Annuity payments are payable monthly at the beginning of the month, and lump sum payments are payable on date of decrement.

### Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 85% of eligible male participants and 55% percent of eligible female participants are assumed to be married.

### Spouse age

Male spouses are assumed to be 3 years older than female spouses.

### Covered pay

*Not applicable*

### Administrative expenses

\$1,264,000 of administrative expenses is assumed to be paid out of the trust in 2014 and is added to the target normal cost. This amount is based on the noninvestment-related expenses that were paid out of the plan in the prior fiscal year and the expected change in PBGC variable rate premium from the prior year to the current year.

Plan Name: Husmann Corporation Retirement Plan  
EIN / PN: 43-0156220 / 039  
Plan Sponsor: Husmann Corporation  
Valuation Date: January 1, 2014

# SCHEDULE SB ATTACHMENTS

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## Methods

|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>                                                           | First day of plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Funding target</b>                                                           | Present value of accrued benefits as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Target normal cost</b>                                                       | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Actuarial value of assets for determining minimum required contributions</b> | <p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2013 plan year.) method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p> |
| <b>Benefits not valued</b>                                                      | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Change in assumptions and methods since prior valuation</b>                  | <p>In addition to the prescribed changes in the discount rate and mortality, the following changes in assumptions and methods were made as part of this valuation:</p> <ul style="list-style-type: none"><li>● Change in the minimum lump sum actuarial equivalence mortality basis from the 2013 PPA Combined Unisex table to the 2014 PPA Combined Unisex table.</li><li>● The expected plan-related expense assumption changed from \$548,000 in 2013 to \$1,264,000 in 2014. The underlying assumption remained the same.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

Plan Name: Hussmann Corporation Retirement Plan  
EIN / PN: 43-0156220 / 039  
Plan Sponsor: Hussmann Corporation  
Valuation Date: January 1, 2014

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

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.

|                                                                                                                                                                          |                                                             |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>Hussmann Corporation Retirement Plan                                                                                                            | <b>B</b> Three-digit plan number (PN) ►                     | 039 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Hussmann Corporation                                                                         | <b>D</b> Employer Identification Number (EIN)<br>43-0156220 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> Other |                                                             |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500                  |                                                             |     |

| Part I Basic Information |                                                                                                                                                                                                                 |                            |                           |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| <b>1</b>                 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2014</u>                                                                                                                                        |                            |                           |
| <b>2</b>                 | Assets:                                                                                                                                                                                                         |                            |                           |
|                          | <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 230036653                 |
|                          | <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 222982799                 |
| <b>3</b>                 | Funding target/participant count breakdown                                                                                                                                                                      | (1) Number of participants | (2) Vested Funding Target |
|                          | <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | 1998                       | 98665049                  |
|                          | <b>b</b> For terminated vested participants.....                                                                                                                                                                | 1757                       | 38670855                  |
|                          | <b>c</b> For active participants.....                                                                                                                                                                           | 1744                       | 81051472                  |
|                          | <b>d</b> Total.....                                                                                                                                                                                             | 5499                       | 218387376                 |
| <b>4</b>                 | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                         |                            |                           |
|                          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |
|                          | <b>b</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 ..... | <b>4b</b>                  |                           |
| <b>5</b>                 | Effective interest rate.....                                                                                                                                                                                    | <b>5</b>                   | 6.47%                     |
| <b>6</b>                 | Target normal cost.....                                                                                                                                                                                         | <b>6</b>                   | 2474837                   |

