

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>04/01/2015</u> and ending <u>03/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or	
	☒ a single-employer plan; ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report; ☐ the final return/report;	
	☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).		
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>CROWN EQUIPMENT CORPORATION RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>04/01/1962</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CROWN EQUIPMENT CORPORATION</u> <u>44 S. WASHINGTON STREET</u> <u>NEW BREMEN, OH 45869</u>	2b	Employer Identification Number (EIN) <u>34-4412691</u>
		2c	Plan Sponsor's telephone number <u>419-629-2311</u>
		2d	Business code (see instructions) <u>333100</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.

SIGN HERE	Filed with authorized/valid electronic signature.	01/14/2017	KENT SPILLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 4456
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 2918
a(2) Total number of active participants at the end of the plan year	6a(2) 2811
b Retired or separated participants receiving benefits.....	6b 917
c Other retired or separated participants entitled to future benefits.....	6c 574
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 4302
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 134
f Total. Add lines 6d and 6e	6f 4436
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan 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>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

▶ Round off amounts to nearest dollar.
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan CROWN EQUIPMENT CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CROWN EQUIPMENT CORPORATION	D Employer Identification Number (EIN) 34-4412691

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 04 Day 01 Year 2015			
2 Assets:			
a Market value	2a	292683804	
b Actuarial value	2b	287566685	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	971	82322138	82322138
b For terminated vested participants	567	22313776	22313776
c For active participants	2918	152198395	163938799
d Total	4456	256834309	268574713
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	6.39%	
6 Target normal cost	6	10830201	

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

SIGN HERE		
Signature of actuary	12/14/2016	Date
SCOTT SPECKMANN	14-06459	Most recent enrollment number
Type or print name of actuary	312-486-1000	Telephone number (including area code)
DELOITTE CONSULTING L.L.P.		
Firm name		
111 SOUTH WACKER DRIVE CHICAGO, IL 60606-4301		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	28925568
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		6286650
9 Amount remaining (line 7 minus line 8)	0	22638918
10 Interest on line 9 using prior year's actual return of <u>7.29%</u>	0	1650377
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		12466648
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.58%</u>		406644
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		458297
c Total available at beginning of current plan year to add to prefunding balance		13331589
d Portion of (c) to be added to prefunding balance		13330260
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	37619555

Part III Funding Percentages		
14 Funding target attainment percentage	14	93.06 %
15 Adjusted funding target attainment percentage	15	107.07 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.50 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2016	1500000		08/16/2016	1500000	
02/16/2016	1500000		10/17/2016	3000000	
04/01/2016	1500000		11/15/2016	1500000	
04/15/2016	1500000		12/15/2016	500000	
07/01/2016	3000000				
07/15/2016	1500000				
			Totals ►	18(b)	17000000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	15736885
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
(4) 4th	0	

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	10830201	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	18627583		3914956
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	14745157	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	8575709	8575709
36 Additional cash requirement (line 34 minus line 35)	36	6169448	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	15736885	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	9567437	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	8575709	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016		
A Name of plan CROWN EQUIPMENT CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CROWN EQUIPMENT CORPORATION	D Employer Identification Number (EIN) 34-4412691	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

T. ROWE PRICE

52-2264646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	136683	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELOITTE & TOUCHE, LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	113760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIFTH THIRD BANK

31-6243947

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	108350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HARTLAND & COMPANY

34-1597728

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	81965	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTFIELD CAPITAL MANAGEMENT CO.

30-0027188

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	72587	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VICTORY CAPITAL MANAGEMENT

13-2700161

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	70601	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE NORTHERN TRUST COMPANY

36-2885278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	27950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

A Name of plan <u>CROWN EQUIPMENT CORPORATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CROWN EQUIPMENT CORPORATION</u>	D Employer Identification Number (EIN) <u>34-4412691</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE STRUCTURED COMMON TR</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE</u>		
c EIN-PN <u>52-2264646-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30982280</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016		
A Name of plan CROWN EQUIPMENT CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CROWN EQUIPMENT CORPORATION	D Employer Identification Number (EIN) 34-4412691	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	9	31722
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	15000000	14000000
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	9218	13352
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2158077	1759862
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	14672407	12928836
	(5) Partnership/joint venture interests	1c(5)	29172635	29203779
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)	30256133	30982280
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	187752165	189960343
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	14374078	13335831

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	293394722	292216005

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	293394722	292216005
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	17000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		17000000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1464	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1464
(2) Dividends: (A) Preferred stock	2b(2)(A)	87	
(B) Common stock	2b(2)(B)	155791	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4905992	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		5061870
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	19609932	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	20997526	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-1387594
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-9311352	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-9311352

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1556310
c Other income	2c		-8560
d Total income. Add all income amounts in column (b) and enter total	2d		9799518

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9181622	
(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)		9181622
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	117610	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	498137	
(4) Other	2i(4)	1180866	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1796613
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10978235

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1178717
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: BRADY, WARE & SCHOENFELD

(2) EIN: 35-1476702

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

A Name of plan <u>CROWN EQUIPMENT CORPORATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CROWN EQUIPMENT CORPORATION</u>	D Employer Identification Number (EIN) <u>34-4412691</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>7</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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: <u>56</u> % Investment-Grade Debt: <u>28</u> % High-Yield Debt: <u>0</u> % Real Estate: <u>0</u> % Other: <u>16</u> %
	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):

Part VII	IRS Compliance Questions
-----------------	---------------------------------

20a Is the plan a 401(k) plan?.....	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?.....	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?.....	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

**CROWN EQUIPMENT CORPORATION
RETIREMENT PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

Years Ended March 31, 2016 and 2015

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1 - 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 13
SUPPLEMENTARY INFORMATION	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	14 - 19



BRADY WARE
& SCHOENFELD

INDEPENDENT AUDITORS' REPORT

Plan Administrator
Crown Equipment Corporation Retirement Plan
New Bremen, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **Crown Equipment Corporation Retirement Plan** (the "Plan"), which comprise the statements of net assets available for benefits as of March 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fifth Third Bank of Western Ohio, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended March 31, 2016 and 2015, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

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INDEPENDENT AUDITORS' REPORT

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 March 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Brady, Ware & Schoenfeld, Inc.

Dayton, Ohio
January 12, 2017

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS****March 31, 2016 and 2015**

	2016	2015
ASSETS		
Investments at fair value		
Money market funds	\$ 1,759,862	\$ 2,158,077
Common stocks	12,928,836	14,672,407
Common collective trusts	30,982,280	30,256,133
Equity security funds	111,296,657	113,523,126
Bond funds	78,663,686	74,229,039
Limited partnerships	29,203,779	29,172,635
Fund of hedge funds	13,335,831	14,374,078
Total investments at fair value	278,170,931	278,385,495
Receivables		
Employer's contributions	14,000,000	15,000,000
Interest and dividends	13,352	9,218
Total receivables	14,013,352	15,009,218
Cash	31,722	9
NET ASSETS AVAILABLE FOR BENEFITS	\$ 292,216,005	\$ 293,394,722

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS****Years Ended March 31, 2016 and 2015**

	<u>2016</u>	<u>2015</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ (12,263,816)	\$ 15,614,122
Interest and dividends	5,063,334	4,726,708
Total investment income (loss)	(7,200,482)	20,340,830
Contributions		
Employer	17,000,000	19,500,000
Total additions	9,799,518	39,840,830
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	9,181,622	21,338,121
Administrative expenses	1,796,613	1,639,970
Total deductions	10,978,235	22,978,091
NET INCREASE (DECREASE)	(1,178,717)	16,862,739
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	293,394,722	276,531,983
End of year	\$ 292,216,005	\$ 293,394,722

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the **Crown Equipment Corporation Retirement Plan** (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General - The Plan is a non-contributory defined benefit pension plan covering certain employees of **Crown Equipment Corporation** (the "Company") who were hired before October 1, 2005. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Vesting - Participants become fully vested at the completion of five service years. Normal monthly retirement benefits are based on years of credited service.

Pension Benefits - The Plan provides that the participant's vested interest is to be paid in one of the following methods:

- (a) Annuity payments over the life of the participant or joint lives of the participant and his/her spouse or beneficiary.
- (b) Lump sum payment for amounts less than \$5,000.

Plan Amendments - The following amendments to the Plan were implemented during the years ended March 31, 2016 and 2015:

- Effective July 1, 2014, the Plan was amended to allow terminated participants to elect an immediate payout of benefits, including a lump sum payment option, for the period July 18, 2014, through October 17, 2014. This lump sum payment option became available to participants with accrued benefits at December 1, 2014, of more than \$5,000, but not more than \$200,000.
- On October 27, 2014, the Plan was amended to restate the definition of a spouse as someone to whom the participant is legally married under the laws of the state or country in which the marriage originated, even if the marriage is not recognized under the laws of the state or country in which the participant resides.
- Effective April 1, 2015, the Plan was amended to adjust a participant's benefit compensation calculation by the cost of living adjustment factor prescribed by the Secretary of the Treasury under Code Section 415(d). The adjusted "defined benefit compensation limitation" will apply to "limitation years" ending within the calendar year of the date of the adjustment.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Accounting Changes - In May 2015, the FASB issued ASU 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Equivalent)* (Topic 820). The standard provides that for investments for which fair value is measured using net asset value per share (or its equivalent) as a practical expedient, the investments should not be categorized within the fair value hierarchy. The ASU is effective for fiscal years beginning after December 15, 2016 (for nonpublic entities), with early adoption permitted. The guidance should be applied retrospectively to all periods presented. Plan management has elected to early adopt this standard.

