

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 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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</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.)	
	☒ 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 ☐ special extension (enter description)	☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>RETIREMENT PLAN FOR GREAT DANE LIMITED PARTNERSHIP</u>	1b	Three-digit plan number (PN) ▶ <u>005</u>
		1c	Effective date of plan <u>01/01/1986</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>GREAT DANE LIMITED PARTNERSHIP</u> <u>222 N LA SALLE ST STE 920</u> <u>CHICAGO, IL 60601-1010</u>	2b	Employer Identification Number (EIN) <u>36-4120610</u>
		2c	Plan Sponsor's telephone number <u>773-254-5533</u>
		2d	Business code (see instructions) <u>336210</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.	09/28/2017	JAMES PETRARCA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/28/2017	JAMES PETRARCA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			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 6051
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 3010 6a(2) 3001 6b 1016 6c 2018 6d 6035 6e 258 6f 6293 6g 0 6h 200
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1C b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **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 <u>RETIREMENT PLAN FOR GREAT DANE LIMITED PARTNERSHIP</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GREAT DANE LIMITED PARTNERSHIP</u>	D Employer Identification Number (EIN) <u>36-4120610</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>198305925</u>
b Actuarial value	2b <u>198305925</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>1148</u> <u>42390064</u> <u>42390064</u>
b For terminated vested participants.....	<u>1952</u> <u>38314773</u> <u>38314773</u>
c For active participants.....	<u>3277</u> <u>65003593</u> <u>65372473</u>
d Total.....	<u>6377</u> <u>145708430</u> <u>146077310</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.24 %</u>
6 Target normal cost.....	6 <u>4350571</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>08/17/2017</u>
Signature of actuary	Date
<u>BONNIE J. MARR</u>	<u>17-04072</u>
Type or print name of actuary	Most recent enrollment number
<u>MERCER</u>	<u>312-917-9900</u>
Firm name	Telephone number (including area code)
<u>155 N. WACKER DRIVE</u> <u>SUITE 1500</u> <u>CHICAGO, IL 60606-7500</u>	
Address of the firm	

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-7.10</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		11459027
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>6.43</u> %		736815
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		12195842
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	135.75%
15	Adjusted funding target attainment percentage	15	135.75%
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	156.64%
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
02/21/2017	3000000	0			
03/02/2017	3000000	0			
Totals ►			18(b)	6000000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 5595850
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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost					
21	Discount rate:					
a	Segment rates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
b	Applicable month (enter code)	21b	0			
22	Weighted average retirement age	22	61			
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute					
Part VI	Miscellaneous Items					
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No					
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No					
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27				
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years					
28	Unpaid minimum required contributions for all prior years	28	0			
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0			
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0			
Part VIII	Minimum Required Contribution For Current Year					
31	Target normal cost and excess assets (see instructions):					
a	Target normal cost (line 6)	31a	4350571			
b	Excess assets, if applicable, but not greater than line 31a	31b	4350571			
32	Amortization installments:	Outstanding Balance	Installment			
a	Net shortfall amortization installment	0	0			
b	Waiver amortization installment	0	0			
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33				
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0			
	Carryover balance	Prefunding balance	Total balance			
35	Balances elected for use to offset funding requirement		0			
36	Additional cash requirement (line 34 minus line 35)	36	0			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	5595850			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	5595850			
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0			
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0			
40	Unpaid minimum required contributions for all years	40	0			
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)					
41	If an election was made to use PRA 2010 funding relief for this plan:					
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years				
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011				
42	Amount of acceleration adjustment	42				
43	Excess installment acceleration amount to be carried over to future plan years	43				

SCHEDULE C (Form 5500) 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
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan RETIREMENT PLAN FOR GREAT DANE LIMITED PARTNERSHIP	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT DANE LIMITED PARTNERSHIP	D Employer Identification Number (EIN) 36-4120610

Part I	Service Provider Information (see instructions)
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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 THE NORTHERN TRUST COMPANY
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36-1561860

(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)

LYRICAL ASSET MANAGEMENT

37-1572793

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INVESTMENT ADVISOR	17425	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SELECT EQUITY GROUP LP

46-3465710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INVESTMENT ADVISOR	52295	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NUEBERGER BERMAN LLC

02-0654486

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INVESTMENT ADVISOR	715440	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)