**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.

|                  |                                                                                              |                                                                                  |
|------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>SIGN HERE</b> | Seamus Doyle <span style="float: right;"><i>S.D.</i></span><br>_____<br>Signature of actuary | <div style="text-align: right; font-size: 1.2em;">10/13/2015</div> _____<br>Date |
|                  | Seamus Doyle<br>_____<br>Type or print name of actuary                                       | 1405809<br>_____<br>Most recent enrollment number                                |
|                  | Towers Watson Delaware Inc.<br>_____<br>Firm name                                            | 617-638-3700<br>_____<br>Telephone number (including area code)                  |
|                  | 800 Boylston Street<br>Prudential Tower<br>Boston MA 02199<br>_____<br>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).....                                                                      | 36869696              | 0                      |
| 8  | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                  | 4352007               | 0                      |
| 9  | Amount remaining (line 7 minus line 8).....                                                                                                                         | 32517689              | 0                      |
| 10 | Interest on line 9 using prior year's actual return of <u>9.67%</u> .....                                                                                           | 3144461               | 0                      |
| 11 | Prior year's excess contributions to be added to prefunding balance:                                                                                                |                       |                        |
|    | <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 0                      |
|    | <b>b(1)</b> 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>6.30%</u> ..... |                       | 0                      |
|    | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
|    | <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 0                      |
|    | <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| 12 | Other reductions in balances due to elections or deemed elections .....                                                                                             | 0                     | 0                      |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                                   | 35662150              | 0                      |

|                 |                            |
|-----------------|----------------------------|
| <b>Part III</b> | <b>Funding Percentages</b> |
|-----------------|----------------------------|

|           |                                                                                                                                                                   |           |         |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> | <b>Funding target attainment percentage</b>                                                                                                                       | <b>14</b> | 85.77%  |
| <b>15</b> | <b>Adjusted funding target attainment percentage</b>                                                                                                              | <b>15</b> | 102.10% |
| <b>16</b> | <b>Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement</b> | <b>16</b> | 100.88% |
| <b>17</b> | <b>If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.</b>                                       | <b>17</b> | %       |

|         |                                        |
|---------|----------------------------------------|
| Part IV | Contributions and Liquidity Shortfalls |
|---------|----------------------------------------|

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

[illegible]

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                        |            |   |
|------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                     | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 0 |

## 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**

|                                                 |                                                |                                                           |                                                     |
|-------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                |                                                           |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.99%                          | 2nd segment:<br>6.32%                                     | 3rd segment:<br>6.99%                               |
|                                                 |                                                |                                                           | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    | <b>21b</b>                                     |                                                           | 4                                                   |
| <b>22</b> Weighted average retirement age ..... | <b>22</b>                                      |                                                           | 63                                                  |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                 |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                         |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                               |                                        |

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

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 2474837            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 2474837            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 2474837             | 0                  | 2474837       |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                |                                                                                                                         |   |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |   |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |   |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |   |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               | 0 |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               | 0 |  |

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                      |
|--------------------------|--------------------------------------|
| <b>Plan Sponsor</b>      | Hussmann Corporation                 |
| <b>EIN/PN</b>            | 43-0156220/039                       |
| <b>Plan Name</b>         | Hussmann Corporation Retirement Plan |
| <b>Valuation Date</b>    | January 1, 2014                      |
| <b>Enrolled Actuary</b>  | Seamus Doyle                         |
| <b>Enrollment Number</b> | 14-05809                             |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

## SCHEDULE SB ATTACHMENTS

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**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 2014**

Employees are assumed to retire in accordance with the following probabilities:

(a) Salaried and nonbargaining employees:

| Age   | Probability |
|-------|-------------|
| 55-59 | 2%          |
| 60-61 | 0%          |
| 62    | 40%         |
| 63-64 | 5%          |
| 65    | 40%         |

(b) Bargaining employees:

| Age   | Probability |
|-------|-------------|
| 55-59 | 3%          |
| 60-61 | 5%          |
| 62    | 20%         |
| 63-64 | 5%          |
| 65    | 45%         |

The average expected retirement age for active participants, to the nearest integer, is age 63. This average age was determined by summing the following product for assumed retirement ages 55 through 65: (i) the number of expected employees at the applicable age times (ii) the assumed rate of retirement at the applicable age times (iii) the applicable age, where one salaried employee and one bargaining employee, are assumed to exist at age 55 and are then assumed to retire in accordance with the probabilities shown above. This result is then weighted by the relative number of employees in each group.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | Hussmann Corporation Retirement Plan |
| EIN / PN:       | 43-0156220 / 039                     |
| Plan Sponsor:   | Hussmann Corporation                 |
| Valuation Date: | January 1, 2014                      |