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contract. Part II eliminates the requirements to disclose individual investments that represent five percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II are to be applied retrospectively. Plan management has elected to early adopt Parts I and II of this standard. Part III is not applicable to the Plan.

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting, except that benefit payments are recorded when paid.

Financial Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's Administrator to make estimates and assumptions that affect the reported amounts of net assets, and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Concentrations - At various times during the period covered by this report, the Plan's cash and cash equivalents were on deposit in one financial institution in excess of FDIC insurance limits.

Investment Valuation and Income Recognition - Investments, except the limited partnerships and fund of hedge funds, 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. Certain limited partnerships and fund of hedge funds investments are valued at fair market value estimated by the partnership or their representatives. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Derivative Financial Instruments - The Plan does not use derivatives for trading purposes. The Plan owns shares in commingled equity and hedge funds. The managers of these funds may, from time to time, make use of derivatives to manage the funds' risk exposure and financial position. The Plan also invests in commingled bond funds, and the managers of the funds may, from time to time, use derivatives for asset allocation and hedging purposes.

Receivables - Due to the nature of receivables, management believes that all amounts will be collected; therefore, no allowance for doubtful accounts is considered necessary.

Payment of Benefits - Benefits are recorded when paid.

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Administrative Expenses - Administrative expenses are paid directly by the Plan to the extent not paid by the Company.

Subsequent Events - In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through January 12, 2017, the date the financial statements were available to be issued.

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and the present employees or their beneficiaries. Benefits under the Plan are based on the monthly average of the highest five consecutive participant's annual compensation amounts during the last 10 calendar years before the participant's retirement. The accumulated plan benefits for active employees are based on credited years of service up to the date which the benefit information is presented (valuation date). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an 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 (by means of decrements such as death, withdrawal, retirement or disability) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of April 1, 2016 and 2015 are summarized as follows:

	<u>2016</u>	<u>2015</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits		
Participants currently receiving benefit payments	\$ 86,242,404	\$ 75,114,416
Other participants	<u>157,836,167</u>	<u>148,171,740</u>
	244,078,571	223,286,156
Non-vested benefits	<u>9,382,399</u>	<u>9,642,568</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 253,460,970</u>	<u>\$ 232,928,724</u>

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - CONTINUED

The changes in actuarial present value of accumulated plan benefits for the years ended April 1, 2016 and 2015 were as follows:

	2016	2015
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	<u>\$ 232,928,724</u>	<u>\$ 222,615,190</u>
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTED TO		
Benefits accumulated	12,582,300	14,565,622
Benefits paid	(9,181,622)	(21,338,121)
Interest	17,131,568	15,910,427
Change in actuarial assumptions	-	1,175,606
NET INCREASE	<u>20,532,246</u>	<u>10,313,534</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 253,460,970</u>	<u>\$ 232,928,724</u>

The significant actuarial assumptions used in the valuations were as follows:

- Investment return at an average rate of 7.50% as of April 1, 2016 and 2015
- Discount rate of 4.42% as of April 1, 2016 and 2015
- Life expectancy of participants using the modified RP-2014 Employee and Healthy Annuitant base mortality tables for males and females with Blue Collar adjustment, using the RP-2014 rates published in the final RP-2014 report adjusted to the 2006 base year by factoring out the projection under Scale MP-2014, with modifications for 0.75% ultimate improvement and a 10 year convergence period as of April 1, 2016 and using the RP-2014 Blue Collar base mortality and MP-2014 projection scale, with modifications for 0.75% ultimate improvement and a 10 year convergence period as of April 1, 2015.
- Average rate of future salary increases of 3.25% as of April 1, 2016 and 2015
- Normal retirement age of 65, using a tiered retirement age scale based on reasonable estimates and experience of the Plan

The net increase in the actuarial present value of accumulated benefits is the result of benefits paid, discounts for interest, changes in participant mix, actuarial experience gain and losses, and changes in actuarial assumptions.

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

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - SUMMARY OF INFORMATION CERTIFIED BY PLAN TRUSTEE/CUSTODIAN

The fair value of investments held by the Trustee at March 31, 2016 and 2015 was \$278,170,931 and \$278,385,495. The Trustee of the Plan has supplied the Plan Administrator with a certification as to the completeness and accuracy of the following information at March 31, 2016 and 2015:

- Investments
- Interest and dividend income
- Net appreciation (depreciation) in fair value of investments

The amounts certified by the Trustee for the limited partnerships and fund of hedge funds were not reported at fair value. The fair values recorded in the accompanying financial statements for these assets were provided by the external investment agencies/managers. The difference between the fair value and the Trustee-certified values were not material to the financial statements as of March 31, 2016 and 2015.

NOTE 5 - FAIR VALUE MEASUREMENTS

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

The three levels of the fair value hierarchy under the accounting standards are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 5 - FAIR VALUE MEASUREMENTS - CONTINUED

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 March 31, 2016.

Money market funds: Valued based on the contractual terms of the underlying guaranteed interest accounts; provides a daily mil-rate for income accretion.

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

Common collective trusts: Valued at the net asset value (NAV) of the trust's shares held by the Plan at year-end.

Equity security funds: Valued at the NAV of shares held by the Plan at year-end.

Bond funds: Valued at the NAV of shares held by the Plan at year-end.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2016:

	Level 1	Level 2	Level 3	Fair Value
Money market funds	\$ 1,759,862	\$ -	\$ -	\$ 1,759,862
Common stocks	12,928,836	-	-	12,928,836
Common collective trusts	-	30,982,280	-	30,982,280
Equity security funds	65,186,685	46,109,972	-	111,296,657
Bond funds	78,663,686	-	-	78,663,686
Total assets in the fair value hierarchy	158,539,069	77,092,252	-	235,631,321
Alternative investments, NAV as a practical expedient ^(a)				
Limited partnerships	-	-	-	29,203,779
Fund of hedge funds	-	-	-	13,335,831
Investments at fair value	\$ 158,539,069	\$ 77,092,252	\$ -	\$ 278,170,931

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 5 - FAIR VALUE MEASUREMENTS - CONTINUED

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2015:

	Level 1	Level 2	Level 3	Fair Value
Money market funds	\$ 2,158,077	\$ -	\$ -	\$ 2,158,077
Common stocks	14,672,407	-	-	14,672,407
Common collective trusts	-	30,256,133	-	30,256,133
Equity security funds	68,221,306	45,301,820	-	113,523,126
Bond funds	74,229,039	-	-	74,229,039
Total assets in the fair value hierarchy	159,280,829	75,557,953	-	234,838,782
Alternative investments, NAV as a practical expedient ^(a)				
Limited partnerships	-	-	-	29,172,635
Fund of hedge funds	-	-	-	14,374,078
	<u>\$ 159,280,829</u>	<u>\$ 75,557,953</u>	<u>\$ -</u>	<u>\$ 278,385,495</u>

^(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NOTE 6 - RELATED PARTY TRANSACTIONS

Certain Plan assets are invested with Fifth Third Bank of Western Ohio. Thus, Fifth Third Bank of Western Ohio, as Trustee defined by the Plan, qualifies as a party-in-interest.

Certain administrative functions of the Plan are performed by the officers or employees of the Company. No such officers or employees receive compensation from the Plan.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event of Plan termination, the Plan provides that the Plan Administrator shall allocate the assets of the Plan in accordance with Title IV of ERISA.

Under ERISA, certain benefits would be guaranteed by the Pension Benefit Guaranty Corporation (PBGC). Generally, the PBGC guarantees most vested, normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the Plan's termination, subject to a statutory ceiling on the amount of the individual's monthly benefit.

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 7 - PLAN TERMINATION - CONTINUED

Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all. Reference should be made to the Plan document for further details.

NOTE 8 - TAX STATUS

As of April 1, 2013, the Plan adopted a volume submitter plan, which obtained a determination letter dated March 31, 2010, indicating that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since the date of the determination letter. However, the Plan Sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2014.

NOTE 9 - RISKS AND UNCERTAINTIES

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

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

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 10 - FUNDING POLICY

There are no employee contributions under the Plan. Employer contributions are made to the Plan by the Company in amounts that meet or exceed those actuarially determined to be necessary to provide benefits to participants under the Plan using the projected unit credit method, and includes normal cost and the amortization of past service costs. The March 31, 2016 and 2015 contributions, as detailed in the actuary's report, met the minimum funding requirements of ERISA.

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

For the years 2016 and 2015, there were no differences between the financial statements and the Form 5500.