HARRIS ASSOCIATES LP

36-3484078

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INVESTMENT ADVISOR	402610	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SILCHESTER INTERNATIONAL INVESTORS

36-7045783

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INVESTMENT ADVISOR	371981	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 27 51 99	TRUSTEE	129961	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

PRICEWATERHOUSE COOPERS LLP

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	39200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CITIGROUP GLOBAL/SMITH BARNEY

11-2418067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
68 71	BROKER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	262423	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>RETIREMENT PLAN FOR GREAT DANE LIMITED PARTNERSHIP</u>	B Three-digit plan number (PN) ►	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT DANE LIMITED PARTNERSHIP</u>	D Employer Identification Number (EIN) <u>36-4120610</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SILCHESTER INT VALUE EQUITY TRUST</u>		
b Name of sponsor of entity listed in (a): <u>SILCHESTER INTERNATIONAL INVESTORS, LLP</u>		
c EIN-PN <u>36-7045783-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35936191</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLSHRT TRM INVST FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-084</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>28487741</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)

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) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan RETIREMENT PLAN FOR GREAT DANE LIMITED PARTNERSHIP	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT DANE LIMITED PARTNERSHIP	D Employer Identification Number (EIN) 36-4120610	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	6000000	6000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	184069	101491
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		424612
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	136214245	152194008
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	11168993	28487741
(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)	44849986	35936191
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

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	198417293	223144043

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	41290	1064466
k Total liabilities (add all amounts in lines 1g through 1j)	1k	41290	1064466

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	198376003	222079577
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	120897	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	2606	
(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)		123503
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2722709	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2722709
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	143893373	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	114265375	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		29627998
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-3597791	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-3597791

		(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)		-2146222
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		32730197

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7035288	
(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)		7035288
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)	301623	
(2) Contract administrator fees.....	2i(2)	105971	
(3) Investment advisory and management fees.....	2i(3)	1583741	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1991335
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9026623

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		23703574
l Transfers of assets:			
(1) To this plan.....	2l(1)		12000000
(2) From this plan.....	2l(2)		12000000

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: PRICE WATERHOUSE COOPERS

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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)
HENRY CROWN AND COMPANY PENSION PLAN	36-2123962	101

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4001886. (See instructions.)

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 sections 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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>RETIREMENT PLAN FOR GREAT DANE LIMITED PARTNERSHIP</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GREAT DANE LIMITED PARTNERSHIP</u>	D Employer Identification Number (EIN) <u>36-4120610</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	
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>132</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, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

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>94.0</u> % Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: <u>6.0</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
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

Retirement Plan for Great Dane Limited Partnership

**Financial Statements and Supplemental Schedules
December 31, 2016 and 2015**

Retirement Plan for Great Dane Limited Partnership

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



Report of Independent Auditors

To the Administrator of the Retirement Plan for
Great Dane Limited Partnership

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Plan for Great Dane Limited Partnership (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of January 1, 2016 and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2016 and 2015 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.



Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2016 and the Schedule of Reportable Transactions for the year ended December 31, 2016 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

PricewaterhouseCoopers LLP

September 22, 2017

Retirement Plan for Great Dane Limited Partnership
Statements of Net Assets Available for Benefits
December 31, 2016 and 2015

	2016	2015
Assets		
Investments, at fair value		
Common stocks	\$ 152,194,008	\$ 136,214,245
Common and collective trusts	64,423,932	56,018,979
Corporate bonds	424,612	-
Total investments	217,042,552	192,233,224
Receivables		
Employer contributions	6,000,000	6,000,000
Investment income receivable	101,491	95,771
Due from broker for securities sold	-	88,298
Total assets	223,144,043	198,417,293
Liabilities		
Due to broker for securities purchased	901,266	-
Accrued expenses	163,200	41,290
Total liabilities	1,064,466	41,290
Net assets available for benefits	<u>\$ 222,079,577</u>	<u>\$ 198,376,003</u>

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

Retirement Plan for Great Dane Limited Partnership
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2016 and 2015