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Salaried and Non-Bargaining Hourly Employees Active January 1, 2003 and later

Original effective date: January 1, 1981

Effective December 31, 1999, the Hussmann Corporation Retirement Plan for Hourly Employees and the Hussmann Corporation Pension Plan for Hourly Paid Branch Service and Installation Employees were merged into the Hussmann Corporation Retirement Plan for Salaried Employees. The Salaried Plan was amended and restated to provide for the mergers and to change its name to the Hussmann International, Inc., Retirement Plan. The plan was amended effective January 1, 2005, to change the benefit multiplier for Bridgeton active participants, and January 1, 2006 to change the benefit multiplier for Gloversville active participants. The plan was amended effective January 1, 2010 to exclude from participation all salaried and non-bargaining employees hired after December 31, 2009.

The plan was amended effective October 1, 2011 to commence participation for all salaried and nonbargained employees hired after December 31, 2009 and to change its name from the Hussmann International, Inc. Retirement Plan to the Hussmann Corporation Retirement Plan.

The plan was amended August 1, 2012 to close participation to all salaried and non-bargained employees hired or rehired after July 31, 2012.

The plan was amended effective January 1, 2014 to freeze benefit accruals for non-bargaining employees.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | Hussmann Corporation Retirement Plan |
| EIN / PN:       | 43-0156220 / 039                     |
| Plan Sponsor:   | Hussmann Corporation                 |
| Valuation Date: | January 1, 2014                      |

## SCHEDULE SB ATTACHMENTS

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### Coverage and participation

Each employee employed by the Company becomes a member of the plan as of his date of employment excluding, however, except as otherwise provided in the plan:

Members of a collective bargaining unit or employees accruing benefits under any other retirement plan of the Company

Salaried employees under the age of 21

Effective December 31, 2002, the Refrigeration Engineering, Inc. (REI) Retirement Plan was merged into this Plan.

Effective January 1, 2003, certain non-bargaining hourly employees of National Refrigeration Systems (NRS) became participants of the Plan. These participants receive accruals under the plan for future service only commencing on or after January 1, 2003.

Effective January 1, 2010, participation is closed to all salaried and non-bargaining hourly employees hired after December 31, 2009.

Effective October 1, 2011, employees of Hussmann Corporation hired or rehired after December 31, 2009 became eligible to participate in the plan following the sale of the company by Ingersoll Rand. These employees will accrue a benefit under the plan based on credited service earned after October 1, 2011.

Effective August 1, 2012, all salaried and non-bargained hourly employees hired or rehired after July 31, 2012 will not participate in the plan.

### Definitions

#### Plan year

Calendar year

#### Final average monthly earnings

The highest average of a participant's annual compensation for a 5 consecutive calendar year period during the last 10 calendar years preceding the date of termination of employment, divided by 12.

#### Normal retirement date (NRD)

The first day of the calendar month following the month in which he reaches age 65.

Plan Name: Hussmann Corporation Retirement Plan  
EIN / PN: 43-0156220 / 039  
Plan Sponsor: Hussmann Corporation  
Valuation Date: January 1, 2014

## SCHEDULE SB ATTACHMENTS

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### Normal retirement benefit

The monthly benefit payable as a single life annuity at Normal Retirement Date is equal to the greater of [(i) + (ii) + (iii)] and (iv) below:

- (i) monthly accrued benefit at December 31, 2002 under the plan provisions in effect on December 31, 2002. For employees of REI, the frozen accrued benefit as of December 31, 2002 under the Refrigeration Engineering, Inc. Retirement Plan.
- (ii) 0.5% of Final Average Pay times years of credited service earned after December 31, 2002.
- (iii) Transition Benefit: 0.5% of Final Average Pay times years of credited service earned after December 31, 2002 up to a maximum of ten years. This transition benefit applies only to salaried employees who were participants in this plan on December 31, 2002, are at least age 45 and whose age plus service exceeds 55 on January 1, 2003 and does not apply to REI employees.
- (iv) 0.5% of Final Average Pay times all years of credited service.