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/16

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
<u>Money Market Funds</u>				
	FEDERATED PRIME VALUE OBLIGATIONS FUND SERVICE SHARES	Money Market	\$ 1,759,862	\$ 1,759,862
<u>Common Stocks</u>				
	ABERCROMBIE & FITCH CO	Common Stock	35,184	47,594
	ACADIA PHARMACEUTICALS INC	Common Stock	69,045	53,963
	ACTUANT CORP-CL A	Common Stock	39,806	41,760
	ADTRAN INC	Common Stock	93,339	111,736
	AEROJET ROCKETDYNE HLDGS INC	Common Stock	57,843	51,269
	ALLEGHNEY TECHNOLOGIES INC	Common Stock	10,925	10,351
	ALLETE INC	Common Stock	69,554	76,423
	AMAG PHARMACEUTICALS INC	Common Stock	60,504	44,928
	AMERICAN WOODMARK CORP	Common Stock	51,154	58,180
	AMSURG CORP	Common Stock	24,295	48,341
	ARIAD PHARMACEUTICALS INC	Common Stock	104,845	108,119
	ARRIS INTL INC SHS	Common Stock	112,171	87,096
	ASCENA RETAIL GROUP INC COM	Common Stock	27,711	30,216
	ASTORIA FINL CORP	Common Stock	44,275	50,736
	BANCORPSOUTH INC	Common Stock	64,796	83,279
	BANKUNITED INC	Common Stock	69,311	66,676
	BANNER CORP	Common Stock	50,269	66,129
	BENCHMARK ELECTRS INC	Common Stock	72,119	71,916
	BERRY PLASTICS GROUP INC	Common Stock	150,317	165,639
	BGC PARTNERS INC CL A	Common Stock	60,923	71,767
	BLACK HILLS CORP	Common Stock	37,876	48,044
	BRIGHT HORIZONS FAMILY	Common Stock	79,775	154,824
	BROADSOFT INC	Common Stock	122,110	141,629
	BROOKS AUTOMATION INC NEW	Common Stock	44,141	45,022
	BRUNKER BIOSCIENCES CORP	Common Stock	46,884	65,520
	BRUNSWICK CORP	Common Stock	145,437	142,741
	BWX TECHNOLOGIES INC	Common Stock	50,490	65,207
	CACI INTL INC	Common Stock	63,423	69,889
	CALATLANTIC GROUP INC	Common Stock	47,863	62,128
	CALERES INC	Common Stock	63,817	72,988
	CARDIOME PHARMA CORP	Common Stock	120,150	57,792
	CARRIZO OIL & GAS INC	Common Stock	53,233	44,556
	CASEYS GEN STORES INC	Common Stock	44,471	60,740
	CEB INC	Common Stock	50,040	74,440
	CENTRAL PAC FINL CORP COMMON	Common Stock	45,071	70,252
	CENTURY ALUM CO	Common Stock	9,667	8,636
	CHARLES RIVER LABORATORIES	Common Stock	28,609	46,703
	CHEMTURA CORP	Common Stock	140,668	137,544

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/16

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	CIENA CORP	Common Stock	135,527	128,423
	CIRRUS LOGIC INC	Common Stock	51,523	67,723
	CLOVIS ONCOLOGY INC	Common Stock	31,643	26,688
	CLUBCORP HLDGS INC	Common Stock	47,323	32,671
	CNO FINL GROUP INC	Common Stock	98,549	124,526
	COMMVault SYSTEMS	Common Stock	80,990	78,138
	COOPER TIRE & RUBR CO	Common Stock	57,225	65,081
	COSTAR GROUP INC	Common Stock	98,219	148,654
	COTT CORP QUE	Common Stock	46,258	65,019
	CROCS INC	Common Stock	49,056	40,952
	CUBESMART	Common Stock	8,223	34,299
	CULLEN FROST BANKERS	Common Stock	61,066	62,274
	CYPRESS SEMICONDUCTOR CORP	Common Stock	61,198	52,358
	DAVE & BUSTERS ENTMT INC	Common Stock	57,078	64,763
	DEAN FOODS CO	Common Stock	36,783	34,519
	DELUXE CORP	Common Stock	33,838	75,800
	DIAMONDROCK HOSPITALITY CO	Common Stock	39,928	44,447
	DIODES INC	Common Stock	48,925	44,321
	DYNEGY INC NEW DEL	Common Stock	63,716	33,468
	EAST WEST BANCORP INC	Common Stock	88,345	105,235
	EDUCATION RLT TR INC	Common Stock	46,296	54,371
	ELECTRONICS FOR IMAGING INC	Common Stock	142,906	138,827
	EMCOR GROUP INC	Common Stock	55,521	74,698
	ENERSYS COMMON	Common Stock	49,779	60,178
	ENGILITY HLDGS INC NEW	Common Stock	63,583	47,988
	ENTEGRIS INC	Common Stock	49,071	53,595
	ESTERLINE TECHNOLOGIES CORP	Common Stock	49,623	45,618
	FINISH LINE INC	Common Stock	29,999	33,549
	FIRST COMWLTH FINL CORP PA	Common Stock	39,088	46,418
	FIRST FINL BANCORP OHIO	Common Stock	50,622	64,266
	FIRST HORIZON NATL CORP	Common Stock	47,925	66,574
	FIRSTMERIT CORP	Common Stock	51,210	54,183
	FORTINET INC	Common Stock	79,022	107,664
	FOUR CORNERS PPTY TR INC	Common Stock	47,057	48,824
	GENERAL CABLE CORP COM	Common Stock	16,455	17,888
	GENESEE & WYO INC	Common Stock	68,891	64,079
	GIGAMON INC	Common Stock	29,575	34,432
	GREY TELEVISION INC	Common Stock	47,530	41,196
	GREATBATCH INC	Common Stock	40,405	32,005
	HANCOCK HLDG CO	Common Stock	53,647	43,326
	HANOVER INS GROUP INC	Common Stock	35,570	37,892

See independent auditors' report.

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/16

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	HARSCO CORP	Common Stock	7,852	7,467
	HAWAIIAN HLDGS INC	Common Stock	28,553	56,298
	HEADWATERS INC COM	Common Stock	57,638	59,599
	HEALTHSOUTH CORP	Common Stock	38,235	54,112
	HEARTLAND PAYMENT SYSTEMS	Common Stock	71,711	104,296
	HEXCEL CORP	Common Stock	34,631	97,036
	HUB GROUP INC CL A	Common Stock	56,620	57,840
	HUNTSMAN CORP	Common Stock	6,995	7,049
	HURON CONSULTING GROUP INC	Common Stock	64,772	99,854
	ICON PLC SHS	Common Stock	51,225	150,200
	IMPAX LABORATORIES INC	Common Stock	38,226	40,153
	INSTALLED BLDG PRODS INC	Common Stock	108,129	110,432
	INTEGRA LIFESCIENCES HOLDINGS CORP	Common Stock	137,244	149,876
	INTERNATIONAL BANCSHARES CORP	Common Stock	52,478	49,764
	INTERSIL CORPORATION	Common Stock	53,320	63,548
	INTERXION HOLDING N.V.	Common Stock	115,322	135,208
	INVESTMENT TECHNOLOGY GROUP INC	Common Stock	23,892	47,095
	JAMES RIV GROUP LTD COM	Common Stock	38,261	41,809
	JANUS CAP GROUP INC	Common Stock	46,278	63,450
	JOHN BEAN TECHNOLOGIES CORP	Common Stock	97,408	114,512
	KAISER ALUM CORP	Common Stock	43,473	57,910
	KIRBY CORP	Common Stock	62,365	62,099
	KITE REALTY GROUP TRUST	Common Stock	57,558	64,786
	KNIGHT TRANSN INC	Common Stock	39,747	47,175
	LEXINGTON CORPORATE PPTYS TR	Common Stock	52,187	52,125
	LITHIA MOTORS INC	Common Stock	34,632	59,384
	LITTELFUSE INC	Common Stock	29,600	49,860
	LUMENTUM HLDGS INC COM	Common Stock	30,429	35,088
	MACK-KALI REALTY	Common Stock	63,629	76,164
	MADISON SQUARE GARDEN CO	Common Stock	108,087	108,134
	MAGELLAN HEALTH, INC	Common Stock	35,949	49,453
	MARKETAXESS HLDGS INC	Common Stock	51,060	54,925
	MANITOWOC INC	Common Stock	10,128	10,063
	MARRIOTT VACATIONS WORLDWIDE	Common Stock	36,547	50,423
	MASIMO CORP	Common Stock	96,237	138,490
	MATADOR RES CO	Common Stock	50,706	40,859
	MATRIX SVC CO	Common Stock	39,637	31,435
	MATSON INC	Common Stock	114,394	124,125
	MBIA INC	Common Stock	33,392	32,002
	MEDICAL PPTYS TR INC	Common Stock	47,367	53,101
	MENTOR GRAPHICS CORP	Common Stock	44,071	65,910
	MERITOR INC	Common Stock	73,832	49,351

See independent auditors' report.