	2016	2015
Additions to net assets attributed to		
Interest income	\$ 120,897	\$ 31,469
Investment income	2,606	-
Dividend income	2,722,709	3,085,919
Net appreciation in fair value of investments	23,883,985	-
Total investment income	26,730,197	3,117,388
Employer contributions	6,000,000	12,000,000
Total additions	32,730,197	15,117,388
Deductions from net assets attributed to		
Net depreciation in fair value of investments	-	16,702,084
Benefit payments to participants	7,035,288	6,051,567
Investment management fees	1,583,741	1,724,850
Administrative expenses	407,594	379,624
Total deductions	9,026,623	24,858,125
Net increase/(decrease)	23,703,574	(9,740,737)
Net assets available for benefits		
Beginning of year	198,376,003	208,116,740
End of year	<u>\$ 222,079,577</u>	<u>\$ 198,376,003</u>

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

Retirement Plan for Great Dane Limited Partnership
Statement of Accumulated Plan Benefits
January 1, 2016

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving benefits \$ 36,727,754

Other participants 94,350,509

Total 131,078,263

Nonvested benefits 1,588,505

Total actuarial present value of accumulated plan benefits \$132,666,768

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

Retirement Plan for Great Dane Limited Partnership
Statement of Changes in Accumulated Plan Benefits
Year Ended January 1, 2016

Actuarial present value of accumulated plan benefits	
January 1, 2015	\$ 124,005,621
Increase (decrease) during the year	
Benefits paid	(6,051,567)
Changes in actuarial assumptions	(332,953)
Increase in interest due to a decrease in the discount rate	9,054,577
Benefits accumulated and losses	<u>5,991,090</u>
Net increase	<u>8,661,147</u>
Actuarial present value of accumulated plan benefits	
January 1, 2016	<u><u>\$ 132,666,768</u></u>

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

Retirement Plan for Great Dane Limited Partnership

Notes to Financial Statements

December 31, 2016 and 2015

1. Description of Plan

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

General

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

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

The Northern Trust Company is the trustee of the Plan.

Participation

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

Funding Policy

The Company makes annual contributions based on the funding recommendations of the Plan's actuary to meet the minimum funding requirements under ERISA. The Plan is in compliance with applicable ERISA funding requirements for 2016 and 2015.

Vesting

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

Retirement Benefit Options

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

- a. 2% of the participant's average monthly compensation, times years of benefit service (up to 30 years), minus 2-3/16% of monthly primary Social Security benefits, times years of benefit service (up to 30 years).
- b. \$10.50 times years of benefit service (up to 30 years).

Retirement Plan for Great Dane Limited Partnership

Notes to Financial Statements

December 31, 2016 and 2015

- c. A monthly amount equal to the actuarial equivalent of a single sum payable at a participant's normal retirement date of 10% of the participant's average annual compensation multiplied by the participant's years of benefit service after December 31, 1997 and before January 15, 2012.
- d. For a salaried participant, 0.75% of annual compensation for each year of Plan participation on or after January 15, 2012 divided by twelve.
- e. For an hourly paid participant, \$25.00 multiplied by participant's years of benefit service earned on or after January 15, 2012.

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

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

Payment of Benefits

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

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

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

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

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

Retirement Plan for Great Dane Limited Partnership

Notes to Financial Statements

December 31, 2016 and 2015

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

Administrative Expenses and Investment Management Fees

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

Plan Termination

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

- a. Benefits for all participants or beneficiaries whose retirement benefits have been or could have been payable three years prior to termination of the Plan.
- b. Benefits guaranteed by and up to the insurance limitations of the Pension Benefit Guaranty Corporation ("PBGC").
- c. Benefits that are vested but not guaranteed by the termination insurance provisions of ERISA.

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

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Subsequent Events

Events or transactions occurring after the period end through September 22, 2017, the date that the financial statements were available to be issued, have been evaluated in the preparation of the financial statements.

Retirement Plan for Great Dane Limited Partnership

Notes to Financial Statements

December 31, 2016 and 2015

Valuation of Investments and Income Recognition

Investments are valued at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 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) in Fair Value of Investments

Net realized and unrealized appreciation (depreciation), which includes gains and losses on investments bought and sold, as well as held during the year, is recorded in the accompanying Statements of Changes in Net Assets Available for Benefits as net appreciation (depreciation) in fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

Recent Accounting Pronouncement

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

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered.

Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits payable under all circumstances (i.e., retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

Retirement Plan for Great Dane Limited Partnership

Notes to Financial Statements

December 31, 2016 and 2015

Significant actuarial assumptions used in the valuations as of January 1, 2016 and 2015, are as follows:

	2016	2015
Discount rate per ASC 960	7.50% per annum	7.50% per annum
Mortality	Mercer Modified RP 2014 employee/retiree tables and Mercer Modified MP 2014 projection scale with white and blue adjustments for salaried and hourly employees, respectively.	Mercer Modified RP 2014 employee/retiree tables and Mercer Modified MP 2014 projection scale with white and blue adjustments for salaried and hourly employees, respectively.
Retirement age	Age 55-70, or if older, age on valuation date.	Age 55-70, or if older, age on valuation date.

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

4. Investments

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

The following table presents investments in common and collective trusts for which fair value is measured using the NAV per share practical expedient.

December 31, 2016		Fair Value	Redemption Frequency	Redemption Notice Period
Northern Trust STIF	(a)	\$ 28,487,741	Daily	None
Silchester	(b)	35,936,191	30 days	30 days
December 31, 2015		Fair Value	Redemption Frequency	Redemption Notice Period
Northern Trust STIF	(a)	\$ 11,168,993	Daily	None
Silchester	(b)	44,849,986	30 days	30 days

(a) Northern Trust Collective Short Term Investment Fund ("Northern Trust STIF")

(b) Silchester International Value Equity Group Trust ("Silchester")

Retirement Plan for Great Dane Limited Partnership

Notes to Financial Statements

December 31, 2016 and 2015

5. Fair Value

The Plan follows guidance defined in Accounting Standards Codification, *Fair Value Measurement (Topic 820)*, which provides a framework for measuring fair value under GAAP. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

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

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

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

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

- **Common stocks:** valued at the closing price of individual shares at year-end as traded in an active market.
- **Common and collective trusts:** valued at the year-end NAV of the underlying investments comprising the common and collective trusts. The Plan holds investments in the Northern Trust STIF and Silchester. The Northern Trust STIF investment reflects high-grade money market instruments with short maturities. The Silchester investment reflects equity securities traded on international exchanges in developed markets.
- **Corporate bonds:** valued based on the yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available, the bond is valued using matrix pricing or models from reputable pricing vendors.

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

Retirement Plan for Great Dane Limited Partnership

Notes to Financial Statements

December 31, 2016 and 2015

The following table presents the Plan's investment assets measured at fair value as of December 31, 2016:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common stocks	\$ 152,194,008	\$ -	\$ -	\$ 152,194,008
Common and collective trusts	-	64,423,932	-	64,423,932
Corporate bonds	-	424,612	-	424,612
Total assets at fair value	<u>\$ 152,194,008</u>	<u>\$ 64,848,544</u>	<u>\$ -</u>	<u>\$ 217,042,552</u>

For comparative purposes, the following table presents the Plan's investment assets measured at fair value as of December 31, 2015:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common stocks	\$ 136,214,245	\$ -	\$ -	\$ 136,214,245
Common and collective trusts	-	56,018,979	-	56,018,979
Total assets at fair value	<u>\$ 136,214,245</u>	<u>\$ 56,018,979</u>	<u>\$ -</u>	<u>\$ 192,233,224</u>

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions may require the transfer of financial instruments from one fair value hierarchy to another. In such instances, the transfer is reported at the beginning of the reporting period. The Plan does not hold any investments requiring Level 3 measurements and there have not been any transfers of assets between the levels from 2015 to 2016.

6. Information Certified by Trustee

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

- Investments, at fair value (except for third party information related to Silchester amounting to \$35,936,191 and \$44,849,986 as of December 31, 2016 and 2015, respectively), amounts due from broker for securities sold, amounts due to broker for securities purchased and investment income receivable as shown in the Statements of Net Assets Available for Benefits.
- Interest income, investment income, dividend income, net appreciation (depreciation) in fair value of investments and investment management fees (except for third party information related to Silchester amounting to \$3,086,204 and \$661,765 for the years ended December 31, 2016 and 2015, respectively), as shown in the Statements of Changes in Net Assets Available for Benefits.
- Schedule I, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2016 (except for third party information related to Silchester).
- Schedule II, Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2016.

Retirement Plan for Great Dane Limited Partnership

Notes to Financial Statements

December 31, 2016 and 2015

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

7. Income Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated July 11, 2017, that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Company and the Plan's tax counsel believe that the Plan is designed and continues to be operated in compliance with the applicable requirements of the IRC.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. There are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements as of December 31, 2016 and 2015. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is no longer subject to income tax examinations for years prior to 2013.