### Eligibility for Benefits

#### Normal retirement

An employee eligible for NRD

#### Early retirement

Every employee eligible for a vested benefit is entitled to commence benefits as of the first day of the calendar month following his separation from service or on the first day of any calendar month thereafter.

#### Postponed retirement

All employees may work past the age of 65 and continue to earn credited service.

#### Vested termination

An employee whose employment is terminated before death or retirement but after having completed 5 or more years of vesting service is eligible for a vested deferred retirement benefit.

#### Disability

Any vested participant who becomes disabled after December 31, 2003 is entitled to the benefit described under vested termination below.

#### Preretirement death benefit

The surviving spouse of an employee who is married on his date of death or the designated beneficiary of any employee who is not married on his date of death, who has a vested accrued benefit is eligible for a pre-retirement death benefit.

Non-spouse beneficiaries are permitted under these provisions, subject to IRS consent rules.

Plan Name: Hussmann Corporation Retirement Plan  
EIN / PN: 43-0156220 / 039  
Plan Sponsor: Hussmann Corporation  
Valuation Date: January 1, 2014

## SCHEDULE SB ATTACHMENTS

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|                               |                                                                                                                                                                                                                              |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Death after retirement</b> | An employee who is eligible to receive a normal retirement or early retirement pension can elect a form of pension payment which provides benefit payments to a beneficiary upon the death of the employee after retirement. |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Benefits Paid Upon the Following Events

|                          |                                          |
|--------------------------|------------------------------------------|
| <b>Normal retirement</b> | Normal retirement benefit payable at NRD |
|--------------------------|------------------------------------------|

|                         |                                                                                                                                                                                                                                                                                                                           |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Early retirement</b> | The early retirement benefit is equal to the normal retirement benefit reduced by 0.3% for each whole calendar month that the benefit commencement date precedes the normal retirement date, provided that the reduction not exceed 85%. For certain participants, the adjustment factors described in Appendix B1 apply. |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Payments commence on the first day of the month succeeding the month which includes the employee's normal retirement date or, if elected, on the first day of any month following the month in which the employee retires early or on the first day of any later month.

|                             |                                                                                                                            |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>Postponed retirement</b> | Normal retirement benefit commencing on the first day of the month succeeding the month during which the employee retires. |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------|

|                           |                                                                                                                                                                    |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vested termination</b> | The normal retirement benefit payable at NRD. The benefit payable at any date earlier than age 65 is calculated in the same manner as an early retirement benefit. |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Payment can commence on the first day of the month following termination of employment or at any time thereafter.

The benefit is payable as a lump sum or immediate life annuity or, for a married individual, as a qualified joint and survivor annuity unless a lump sum is elected.

|                 |                                     |
|-----------------|-------------------------------------|
| Plan Name:      | Husmann Corporation Retirement Plan |
| EIN / PN:       | 43-0156220 / 039                    |
| Plan Sponsor:   | Husmann Corporation                 |
| Valuation Date: | January 1, 2014                     |

## SCHEDULE SB ATTACHMENTS

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### Preretirement death

The pre-retirement death benefit payable to the designated beneficiary of an employee who is not married on his date of death is equal to one half of the benefit which would be payable to the participant had the participant separated from service on the date of death and elected to commence a single life annuity, payable as a lump sum.

The pre-retirement death benefit payable to the surviving spouse of a participant who is married on his date of death is equal to one half the benefit that would be payable to the participant had the participant separated from service on the date of death, survived to the benefit commencement date elected by the spouse and elected to commence a single life annuity.

The pre-retirement death benefit payable to the beneficiary of a participant who was not married on his date of death will commence on the first day of the month following the participant's death.