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/16

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	MERRIMACK PHARMACEUTICALS INC	Common Stock	127,389	106,215
	MGIC INVT CORP WIS	Common Stock	66,082	71,684
	MICROSEMI CORP	Common Stock	109,607	121,443
	MODINE MFG CO	Common Stock	38,796	44,216
	MOLINA HEALTHCARE INC	Common Stock	28,021	45,594
	MONOLITHIC PWR SYS INC	Common Stock	62,068	85,278
	NABORS INDUSTRIES LTD	Common Stock	6,999	6,817
	NATIONAL HEALTH INVS INC	Common Stock	48,103	48,227
	NAVIGATORS GROUP INC	Common Stock	36,018	35,896
	NAVIGATOR HOLDINGS LTD	Common Stock	130,827	114,504
	NEUROCRINE BIOSCIENCES INC	Common Stock	94,564	90,965
	NEXSTAR BROADCASTING GROUP	Common Stock	125,008	101,821
	NORTHSTAR RLTY FIN CORP COM	Common Stock	27,787	37,418
	NORTHWESTERN CORP	Common Stock	57,012	84,968
	NUVECTRA CORP	Common Stock	1,560	757
	OASIS PETE INC	Common Stock	19,006	16,642
	OLD NATL BANCORP IND	Common Stock	56,746	48,333
	OPUS BK IRVINE CALIF	Common Stock	30,532	33,150
	PACIRA PHARMACEUTICALS INC	Common Stock	122,295	80,000
	PARKWAY PPTYS INC	Common Stock	44,635	40,841
	PARSLEY ENERGY INC	Common Stock	61,536	76,411
	PBF ENERGY INC CL A	Common Stock	36,075	36,819
	PEN NATIONAL GAIMG INC	Common Stock	61,710	57,964
	PENNSYLVANIA REAL ESTATE INVT	Common Stock	45,509	49,578
	PHARMERICA CORP	Common Stock	53,390	47,647
	PHYSICIANS RLTY TR	Common Stock	48,466	54,068
	PLEXUS CORP	Common Stock	54,098	65,524
	PNM RES INC	Common Stock	56,027	85,784
	POLYONE CORP	Common Stock	63,229	60,500
	PRIMORIS SVCS CORP	Common Stock	52,824	69,911
	PROOFPOINT INC	Common Stock	56,669	81,208
	PTC THERAPEUTICS INC	Common Stock	51,027	57,765
	QLIK TECHNOLOGIES INC	Common Stock	61,422	72,878
	QUAKER CHEM CORP	Common Stock	30,601	57,620
	RAPID7 INC	Common Stock	57,912	38,818
	RED ROBIN GOURMET BURGERS INC	Common Stock	33,296	37,135
	RESTORATION HARDWARE HLDGS INC	Common Stock	54,956	35,196
	RICE ENERGY	Common Stock	6,501	7,036
	RLI CORP	Common Stock	43,826	91,398
	RSP PERMIAN INC	Common Stock	19,647	19,573
	RUSH ENTERPRISES INC	Common Stock	132,550	85,910
	RYMAN HOSPITALITY PPTYS INC	Common Stock	45,350	54,054
	SAIA INC	Common Stock	17,704	17,115

See independent auditors' report.

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/16

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	SANDERSON FARMS INC	Common Stock	33,204	35,982
	SHOE CARNIVAL INC	Common Stock	27,372	34,778
	SKYWEST INC	Common Stock	47,367	50,155
	SOUTH JERSEY INDS INC	Common Stock	74,820	81,993
	SOUTHWEST GAS CORP	Common Stock	44,340	51,231
	SPIRIT AIRLS INC	Common Stock	92,705	91,162
	STARZ CL A	Common Stock	113,754	82,150
	STATE BK FINL CORP	Common Stock	37,081	35,133
	STEELCASE INC	Common Stock	82,479	78,628
	STERIS CORP	Common Stock	165,362	159,507
	STEWART INFORMATION SVCS CORP	Common Stock	41,554	54,565
	SUNSTONE HOTEL INVESTORS INC	Common Stock	41,173	69,860
	SYNERGY RES CORP	Common Stock	69,708	51,873
	SYNOVUS FINL CORP	Common Stock	67,631	102,370
	TANDEM DIABETES CARE INC COMMON	Common Stock	42,470	31,095
	TEAM HEALTH HOLDINGS INC	Common Stock	46,285	84,247
	TECH DATA CORP	Common Stock	41,332	57,501
	TEXAS ROADHOUSE INC	Common Stock	56,506	66,677
	TREEHOUSE FOODS INC	Common Stock	45,566	68,012
	TRIUMPH GROUP INC NEW	Common Stock	7,136	6,957
	TRONOX LTD SHS CL A	Common Stock	10,453	11,240
	ULTIMATE SOFTWARE GROUP INC	Common Stock	102,475	148,028
	UNITED COMMUNITY BANKS GA	Common Stock	79,612	83,965
	UNITED STS STL CORP	Common Stock	6,675	6,853
	VAIL RESORTS INC	Common Stock	95,160	132,096
	VISHAY INTERTECHNOLOGY INC	Common Stock	53,593	58,376
	WABASH NATL CORP	Common Stock	45,412	52,747
	WATSCO INC	Common Stock	69,469	139,456
	WELLCARE HEALTH PLANS INC	Common Stock	31,058	50,734
	WEST AMERICA BANCORP	Common Stock	54,669	56,455
	WESTERN ALLIANCE BANCORP	Common Stock	30,172	104,646
	WESTERN REFNG INC	Common Stock	60,866	66,034
	WHITING PETROLEUM CORP	Common Stock	6,919	6,065
	WPX ENERGY INC	Common Stock	80,258	50,566
	WRIGHT MED GROUP N V ORD SHS	Common Stock	124,278	74,932
	ZENDESK INC	Common Stock	<u>83,911</u>	<u>83,929</u>
			<u>11,525,320</u>	<u>12,928,836</u>
	<u>Common Collective Trusts</u>			
	T ROWE PRICE STRUCTURED RESEARCH	Common Trust	<u>14,950,412</u>	<u>30,982,280</u>

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/16

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	<u>Equity Security Funds</u>			
	COPPER ROCK INTERNATIONAL SMALL CAP FUND	Equity Derivative	8,000,000	8,038,022
	DFA EMERGING MARKETS VALUE #95 (INCOME INVESTMENT)	Equity	14,196	7,369
	DFA EMERGING MARKETS VALUE #95 (INCOME INVESTMENT)	Equity	7,478,781	5,326,898
	DODGE & COX INTL STOCK FUND	Equity	16,331,556	15,780,787
	EUROPACIFIC GROWTH FD CL F-3	Equity	13,980,193	16,777,071
	MFG NTGI-QM COLTV DAILY S&P 501	Equity	22,493,516	46,109,972
	VANGUARD MIDCAP INDEX FUND-I	Equity	6,346,716	9,421,581
	VOYA MUT FDS GLB R/S FD I	Equity	3,538,324	4,136,985
	WELLS FARGO ADV EMERG MKTS EQ R7	Equity	<u>6,650,498</u>	<u>5,697,973</u>
			<u>84,833,781</u>	<u>111,296,657</u>
	<u>Bond Funds</u>			
	DODGE & COX INCOME FD	Bond	23,344,298	22,802,648
	FEDERATED TOTAL RETURN BOND FUND	Bond	21,508,296	21,111,835
	PIMCO DIVERSIFIED INCOME FD-I	Bond	7,794,060	7,246,474
	VANGUARD L/T INVEST GR RD-AD	Bond	<u>27,506,250</u>	<u>27,502,730</u>
			<u>80,152,903</u>	<u>78,663,686</u>
	<u>Limited Partnerships</u>			
	ALTERNATIVE INVESTMENTS INSTL LTD PARTNERSHIP	Limited Partnership	9,400,000	11,391,691
	KAYNE ANDERSON ENERGY FD V LP	Limited Partnership	10,960	1,406,926
	KAYNE ANDERSON ENERGY FUND VI LP	Limited Partnership	2,720,000	2,979,069
	NEW BOSTON INSTITUTIONAL FUND LP VI	Limited Partnership	3,273,862	63,143
	NEW BOSTON INSTITUTIONAL FUND LP VII	Limited Partnership	2,781,734	2,335,428
	OAKTREE REAL ESTATE OPPORTUNITES FUND VI, L.P.	Limited Partnership	3,320,000	4,478,964
	PORTFOLIO ADVISORS PRIVATE EQUITY FUND V (OFFSHORE) LP	Limited Partnership	591,496	1,724,858
	PORTFOLIO ADVISORS VI	Limited Partnership	1,235,728	2,192,126
	PORTFOLIO ADVISORS PRIVATE EQUITY FUND VII	Limited Partnership	<u>2,423,773</u>	<u>2,631,574</u>
			<u>25,757,553</u>	<u>29,203,779</u>
	<u>Fund of Hedge Funds</u>			
	WEATHERLOW OFFSHORE FUND II LTD CLASS 1 A	Fund of Hedge Funds	<u>9,500,000</u>	<u>13,335,831</u>
	TOTAL INVESTMENTS		<u>\$ 228,479,831</u>	<u>\$ 278,170,931</u>

See independent auditors' report.