8. Risks and Uncertainties

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

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

9. Related-Party Transactions

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

SUPPLEMENTAL SCHEDULES

Retirement Plan for Great Dane Limited Partnership
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2016

Schedule I

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current value (e)
	Investments			
	Common stocks			
	AECOM	Common Stock	\$ 188,143	\$ 247,539
	AerCap Holdings, N.V.	Common Stock	340,220	346,903
	Aetna, Inc.	Common Stock	590,350	683,047
	AFLAC, Inc.	Common Stock	584,977	593,131
	Agilent Technologies, Inc.	Common Stock	1,369,010	1,421,654
	Alibaba Group Holding Limited	Common Stock	1,555,242	1,379,758
	Alphabet, Inc.	Common Stock	6,420,606	6,684,495
	American International Group, Inc.	Common Stock	3,693,222	5,923,617
	Ameriprise Financial, Inc.	Common Stock	580,188	737,197
	Anthem, Inc.	Common Stock	599,739	713,674
	Aon plc	Common Stock	3,829,874	5,096,921
	Arris International plc	Common Stock	176,701	195,303
	Ashland Global Holdings, Inc.	Common Stock	322,258	316,941
	Assurant, Inc.	Common Stock	212,880	248,401
	Avis Budget Group, Inc.	Common Stock	131,548	148,004
	Baxter International, Inc.	Common Stock	4,650,022	5,063,628
	Berkshire Hathaway, Inc.	Common Stock	1,495,702	1,660,766
	Bio-Techne Corporation	Common Stock	863,610	876,420
	Blackrock, Inc.	Common Stock	3,697,177	4,870,912
	Bristol-Myers Squibb Company	Common Stock	319,552	368,172
	Broadcom Limited	Common Stock	596,178	610,387
	Brookfield Infrastructure Partners, L.P.	Common Stock	655,372	669,400
	Carmax, Inc.	Common Stock	3,507,334	5,093,249
	Caterpillar, Inc.	Common Stock	3,933,768	4,637,000
	CBRE Group, Inc.	Common Stock	2,817,471	3,369,430
	CDW Corporation	Common Stock	3,808,131	4,573,502
	Celanese Corporation	Common Stock	461,302	500,472
	Celgene Corporation	Common Stock	302,168	338,569
	C. H. Robinson Worldwide, Inc.	Common Stock	1,370,960	1,457,288
	Charter Communications, Inc.	Common Stock	5,149,448	6,420,616
	Comcast Corporation	Common Stock	582,591	654,939
	Commscope Holding Company, Inc.	Common Stock	3,674,225	4,485,018
	Conagra Brands, Inc.	Common Stock	234,763	268,940
	Corning, Inc.	Common Stock	584,394	626,457
	Crown Castle International Corporation	Common Stock	1,927,633	1,831,801
	Cummins, Inc.	Common Stock	3,882,073	4,441,775
	CVS Health Corporation	Common Stock	317,110	299,858
	Danaher Corporation	Common Stock	3,152,683	3,132,515
	DaVita, Inc.	Common Stock	318,633	353,100
	Dentsply Sirona, Inc.	Common Stock	324,124	305,969
	Eaton Corporation plc	Common Stock	585,506	644,198
	eBay, Inc.	Common Stock	435,120	430,505
	EOG Resources, Inc.	Common Stock	579,875	646,332
	Expeditors International of Washington	Common Stock	988,084	1,013,813
	Fortive Corporation	Common Stock	803,574	848,480
	Franklin Resources, Inc.	Common Stock	1,434,885	1,678,904
	General Motors Company	Common Stock	5,163,645	5,961,124
	Gilead Sciences, Inc.	Common Stock	436,590	429,660
	Goldman Sachs Group, Inc.	Common Stock	2,138,000	3,208,630
	Goodyear Tire & Rubber Company	Common Stock	325,638	357,413
	HCA Holdings, Inc.	Common Stock	5,429,377	5,440,470
	Hertz Global Holdings, Inc.	Common Stock	124,134	81,346

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

Retirement Plan for Great Dane Limited Partnership
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2016