The pre-retirement death benefit payable to the surviving spouse of a participant who was married on his date of death will commence on the first day of the month following the participant's death or on the first day of any month thereafter at the election of the surviving spouse but not later than the participant's normal retirement date.

### Death after retirement

The beneficiary will be paid under the optional forms of benefit payment elected by the employee. All optional forms are actuarially equivalent to a life annuity form of payment.

Payments will commence on the first day of the month following the month in which the employee's death occurs.

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# SCHEDULE SB ATTACHMENTS

## Other Plan Provisions

### Forms of payment

For a single employee the normal form of payment is a monthly pension for the life of the employee. This single life annuity includes a ten year payment guarantee. For a married employee the normal form of payment is a reduced monthly pension which provides for a continuation of payments equal to one-half of the reduced pension to the surviving spouse after the employee's death. Any employee may elect, by written application, to receive the normal benefit or other optional forms of benefit payment.

Optional forms of payment include a lump sum payment; a contingent annuity and a life with term certain annuity.

If eligible for early retirement, an employee may also choose to receive his benefit under the Social Security level benefit option if he retires at or after age 55 with at least 15 years of service.

A preretirement death benefit is paid monthly for the life of the surviving spouse. However, the surviving spouse may elect to receive the pre-retirement death benefit in a lump sum in lieu of a life annuity. For unmarried participants the benefit is paid as a lump sum.

### Actuarial equivalence

For purposes of determining all forms of payments, other than those subject to 417(e) of the code, factors are defined in the plan document. Forms of payment subject to 417(e) of the code are determined based on an applicable 417(e) interest rate for the November preceeding plan year of distribution and the applicable 417(e) mortality table.

### Pension Increases

N/A

### Plan participants' contributions

N/A

## Future Plan Changes

None

## Changes in Benefits Valued Since Prior Year

The plan was amended effective January 1, 2014 to freeze benefit accruals for non-bargaining employees.

## Substantive Commitment

None

Plan Name: Hussmann Corporation Retirement Plan  
EIN / PN: 43-0156220 / 039  
Plan Sponsor: Hussmann Corporation  
Valuation Date: January 1, 2014

# SCHEDULE SB ATTACHMENTS

## Hourly Employees who are members of a Collective Bargained Unit

Husmann Corporation initially established the Plan as of May 1, 1963. Effective December 31, 1999, the Husmann Corporation Retirement Plan for Hourly Employees was merged into the Husmann Corporation Retirement Plan for Salaried Employees. The Salaried Plan was amended and restated to provide for the mergers and to change its name to the Husmann Corporation Retirement Plan.

The plan was amended effective January 1, 2013 to change the benefit multiplier for Bridgeton active participants.

### Coverage and participation

Any hourly-paid person designated as eligible in an Adoption Agreement.

An Employee shall be eligible to become an active Participant on the later of his date of employment or the effective date of the Adoption Agreement which pertains to him.

## Definitions

### Plan year

Calendar year

### Continuous service

Except as specified in the appropriate Adoption Agreement, the period of time between an Employee's employment commencement date and his severance from service date.

### Credited service

General – One month for each month an employee works at least one hour of service beginning with the later of date of hire or group participation date and ending with date of termination. No service is granted prior to the following dates:

#### Location

#### Earliest Date of Credited Service

Atlanta Georgia Systems

May 1, 1987

Gloversville

January 1, 1980

Montgomery

September 1, 1979

### Final average monthly earnings

N/A

### Normal retirement date (NRD)

Age 65 with three years of Continuous service for Bridgeton; Age 65 for other hourly locations.