Schedule SB, Line 32 – Schedule of Amortization Bases**Shortfall Amortization Bases (Minimum Required Contribution)**

Date Established	Amortization Base Type	Remaining Number of Years	Annual Funding Shortfall Amortization Installment	Present Value of Remaining Amortization Installments as of April 1, 2015
April 1, 2015	Funding Shortfall	7	\$1,152,222	\$6,928,445
April 1, 2014	Funding Shortfall	6	(\$1,243,177)	(\$6,604,414)
April 1, 2013	Funding Shortfall	5	\$4,005,911	\$18,303,552
Total			\$3,914,956	\$18,627,583

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

(a) Retirement Age	% Expected to Retire	(b) Weighted Calculation	(a)*(b) Weighted Average Retirement Age
60	0.00	0.0000	0.0000
61	0.05	0.0500	3.0500
62	0.05	0.0475	2.9450
63	0.05	0.0451	2.8429
64	0.10	0.0857	5.4872
65	0.30	0.2315	15.0469
66	0.30	0.1620	10.6949
67	0.30	0.1134	7.5999
68	0.15	0.0397	2.6997
69	0.15	0.0337	2.3284
70	1.00	0.1912	13.3858

Total Weighted Average Retirement Age	66.0806 (rounded to age 66)
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Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2015 or fiscal plan year beginning		04/01/2015	and ending
		03/31/2016	
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or	
	☒ a single-employer plan;	☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here. ☐			
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II Basic Plan Information—enter all requested information			
1a Name of plan CROWN EQUIPMENT CORPORATION RETIREMENT PLAN	1b Three-digit plan number (PN) ▶	001	
	1c Effective date of plan	04/01/1962	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CROWN EQUIPMENT CORPORATION 44 S. WASHINGTON STREET NEW BREMEN OH 45869	2b Employer Identification Number (EIN) 34-4412691	2c Plan Sponsor's telephone number (419) 629-2311	2d Business code (see instructions) 333100

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

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

SIGN HERE		11/13/2017	KENT SPILLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 <hr/> 2015 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

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

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

A Name of plan Crown Equipment Corporation Retirement Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Crown Equipment Corporation	D Employer Identification Number (EIN) 34-4412691	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I	Basic Information		
1 Enter the valuation date:	Month <u>4</u>	Day <u>1</u>	Year <u>2015</u>
2 Assets:			
a Market value	2a	292,683,804	
b Actuarial value	2b	287,566,685	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	971	82,322,138	82,322,138
b For terminated vested participants	567	22,313,776	22,313,776
c For active participants	2,918	152,198,395	163,938,799
d Total	4,456	256,834,309	268,574,713
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	6.39 %	
6 Target normal cost	6	10,830,201	

Statement by Enrolled Actuary

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

SIGN HERE	<div style="text-align: center;"> Signature of actuary </div> <div style="text-align: center; margin-top: 10px;"> Scott Speckmann Type or print name of actuary Deloitte Consulting L.L.P. Firm name 111 South Wacker Drive Chicago IL 60606-4301 Address of the firm </div>	<div style="text-align: center;"> 12/14/2016 Date 14-06459 Most recent enrollment number (312) 486-1000 Telephone number (including area code) </div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	28,925,568
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	6,286,650
9	Amount remaining (line 7 minus line 8)	0	22,638,918
10	Interest on line 9 using prior year's actual return of <u>7.29</u> %	0	1650377
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		12466648
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.58</u> %		406644
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		458,297
	c Total available at beginning of current plan year to add to prefunding balance		13331589
	d Portion of (c) to be added to prefunding balance		13330260
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)	0	37619555

Part III		Funding Percentages	
14	Funding target attainment percentage	14	93.06 %
15	Adjusted funding target attainment percentage	15	107.07 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.50 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2016	1,500,000		08/16/2016	1,500,000	
02/16/2016	1,500,000		10/17/2016	3,000,000	
04/01/2016	1,500,000		11/15/2016	1,500,000	
04/15/2016	1,500,000		12/15/2016	500,000	
07/01/2016	3,000,000				
07/15/2016	1,500,000				
			Totals ▶	18(b)	17,000,000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 15,736,885
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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	10,830,201	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	18,627,583		3,914,956
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	14,745,157	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	8,575,709	8,575,709
36 Additional cash requirement (line 34 minus line 35)	36	6,169,448	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	15,736,885	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	9,567,437	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	8,575,709	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB, Line 24 – Change in Actuarial Assumptions

The retirement rates were updated to reflect the results of an experience study performed in 2014.

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/16

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
<u>Money Market Funds</u>				
	FEDERATED PRIME VALUE OBLIGATIONS FUND SERVICE SHARES	Money Market	\$ 1,759,862	\$ 1,759,862
<u>Common Stocks</u>				
	ABERCROMBIE & FITCH CO	Common Stock	35,184	47,594
	ACADIA PHARMACEUTICALS INC	Common Stock	69,045	53,963
	ACTUANT CORP-CL A	Common Stock	39,806	41,760
	ADTRAN INC	Common Stock	93,339	111,736
	AEROJET ROCKETDYNE HLDGS INC	Common Stock	57,843	51,269
	ALLEGHNEY TECHNOLOGIES INC	Common Stock	10,925	10,351
	ALLETE INC	Common Stock	69,554	76,423
	AMAG PHARMACEUTICALS INC	Common Stock	60,504	44,928
	AMERICAN WOODMARK CORP	Common Stock	51,154	58,180
	AMSURG CORP	Common Stock	24,295	48,341
	ARIAD PHARMACEUTICALS INC	Common Stock	104,845	108,119
	ARRIS INTL INC SHS	Common Stock	112,171	87,096
	ASCENA RETAIL GROUP INC COM	Common Stock	27,711	30,216
	ASTORIA FINL CORP	Common Stock	44,275	50,736
	BANCORPSOUTH INC	Common Stock	64,796	83,279
	BANKUNITED INC	Common Stock	69,311	66,676
	BANNER CORP	Common Stock	50,269	66,129
	BENCHMARK ELECTRS INC	Common Stock	72,119	71,916
	BERRY PLASTICS GROUP INC	Common Stock	150,317	165,639
	BGC PARTNERS INC CL A	Common Stock	60,923	71,767
	BLACK HILLS CORP	Common Stock	37,876	48,044
	BRIGHT HORIZONS FAMILY	Common Stock	79,775	154,824
	BROADSOFT INC	Common Stock	122,110	141,629
	BROOKS AUTOMATION INC NEW	Common Stock	44,141	45,022
	BRUNKER BIOSCIENCES CORP	Common Stock	46,884	65,520
	BRUNSWICK CORP	Common Stock	145,437	142,741
	BWX TECHNOLOGIES INC	Common Stock	50,490	65,207
	CACI INTL INC	Common Stock	63,423	69,889
	CALATLANTIC GROUP INC	Common Stock	47,863	62,128
	CALERES INC	Common Stock	63,817	72,988
	CARDIOME PHARMA CORP	Common Stock	120,150	57,792
	CARRIZO OIL & GAS INC	Common Stock	53,233	44,556
	CASEYS GEN STORES INC	Common Stock	44,471	60,740
	CEB INC	Common Stock	50,040	74,440
	CENTRAL PAC FINL CORP COMMON	Common Stock	45,071	70,252
	CENTURY ALUM CO	Common Stock	9,667	8,636
	CHARLES RIVER LABORATORIES	Common Stock	28,609	46,703
	CHEMTURA CORP	Common Stock	140,668	137,544

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/16

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	CIENA CORP	Common Stock	135,527	128,423
	CIRRUS LOGIC INC	Common Stock	51,523	67,723
	CLOVIS ONCOLOGY INC	Common Stock	31,643	26,688
	CLUBCORP HLDGS INC	Common Stock	47,323	32,671
	CNO FINL GROUP INC	Common Stock	98,549	124,526
	COMMVault SYSTEMS	Common Stock	80,990	78,138
	COOPER TIRE & RUBR CO	Common Stock	57,225	65,081
	COSTAR GROUP INC	Common Stock	98,219	148,654
	COTT CORP QUE	Common Stock	46,258	65,019
	CROCS INC	Common Stock	49,056	40,952
	CUBESMART	Common Stock	8,223	34,299
	CULLEN FROST BANKERS	Common Stock	61,066	62,274
	CYPRESS SEMICONDUCTOR CORP	Common Stock	61,198	52,358
	DAVE & BUSTERS ENTMT INC	Common Stock	57,078	64,763
	DEAN FOODS CO	Common Stock	36,783	34,519
	DELUXE CORP	Common Stock	33,838	75,800
	DIAMONDROCK HOSPITALITY CO	Common Stock	39,928	44,447
	DIODES INC	Common Stock	48,925	44,321
	DYNEGY INC NEW DEL	Common Stock	63,716	33,468
	EAST WEST BANCORP INC	Common Stock	88,345	105,235
	EDUCATION RLT TR INC	Common Stock	46,296	54,371
	ELECTRONICS FOR IMAGING INC	Common Stock	142,906	138,827
	EMCOR GROUP INC	Common Stock	55,521	74,698
	ENERSYS COMMON	Common Stock	49,779	60,178
	ENGILITY HLDGS INC NEW	Common Stock	63,583	47,988
	ENTEGRIS INC	Common Stock	49,071	53,595
	ESTERLINE TECHNOLOGIES CORP	Common Stock	49,623	45,618
	FINISH LINE INC	Common Stock	29,999	33,549
	FIRST COMWLTH FINL CORP PA	Common Stock	39,088	46,418
	FIRST FINL BANCORP OHIO	Common Stock	50,622	64,266
	FIRST HORIZON NATL CORP	Common Stock	47,925	66,574
	FIRSTMERIT CORP	Common Stock	51,210	54,183
	FORTINET INC	Common Stock	79,022	107,664
	FOUR CORNERS PPTY TR INC	Common Stock	47,057	48,824
	GENERAL CABLE CORP COM	Common Stock	16,455	17,888
	GENESEE & WYO INC	Common Stock	68,891	64,079
	GIGAMON INC	Common Stock	29,575	34,432
	GREY TELEVISION INC	Common Stock	47,530	41,196
	GREATBATCH INC	Common Stock	40,405	32,005
	HANCOCK HLDG CO	Common Stock	53,647	43,326
	HANOVER INS GROUP INC	Common Stock	35,570	37,892