Schedule I

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current value (e)
	Common stocks - continued			
	IHS Markit Limited	Common Stock	603,962	609,052
	Johnson Controls International plc	Common Stock	584,056	581,850
	J P Morgan Chase and Company	Common Stock	2,955,202	6,195,622
	Kroger Company	Common Stock	440,652	445,179
	Kuehne & Nagel International AG	Common Stock	1,155,093	1,109,935
	Liberty Interactive Corporation	Common Stock	508,398	548,711
	Lincoln National Corporation	Common Stock	503,718	684,635
	Microsemi Corporation	Common Stock	212,065	271,253
	National Oilwell Varco, Inc.	Common Stock	1,638,381	1,917,714
	NCR Corporation	Common Stock	194,793	224,175
	NextEra Energy, Inc.	Common Stock	306,749	310,596
	Norfolk Southern Corporation	Common Stock	325,524	324,210
	Nortel Networks Corporation	Common Stock	36	-
	Owens Illinois, Inc.	Common Stock	135,315	124,847
	PVH Corporation	Common Stock	322,071	270,720
	Quintiles IMS Holdings, Inc.	Common Stock	3,389,175	3,764,475
	Raytheon Company	Common Stock	329,953	326,600
	SBA Communications Corporation	Common Stock	261,279	268,476
	Stericycle, Inc.	Common Stock	420,264	416,016
	Suncor Energy, Inc.	Common Stock	583,711	635,494
	Symantec Corporation	Common Stock	584,002	552,074
	TE Connectivity Ltd.	Common Stock	598,814	638,000
	Tenneco, Inc.	Common Stock	135,769	157,299
	Thermo Fisher Scientific, Inc.	Common Stock	4,375,863	4,229,190
	Tiffany & Company	Common Stock	4,498,166	4,916,805
	Tractor Supply Company	Common Stock	439,325	432,117
	Tribune Media Company	Common Stock	5,698,593	3,865,290
	U S Bancorp	Common Stock	439,780	436,645
	Waters Corporation	Common Stock	1,669,347	1,621,550
	WEC Energy Group, Inc.	Common Stock	317,398	316,710
	Wells Fargo and Company	Common Stock	4,204,191	7,098,168
	Wesco Aircraft Holdings, Inc.	Common Stock	318,749	322,920
	Western Digital Corporation	Common Stock	584,775	691,867
	Western Union Company	Common Stock	438,673	470,390
	WEX, Inc.	Common Stock	430,747	435,240
	Whirlpool Corporation	Common Stock	507,534	605,476
	Whole Foods Market, Inc.	Common Stock	325,276	350,664
	Willis Towers Watson plc	Common Stock	582,172	573,249
	Wolseley plc	Common Stock	1,039,829	1,219,147
	Wyndam Worldwide Corporation	Common Stock	328,977	343,665
	Zoetis, Inc.	Common Stock	1,394,065	1,500,339
		Total common stocks	131,448,252	152,194,008
	Common and collective trusts			
*	Northern Trust STIF	Common and Collective Trust	28,487,741	28,487,741
	Silchester Int'l Value Equity Grp Trust	Common and Collective Trust	19,268,339	35,936,191
		Total common and collective trusts	47,756,080	64,423,932
	Corporate bonds			
	Prime Security Services	Corporate Bond	419,737	424,612
		Total investments	\$ 179,624,069	\$ 217,042,552

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

Retirement Plan for Great Dane Limited Partnership
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2016

Schedule II

(a)	Identity of party involved/description of investment (b)	Transaction Aggregate			Cost of asset (g)	Current value of asset on transaction date (h)	Net gain/ (loss) (i)
		Number of transactions	Purchase price (c)	Selling price (d)			
	Series of Transactions in excess of 5%						
*	Northern Trust STIF	248	\$170,764,689	\$ -	\$170,764,689	\$170,764,689	\$ -
*	Northern Trust STIF	189	-	158,043,150	158,043,150	158,043,150	-
	Silchester Int'l Value Equity Group Trust	13	-	12,371,981	6,767,573	12,371,981	5,604,408
* Represents a party-in-interest to the Plan.							