Plan Name: Husmann Corporation Retirement Plan  
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Valuation Date: January 1, 2014

# SCHEDULE SB ATTACHMENTS

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## Accrued benefit

As specified in the Adoption Agreement. For each year of Credited Service, the monthly benefit is determined by the applicable multiplier:

| <u>Location</u> | <u>Employees' termination<br/>on or after</u>                  | <u>Benefit<br/>Multiplier</u> |
|-----------------|----------------------------------------------------------------|-------------------------------|
| Atlanta         | 1/1/1996                                                       | \$10.00                       |
| Bridgeton       | 1/1/1998                                                       | \$24.00                       |
|                 | 1/1/1999                                                       | \$26.00                       |
|                 | 1/1/2000                                                       | \$29.00                       |
|                 | 1/1/2002                                                       | \$31.00                       |
|                 | 1/1/2004                                                       | \$32.00                       |
|                 | 1/1/2005                                                       | \$35.00                       |
|                 | 1/1/2006                                                       | \$36.00                       |
|                 | 1/1/2009                                                       | \$39.00                       |
|                 | 1/1/2013                                                       | \$41.00                       |
|                 | 1/1/2015                                                       | \$42.00                       |
| Gloversville    | 1/1/1998                                                       | \$15.00                       |
|                 | 1/1/1999                                                       | \$15.25                       |
|                 | 1/1/2000                                                       | \$15.75                       |
|                 | 1/1/2001                                                       | \$16.00                       |
|                 | 1/1/2002                                                       | \$16.50                       |
|                 | 1/1/2003                                                       | \$16.75                       |
|                 | 1/1/2004                                                       | \$17.10                       |
|                 | 1/1/2005                                                       | \$17.50                       |
|                 | 1/1/2006                                                       | \$19.00                       |
| Montgomery      | Sum of:                                                        |                               |
|                 | (1) \$5.00 times Credited Service from 9/1/1979 to 12/31/1990. |                               |
|                 | (2) \$9.00 times Credited Service after 1/1/1991.              |                               |

Plan Name: Hussmann Corporation Retirement Plan  
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## SCHEDULE SB ATTACHMENTS

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### Eligibility for Benefits

|                                    |                                                                                                                                                                                                                                                                    |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Age 65 with three years of Continuous Service for Bridgeton. Age 65 for other hourly locations                                                                                                                                                                     |
| <b>Early retirement</b>            | First day of the month next following the attainment of age 55 and the completion of ten years of Continuous Service.                                                                                                                                              |
| <b>Vested termination</b>          | <i>Completion of five years of Continuous Service.</i>                                                                                                                                                                                                             |
| <b>Disability</b>                  | For Bridgeton, physical or mental illness which prevents a participant from performing his job and is considered permanent as certified by a qualified physician. The disability must have lasted five months. No other hourly locations have disability benefits. |
| <b>Preretirement death benefit</b> | Married at least one year and vested.<br><br>For Bridgeton, completion of ten years of Credited Service. No other hourly locations have additional death benefits.                                                                                                 |

### Benefits Paid Upon the Following Events

|                             |                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>    | Accrued Benefit at date of termination                                                                                                                                                                                                                                                                                                                       |
| <b>Early retirement</b>     | Accrued Benefit earned to the date of termination reduced 6% per year from age 65. For Bridgeton, benefit is an unreduced at age 60 with 30 years of Continuous Service.                                                                                                                                                                                     |
| <b>Postponed retirement</b> | Accrued Benefit calculated as of the Postponed Retirement Date using Credited Service at the Postponed Retirement Date.                                                                                                                                                                                                                                      |
| <b>Vested termination</b>   | Accrued Benefit payable at age 65. If payment commences prior to age 65, the benefit is reduced in the same manner as the Early Retirement Benefit.                                                                                                                                                                                                          |
| <b>Disability</b>           | For Bridgeton, immediate unreduced annuity commencing as early as five months and as late as 18 months after last day of employment (period of deferral). The period of deferral is counted as Credited Service. At age 65, benefit is adjusted to reflect additional Credited Service equal to the difference between 24 months and the period of deferral. |

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## SCHEDULE SB ATTACHMENTS

### Preretirement death

For Bridgeton, designated beneficiary receives 60 monthly pension payments (or an equivalent lump sum) of the Participant's monthly Accrued Benefit, unreduced for an early commencement of payment.