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/16

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	HARSCO CORP	Common Stock	7,852	7,467
	HAWAIIAN HLDGS INC	Common Stock	28,553	56,298
	HEADWATERS INC COM	Common Stock	57,638	59,599
	HEALTHSOUTH CORP	Common Stock	38,235	54,112
	HEARTLAND PAYMENT SYSTEMS	Common Stock	71,711	104,296
	HEXCEL CORP	Common Stock	34,631	97,036
	HUB GROUP INC CL A	Common Stock	56,620	57,840
	HUNTSMAN CORP	Common Stock	6,995	7,049
	HURON CONSULTING GROUP INC	Common Stock	64,772	99,854
	ICON PLC SHS	Common Stock	51,225	150,200
	IMPAX LABORATORIES INC	Common Stock	38,226	40,153
	INSTALLED BLDG PRODS INC	Common Stock	108,129	110,432
	INTEGRA LIFESCIENCES HOLDINGS CORP	Common Stock	137,244	149,876
	INTERNATIONAL BANCSHARES CORP	Common Stock	52,478	49,764
	INTERSIL CORPORATION	Common Stock	53,320	63,548
	INTERXION HOLDING N.V.	Common Stock	115,322	135,208
	INVESTMENT TECHNOLOGY GROUP INC	Common Stock	23,892	47,095
	JAMES RIV GROUP LTD COM	Common Stock	38,261	41,809
	JANUS CAP GROUP INC	Common Stock	46,278	63,450
	JOHN BEAN TECHNOLOGIES CORP	Common Stock	97,408	114,512
	KAISER ALUM CORP	Common Stock	43,473	57,910
	KIRBY CORP	Common Stock	62,365	62,099
	KITE REALTY GROUP TRUST	Common Stock	57,558	64,786
	KNIGHT TRANSN INC	Common Stock	39,747	47,175
	LEXINGTON CORPORATE PPTYS TR	Common Stock	52,187	52,125
	LITHIA MOTORS INC	Common Stock	34,632	59,384
	LITTELFUSE INC	Common Stock	29,600	49,860
	LUMENTUM HLDGS INC COM	Common Stock	30,429	35,088
	MACK-KALI REALTY	Common Stock	63,629	76,164
	MADISON SQUARE GARDEN CO	Common Stock	108,087	108,134
	MAGELLAN HEALTH, INC	Common Stock	35,949	49,453
	MARKETAXESS HLDGS INC	Common Stock	51,060	54,925
	MANITOWOC INC	Common Stock	10,128	10,063
	MARRIOTT VACATIONS WORLDWIDE	Common Stock	36,547	50,423
	MASIMO CORP	Common Stock	96,237	138,490
	MATADOR RES CO	Common Stock	50,706	40,859
	MATRIX SVC CO	Common Stock	39,637	31,435
	MATSON INC	Common Stock	114,394	124,125
	MBIA INC	Common Stock	33,392	32,002
	MEDICAL PPTYS TR INC	Common Stock	47,367	53,101
	MENTOR GRAPHICS CORP	Common Stock	44,071	65,910
	MERITOR INC	Common Stock	73,832	49,351

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/16

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	MERRIMACK PHARMACEUTICALS INC	Common Stock	127,389	106,215
	MGIC INVT CORP WIS	Common Stock	66,082	71,684
	MICROSEMI CORP	Common Stock	109,607	121,443
	MODINE MFG CO	Common Stock	38,796	44,216
	MOLINA HEALTHCARE INC	Common Stock	28,021	45,594
	MONOLITHIC PWR SYS INC	Common Stock	62,068	85,278
	NABORS INDUSTRIES LTD	Common Stock	6,999	6,817
	NATIONAL HEALTH INVS INC	Common Stock	48,103	48,227
	NAVIGATORS GROUP INC	Common Stock	36,018	35,896
	NAVIGATOR HOLDINGS LTD	Common Stock	130,827	114,504
	NEUROCRINE BIOSCIENCES INC	Common Stock	94,564	90,965
	NEXSTAR BROADCASTING GROUP	Common Stock	125,008	101,821
	NORTHSTAR RLTY FIN CORP COM	Common Stock	27,787	37,418
	NORTHWESTERN CORP	Common Stock	57,012	84,968
	NUVECTRA CORP	Common Stock	1,560	757
	OASIS PETE INC	Common Stock	19,006	16,642
	OLD NATL BANCORP IND	Common Stock	56,746	48,333
	OPUS BK IRVINE CALIF	Common Stock	30,532	33,150
	PACIRA PHARMACEUTICALS INC	Common Stock	122,295	80,000
	PARKWAY PPTYS INC	Common Stock	44,635	40,841
	PARSLEY ENERGY INC	Common Stock	61,536	76,411
	PBF ENERGY INC CL A	Common Stock	36,075	36,819
	PEN NATIONAL GAIMG INC	Common Stock	61,710	57,964
	PENNSYLVANIA REAL ESTATE INVT	Common Stock	45,509	49,578
	PHARMERICA CORP	Common Stock	53,390	47,647
	PHYSICIANS RLTY TR	Common Stock	48,466	54,068
	PLEXUS CORP	Common Stock	54,098	65,524
	PNM RES INC	Common Stock	56,027	85,784
	POLYONE CORP	Common Stock	63,229	60,500
	PRIMORIS SVCS CORP	Common Stock	52,824	69,911
	PROOFPOINT INC	Common Stock	56,669	81,208
	PTC THERAPEUTICS INC	Common Stock	51,027	57,765
	QLIK TECHNOLOGIES INC	Common Stock	61,422	72,878
	QUAKER CHEM CORP	Common Stock	30,601	57,620
	RAPID7 INC	Common Stock	57,912	38,818
	RED ROBIN GOURMET BURGERS INC	Common Stock	33,296	37,135
	RESTORATION HARDWARE HLDGS INC	Common Stock	54,956	35,196
	RICE ENERGY	Common Stock	6,501	7,036
	RLI CORP	Common Stock	43,826	91,398
	RSP PERMIAN INC	Common Stock	19,647	19,573
	RUSH ENTERPRISES INC	Common Stock	132,550	85,910
	RYMAN HOSPITALITY PPTYS INC	Common Stock	45,350	54,054
	SAIA INC	Common Stock	17,704	17,115

See independent auditors' report.

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/16

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	SANDERSON FARMS INC	Common Stock	33,204	35,982
	SHOE CARNIVAL INC	Common Stock	27,372	34,778
	SKYWEST INC	Common Stock	47,367	50,155
	SOUTH JERSEY INDS INC	Common Stock	74,820	81,993
	SOUTHWEST GAS CORP	Common Stock	44,340	51,231
	SPIRIT AIRLS INC	Common Stock	92,705	91,162
	STARZ CL A	Common Stock	113,754	82,150
	STATE BK FINL CORP	Common Stock	37,081	35,133
	STEELCASE INC	Common Stock	82,479	78,628
	STERIS CORP	Common Stock	165,362	159,507
	STEWART INFORMATION SVCS CORP	Common Stock	41,554	54,565
	SUNSTONE HOTEL INVESTORS INC	Common Stock	41,173	69,860
	SYNERGY RES CORP	Common Stock	69,708	51,873
	SYNOVUS FINL CORP	Common Stock	67,631	102,370
	TANDEM DIABETES CARE INC COMMON	Common Stock	42,470	31,095
	TEAM HEALTH HOLDINGS INC	Common Stock	46,285	84,247
	TECH DATA CORP	Common Stock	41,332	57,501
	TEXAS ROADHOUSE INC	Common Stock	56,506	66,677
	TREEHOUSE FOODS INC	Common Stock	45,566	68,012
	TRIUMPH GROUP INC NEW	Common Stock	7,136	6,957
	TRONOX LTD SHS CL A	Common Stock	10,453	11,240
	ULTIMATE SOFTWARE GROUP INC	Common Stock	102,475	148,028
	UNITED COMMUNITY BANKS GA	Common Stock	79,612	83,965
	UNITED STS STL CORP	Common Stock	6,675	6,853
	VAIL RESORTS INC	Common Stock	95,160	132,096
	VISHAY INTERTECHNOLOGY INC	Common Stock	53,593	58,376
	WABASH NATL CORP	Common Stock	45,412	52,747
	WATSCO INC	Common Stock	69,469	139,456
	WELLCARE HEALTH PLANS INC	Common Stock	31,058	50,734
	WEST AMERICA BANCORP	Common Stock	54,669	56,455
	WESTERN ALLIANCE BANCORP	Common Stock	30,172	104,646
	WESTERN REFNG INC	Common Stock	60,866	66,034
	WHITING PETROLEUM CORP	Common Stock	6,919	6,065
	WPX ENERGY INC	Common Stock	80,258	50,566
	WRIGHT MED GROUP N V ORD SHS	Common Stock	124,278	74,932
	ZENDESK INC	Common Stock	<u>83,911</u>	<u>83,929</u>
			<u>11,525,320</u>	<u>12,928,836</u>
	<u>Common Collective Trusts</u>			
	T ROWE PRICE STRUCTURED RESEARCH	Common Trust	<u>14,950,412</u>	<u>30,982,280</u>

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/16

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	<u>Equity Security Funds</u>			
	COPPER ROCK INTERNATIONAL SMALL CAP FUND	Equity Derivative	8,000,000	8,038,022
	DFA EMERGING MARKETS VALUE #95 (INCOME INVESTMENT)	Equity	14,196	7,369
	DFA EMERGING MARKETS VALUE #95 (INCOME INVESTMENT)	Equity	7,478,781	5,326,898
	DODGE & COX INTL STOCK FUND	Equity	16,331,556	15,780,787
	EUROPACIFIC GROWTH FD CL F-3	Equity	13,980,193	16,777,071
	MFG NTGI-QM COLTV DAILY S&P 501	Equity	22,493,516	46,109,972
	VANGUARD MIDCAP INDEX FUND-I	Equity	6,346,716	9,421,581
	VOYA MUT FDS GLB R/S FD I	Equity	3,538,324	4,136,985
	WELLS FARGO ADV EMERG MKTS EQ R7	Equity	<u>6,650,498</u>	<u>5,697,973</u>
			<u>84,833,781</u>	<u>111,296,657</u>
	<u>Bond Funds</u>			
	DODGE & COX INCOME FD	Bond	23,344,298	22,802,648
	FEDERATED TOTAL RETURN BOND FUND	Bond	21,508,296	21,111,835
	PIMCO DIVERSIFIED INCOME FD-I	Bond	7,794,060	7,246,474
	VANGUARD L/T INVEST GR RD-AD	Bond	<u>27,506,250</u>	<u>27,502,730</u>
			<u>80,152,903</u>	<u>78,663,686</u>
	<u>Limited Partnerships</u>			
	ALTERNATIVE INVESTMENTS INSTL LTD PARTNERSHIP	Limited Partnership	9,400,000	11,391,691
	KAYNE ANDERSON ENERGY FD V LP	Limited Partnership	10,960	1,406,926
	KAYNE ANDERSON ENERGY FUND VI LP	Limited Partnership	2,720,000	2,979,069
	NEW BOSTON INSTITUTIONAL FUND LP VI	Limited Partnership	3,273,862	63,143
	NEW BOSTON INSTITUTIONAL FUND LP VII	Limited Partnership	2,781,734	2,335,428
	OAKTREE REAL ESTATE OPPORTUNITES FUND VI, L.P.	Limited Partnership	3,320,000	4,478,964
	PORTFOLIO ADVISORS PRIVATE EQUITY FUND V (OFFSHORE) LP	Limited Partnership	591,496	1,724,858
	PORTFOLIO ADVISORS VI	Limited Partnership	1,235,728	2,192,126
	PORTFOLIO ADVISORS PRIVATE EQUITY FUND VII	Limited Partnership	<u>2,423,773</u>	<u>2,631,574</u>
			<u>25,757,553</u>	<u>29,203,779</u>
	<u>Fund of Hedge Funds</u>			
	WEATHERLOW OFFSHORE FUND II LTD CLASS 1 A	Fund of Hedge Funds	<u>9,500,000</u>	<u>13,335,831</u>
	TOTAL INVESTMENTS		<u>\$ 228,479,831</u>	<u>\$ 278,170,931</u>

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**Actuarial Methods for Funding****Liability Valuation Method****Funding Target and Target Normal Cost as Defined in PPA**

The Funding Target is defined to be the present value of the benefits accrued or earned at valuation date. The earned benefits include retirement-type benefits and ancillary benefits (1.430(d)-1(c)(1)(i)). If the amount of a benefit that is expected to be paid is neither a function of the accrued benefit at the time the benefit is expected to be paid nor a function of the participant's service at that time, then the portion of the benefit taken into account for purposes of determining the Funding Target for a plan year is based on the proportion of a participant's service as of the first day of the plan year relative to the service the participant will have when the participant decrements. The portion of the benefit that is taken into account in the Target Normal Cost is the increase in the proportional benefit for the plan year (1.430(d)-1(c)(1)(ii)(C)). The determination of the Funding Target and Target Normal Cost of a plan for a plan year is not permitted to take into account any limitations or anticipated limitations under section 436 (1.430(d)-1(c)(1)(iii)).

The Target Normal Cost is the present value of all the benefits expected to accrue or to be earned during the year (benefits attributable to services performed in a prior year that are increased by reason of a compensation increase in the current year are treated as having accrued during the current year). Plan administrative expenses paid (or expected to be paid) from Actuarial Value of Assets for a plan year are not reflected in the determination of a plan's Funding Target for that plan year (1.430(d)-1(c)(2)), but are reflected in the determination of a plan's Target Normal Cost.

Generally if insurance contracts are held by the Plan, they are included in Actuarial Value of Assets and the related benefits are included in the liability. In the case of benefits that are funded through insurance contracts purchased from an insurance company licensed under the laws of a State, the Plan is permitted to exclude the benefits from the liability and the insurance policy from the assets, but only to the extent that the right to receive benefits is an irrevocable contractual right based on premiums paid prior to the valuation date (1.430(d)-1(c)(3)).

The determination of a plan's Funding Target and Target Normal Cost for a plan year is based on plan provisions that are adopted no later than the valuation date for the plan year and that become effective during that plan year. Section 412(d)(2) applies for purposes of determining whether a plan amendment is treated as having been adopted on the first day of the plan year (including a plan amendment adopted within two and one half months after the close of the plan year) (1.430(d)-1(d)).

For maximum deductible purposes, the cushion amount is equal to the sum of 50 percent of the Funding Target for the plan year and the amount the Funding Target for the plan year would increase if the Plan were to take into account increases in compensation which are expected to occur in succeeding plan years. If the Plan does not base benefits for service to date on compensation, increases in benefits which are expected to occur in succeeding plan years (determined on the basis of the average annual increase in benefits over the six preceding plan years) are taken into account in lieu of expected increases in compensation. For plans that have less than 100 participants, increases in benefits for highly compensated employees as a result of plan amendments within the last two years are excluded from the calculation of the cushion amount.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

Actuarial Methods for Funding

Asset Valuation Method

Actuarial Value of Assets are determined using the two-year averaging method as set forth in Notice 2009-22. Under this method, the Actuarial Value of Assets is the average of the fair market value of the assets on the valuation date and the adjusted fair Market Value of Assets determined as of the two prior determination dates. The adjusted fair Market Value of Assets as of a determination date is the Market Value of Assets on that date, increased by contributions that were not included in the plan's asset Balance on the determination date and decreased by benefits and administrative expenses between that determination date and the valuation date plus an adjustment for expected earnings as the sum of the expected earnings separately determined for each period between the determination date and the valuation date. The calculated value is then further constrained to be no more than 110% of the Market Value of Assets plus discounted receivable contributions and no less than 90% of the Market Value of Assets plus discounted contributions.

Procedures

Financial and census data: Financial data was submitted by the Trustee and census data was submitted by the plan sponsor. Information provided was reviewed for internal consistency and we have no reason to doubt its substantial accuracy.

No benefits of materiality were excluded from the valuation of the liabilities.

The limitations of the Internal Revenue Code 415(b) and 401(a)(17) have been incorporated into our calculations.

No liability is included for participants who terminated without vesting in their benefit prior to the valuation date.

The plan sponsor provided us with the data on its employees as of the valuation date, but only those employees who have completed the Plan's eligibility requirements are included in the valuation of liabilities.