The benefit which would have been payable to the spouse assuming the employee terminated employment on the day before he died (or, if earlier, on his actual date of termination employment) and elected the 50% Joint and Survivor Annuity Option to commence on his earliest possible retirement date. The benefit is payable in the form of a life annuity to the spouse commencing on the Participant's earliest retirement date.

### Other Plan Provisions

#### Forms of payment

Normal Forms:

- (1) Married Participants: 50% Joint and Survivor Annuity.
- (2) Five-Year Certain and Life Annuity.

Optional Forms:

- (1) Five-Year Certain and Annuity.
- (2) Five-Year Certain Joint and Survivor Annuity (50%, 75% or 100%).

#### Actuarial equivalence

For purposes of determining all forms of payments, other than those subject to 417(e) of the code, factors are defined in the plan document. Forms of payment subject to 417(e) of the code are determined based on an applicable 417(e) interest rate for the November preceeding plan year of distribution and the applicable 417(e) mortality table.

#### Pension Increases

N/A

#### Plan participants' contributions

N/A

### Future Plan Changes

None

### Changes in Benefits Valued Since Prior Year

None

### Substantive Commitment

None

Plan Name: Hussmann Corporation Retirement Plan  
EIN / PN: 43-0156220 / 039  
Plan Sponsor: Hussmann Corporation  
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**HUSSMANN CORPORATION RETIREMENT PLAN**  
**FEIN: 43-0156220**  
**Plan#: 039**

**Schedule of Assets (Held at End of Year)**  
**Form 5500 – Schedule H – Item 4i**

December 31, 2014

(See Independent Auditor's Report)

| a) b)                          | Identity of Issuer                   | c) | Description of Investment                                                  | d) | Cost                 | e) | Current Value        |
|--------------------------------|--------------------------------------|----|----------------------------------------------------------------------------|----|----------------------|----|----------------------|
| Cash and Cash Equivalents:     |                                      |    |                                                                            |    |                      |    |                      |
| *                              | JP Morgan                            |    | JP Morgan Chase US Government                                              | \$ | 1,917,761            | \$ | 1,917,761            |
|                                | Vanguard                             |    | Prime Money Market                                                         |    | 5,412,592            |    | 5,412,592            |
|                                | Total                                |    |                                                                            |    | 7,330,353            |    | 7,330,353            |
| Collective Trusts:             |                                      |    |                                                                            |    |                      |    |                      |
|                                | BlackRock                            |    | Long-Term Credit Bond Index NL                                             |    | 174,538              |    | 215,895              |
|                                | BlackRock                            |    | MSCI ACWI Equity                                                           |    | 69,268,754           |    | 102,466,170          |
|                                | BlackRock                            |    | US Debt Index Fund NL                                                      |    | 30,988,478           |    | 33,643,273           |
|                                | BlackRock                            |    | US TIPS Fund                                                               |    | 19,798,148           |    | 20,158,771           |
|                                | Loomis Sayles                        |    | Strategic Alpha                                                            |    | 35,394,219           |    | 36,750,446           |
|                                | Total Collective Trusts              |    |                                                                            |    | 155,624,137          |    | 193,234,555          |
| Registered Investment Company: |                                      |    |                                                                            |    |                      |    |                      |
|                                | Abbey Capital Limited                |    | ACL Alternative Fund                                                       |    | 9,325,936            |    | 12,490,464           |
| Group Annuity Contracts:       |                                      |    |                                                                            |    |                      |    |                      |
|                                | AXA Equitable Life Insurance Company |    | Insurance Contract, average interest rate of 1.91%                         |    | 67,011               |    | 74,998               |
|                                | Aetna Life Insurance Company         |    | Insurance Contract, average interest rates ranging between 4.70% and 5.45% |    | 1,956,445            |    | 1,956,445            |
|                                | Total Group Annuity Contracts        |    |                                                                            |    | 2,023,456            |    | 2,031,443            |
|                                |                                      |    |                                                                            |    | <u>\$174,303,882</u> |    | <u>\$215,086,815</u> |

\* Party-in-interests.