Method Changes Since Last Year

There were no method changes since the prior valuation.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

Actuarial Assumptions

Interest Rates		Pre-MAP-21 Segment Rates ¹	25-Year Average Segment Rates	HATFA Corridor (90%-110% for 2015)	HATFA Segment Rates ²
	Lookback Month	None	N/A	N/A	N/A
	First Segment Rate	1.26%	5.24%	4.72% - 5.76%	4.72%
	Second Segment Rate	4.07%	6.79%	6.11% - 7.47%	6.11%
	Third Segment Rate	5.13%	7.57%	6.81% - 8.33%	6.81%
	Effective Rate	4.54%	N/A	N/A	6.39%
	¹ Used for Maximum Deductible, PBGC Variable Rate Premium, ERISA 4010-80% Threshold reporting and excess assets for \$420 transfers ² Used for Minimum Funding, benefit restrictions, ERISA 4010 - \$15M unfunded				
Salary Scale	3.25% per annum				
Mortality – Healthy Participants	Funding Target: As defined in proposed regulations 1.430(h)(3). This table is based on the RP2000 sex-distinct table that reflects projected mortality improvements 15 years into the future from the valuation date for non-annuitants and seven years into the future for annuitants.				
Mortality – Disabled Participants	Funding Target: Mortality table for disabilities occurring after December 31, 1994 as specified in Revenue Ruling 96-7.				
Withdrawal Rates	Sample rates are as follows:				
		<u>Age</u>		<u>Rate</u>	
		25		15.0%	
		30		12.0%	
		35		8.0%	
		40		5.0%	
		45		3.0%	
		50		1.50%	
	55		0.00%		

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
(Continued)**

Retirement Rates	Annual probabilities of retirement are as follows:		
	<u>Age</u>	<u>Rate</u>	
	61	5%	
	62	5%	
	63	5%	
	64	10%	
	65	30%	
	66	30%	
	67	30%	
	68	15%	
	69	15%	
	70	100%	
Disability	Percent expected to become disabled at each age		
	<u>Current Age</u>	<u>Male</u>	<u>Female</u>
	50	0%	0%
	55	1.0%	1.0%
	60	1.4%	1.0%
	The retirement disability benefit is assumed to be eliminated by the LTD plan benefits for salaried employees.		
Expenses	Funding Target: \$515,313 assumed to be included in Target Normal Cost.		
Percentage of Married	80% of males and 50% of females are assumed to be married. Husbands are assumed to be 3 years older than wives. Actual spousal data is used for retirees.		
Social Security Taxable Wage Base Projection	3.25%		
Assumption Changes Since Last Year	The retirement rates were updated to reflect the results of an experience study performed in 2014. The discount rates and mortality table were updated per IRS requirements and HATFA funding relief.		

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions Summary

1. Effective Date	The Plan was effective on April 1, 1992. The Plan was restated as of April 1, 2013.
2. Plan Year	The 12 month period commencing each April 1.
3. Eligibility to Participate	<p>Participation begins on April 1 or October 1 following the employees' date of hire.</p> <p>As of December 31, 2005 employees were given the choice to remain part of this plan or to begin participation in the Retirement Savings Plan. All employees hired on or after October 1, 2005 will participate in the Retirement Savings Plan.</p>
4. Contributions	The employer contributes the total cost of the Plan.
5. Credited Service	<p>One year of credited service is earned for 1,000 hours in a plan year with pro-rata reduction in the initial and final year of employment.</p> <p>The credited service of those who chose to participate in the Retirement Savings Plan was frozen as of December 31, 2005.</p> <p>No participant earned a year of credited service during the 4/1/2009 - 3/31/2010 and the 4/1/2010 – 3/31/2011 plan years.</p>
6. Vesting Service	A year of vesting service is earned for each plan year in which a minimum of 1,000 hours are worked.
7. Vesting Schedule	100% vesting occurs after completion of 5 years of vesting service.
8. Final Average Earnings	<p>Final Average Earnings are the average of the highest five consecutive calendar years of pensionable earnings during the last 10 consecutive calendar years in which pensionable earnings are highest.</p> <p>Beginning in the 2002 plan year, "Pensionable Earnings" are limited to \$200,000 annually, retroactive for all prior years. This amount is indexed for inflation going forward. For the 2015 plan year, the limit is \$265,000.</p> <p>Earnings after 2005 will not be considered for participants of the Retirement Savings Plan.</p>
9. Social Security Covered Compensation	35-year average of the Social Security Taxable Wage Bases in effect at the beginning of each calendar year and ending with the calendar year of attaining Social Security Retirement Age. (The Social Security Covered Compensation table applicable for 2015 plan year terminations follows the summary of plan provisions.)
10. Normal Retirement Date	The later of the participant's 65th birthday and completion of five years of vesting service.
11. Normal Retirement Benefit*	<p>Normal retirement benefit is a life annuity calculated as the sum of (a) and (b), but not less than (c):</p> <ul style="list-style-type: none"> a. 1.0% of Final Average Earnings, times Years of Credited Service up to 35. b. 0.65% of Final Average Earnings in excess of Social Security Covered Compensation, times Years of Credited Service up to 35 years. c. \$28 times years of Credited Service. <p>* Hourly employees of Kinston Neuse are not eligible for (a), (b) or (c) and receive a normal retirement benefit of \$21 times years of Credited Service.</p>
12. Accrued Benefit	The Accrued Benefit is the Normal Retirement Benefit based on Years of Credited Service and Final Average Earnings at date of calculation.
13. Early Retirement Eligibility	Age 55 and 5 Years of Vesting Service.

Schedule SB, Part V – Summary of Plan Provisions (Continued)

14. Early Retirement Benefit	Accrued Benefit, reduced if payments commence before Normal Retirement Date. The benefit will be reduced by 8% for each year payments start before age 65 and 4% per year for each year payments begin before age 62.
15. Postponed Retirement Income	Greater of: <ol style="list-style-type: none"> 1) Accrued Benefit using Years of Credited Service and Final Average Earnings as of the Postponed Retirement Date. 2) Accrued benefit as measured at NRD, with actuarial increase to BCD.
16. Pre-Retirement Death Eligibility	5 Years of Vesting Service
17. Pre-Retirement Death Benefit	50% of the accrued benefit at the later of employee's earliest retirement age or date of death assuming the participant had elected to retire and had elected the 50% joint and survivor form of benefit at the time that the benefit starts.
18. Disability Retirement Eligibility	Age 55 and 15 Years of Vesting Service
19. Disability Retirement Benefit	Upon total and permanent disability after age 55 and 15 Years of Vesting Service, Disability Retirement benefits are payable immediately. This benefit is offset by any LTD benefits.
20. Normal Form of Payment	For unmarried participants, the normal form is a life annuity. For married participants, the normal form is an actuarially reduced 50% joint-and-survivor annuity.
21. Changes in the Plan from Prior Valuation	The Plan was amended to allow lump sum benefits on December 1, 2014 for vested terminated participants with lump sum amounts between \$5,000 and \$200,000. Outside of this window, the Plan does not pay lump sums in excess of \$5,000.

Schedule SB, Part V – Summary of Plan Provisions (Continued)**2015 Covered Compensation Table**

Calendar Year of Birth	Year of Social Security Retirement Age	Covered Compensation Amount
1949	2015	72,643
1950	2016	75,180
1951	2017	77,640
1952	2018	80,006
1953	2019	82,311
1954	2020	84,566
1955	2022	88,886
1956	2023	90,986
1957	2024	93,000
1958	2025	94,920
1959	2026	96,780
1960	2027	98,580
1961	2028	100,320
1962	2029	101,974
1963	2030	103,611
1964	2031	105,206
1965	2032	106,723
1966	2033	108,154
1967	2034	109,466
1968	2035	110,674
1969	2036	111,763
1970	2037	112,723
1971	2038	113,623
1972	2039	114,497
1973	2040	115,311
1974	2041	116,006
1975	2042	116,606
1976	2043	117,077
1977	2044	117,411
1978	2045	117,746
1979	2046	118,080
1980	2047	118,320
1981	2048	118,457
1982 and later	Age 67	118,500

Schedule SB, line 26 - Schedule of Active Participant Data
Name Crown Equipment Corporation Retirement Plan

EIN / PN 34-4412691 / 001

Attained Age	YEARS OF CREDITED SERVICE									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.
Under 25										
25 to 29	5	*	14	*	6	*				
30 to 34	9	*	82	0	31	66,138	4	*		
35 to 39			99	0	101	73,914	62	72,129	27	59,414
40 to 44			74	0	90	59,857	154	60,984	53	75,027
45 to 49	1	*	44	0	81	64,691	103	75,049	142	64,055
50 to 54			64	0	71	69,048	107	67,286	123	65,644
55 to 59			45	0	49	62,109	62	62,450	95	62,498
60 to 64	1	*	22	0	28	58,760	54	58,779	44	70,738
65 to 69			4	*	7	*	5	*	6	*
70 & up			3	*	1	*	5	*	1	*

Attained Age	YEARS OF CREDITED SERVICE									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.
Under 25										
25 to 29										
30 to 34										
35 to 39	1	*								
40 to 44	15	*								
45 to 49	75	75,661	50	68,130	2	*				
50 to 54	122	72,104	141	75,255	44	64,057	1	*		
55 to 59	64	76,134	90	70,466	63	81,989	52	64,941		
60 to 64	35	71,783	55	55,446	35	65,691	38	57,758	32	66,710
65 to 69	4	*	7	*	2	*	8	*	2	*
70 & up	1	*								

Average Compensation includes values only for those actives still accruing a benefit

* Less than 20 participants