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

Schedule SB, Part V — Summary of Plan Provisions**Plan Provisions*****Benefits Included or Excluded***

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

- **Most recent plan amendments included:** The plan was restated effective January 1, 2015, and executed December 18, 2015. The plan has been amended effective January 1, 2016.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
 - *Active participants:* Current active participants over normal retirement age are valued using their accrued benefit. Late retirement actuarial increases are deemed to be insignificant for the purposes of this valuation.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued using their accrued benefit. Late retirement actuarial increases are deemed to be insignificant for the purposes of this valuation.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan Provisions Specific to Funding***Additional Benefits Included or Excluded***

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

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

Effective date and plan year	Original plan: January 1, 1986 Restated plan: January 1, 2015 Last amended: January 1, 2016 Plan year: The calendar year
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None
Definitions	
• Participation	Employees are eligible on the January 1st or July 1st coincident with or next following the anniversary of their employment commencement date following completion of one year of eligibility service and attainment of age 21. Former participants of the Pines Trailer Target Benefit Plan and Trust became participants on January 1, 1998. Former participants of the Great Dane Limited Partnership Bargaining Unit Plan became participants on January 1, 2006. Employees of the Johnson Truck Bodies became participants beginning on January 15, 2012.
• Employee contributions	Contributions are neither permitted nor required.
• Vesting service	Service prior to January 1, 1998 is determined under the terms of the prior plans. On or after January 1, 1998, and prior to January 15, 2012, vesting service is determined as years and completed months of employment with the Company. On or after January 15, 2012, vesting service is determined as years and months in which one has worked for more than one hour of credited service with the Company.
• Benefit service	Service prior to January 1, 1998 is determined under the terms of the prior plans. On or after January 1, 1998, and prior to January 15, 2012, benefit service is determined as years and completed months of employment with the Company. On or after January 15, 2012, benefit service is determined as years and months in which one has worked for more than one hour of credited service with the Company.
• Compensation	Total earnings from the Employer, as reported on Form W-2 including the amount of any authorized reductions pursuant to a salary reduction agreement under Section 401(k) or Section 125 of the Code, but excluding certain non-income related items such as moving expenses and fringe benefits.
• Average Monthly Compensation	Compensation received during the highest five consecutive completed calendar years within the last 10 calendar years of service prior to January 15, 2012. If a participant has less than five calendar years of service, the average monthly compensation received in all full consecutive completed calendar years of service prior to January 15, 2012.
• Prior Plan Accrued benefit	The accrued benefit as of December 31, 1985, payable at age 65 for which an annuity has been purchased from Travelers.

Schedule SB, Part V — Summary of Plan Provisions

• Normal Retirement Date	The first of the month coincident with or next following age 65.
Normal retirement	
• Eligibility	Age 65.
• Benefit	<p>Past Service Benefit Frozen Accrued Benefit as of December 31, 1997 earned under the provisions of the prior Great Dane plan, payable as an annuity or converted to a lump sum. 10% of Average Monthly Compensation for each year of Benefit Service earned after December 31, 1997 through January 15, 2012, payable as a lump sum or converted to an annuity.</p> <p>Future Service Benefit <i>Hourly:</i> \$25 per completed month of Benefit Service earned after January 15, 2012, payable as an annuity. <i>Salaried:</i> 0.75% of Compensation earned after January 15, 2012, payable as an annuity</p>
Early retirement	
• Eligibility	Attainment of age 55 and 10 years of Vesting Service.
• Benefit	The Future Service Component is reduced according to the actuarial equivalence definition in effect after January 15, 2012. The Past Service Benefits described above are reduced as follows: The Past Service Component earned after December 31, 1997 and prior to January 15, 2012 is reduced 5% for each year retirement precedes age 65. The Past Service Component earned prior to December 31, 1997 is reduced according to the prior early retirement reduction factors (6% from 60-65 and 3% from 55-60).
Termination benefits	
• Eligibility	3 years of Vesting Service
• Benefit	An amount equal to 100% of the sum of the Past and Future Service Benefits as of date of termination payable as an annuity only. The benefit payment date is deferred to the Normal Retirement Date. Participants with 10 years of Vesting Service at severance of employment may elect a reduced annuity commencing as early as age 55. The Past Service Component earned prior to January 15, 2012 and the Future Service Component are reduced for early retirement based on actuarial equivalent factors in effect at the time accruals were earned.
Deferred retirement benefits	
• Eligibility	Retirement after Normal Retirement Date.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Normal Retirement Benefit based on service and pay at late retirement date.
Pre-retirement death benefits	
• Eligibility	3 years of Vesting Service.
• Benefit	<p>If death occurs while the participant is an active employee, the beneficiary receives 50% of the participant's Past Service Components reduced for the 50% joint and survivor form, but not reduced for early retirement, payable beginning on the participant's earliest retirement date. Future Service Components earned after January 15, 2012 are reduced for the 50% joint and survivor form and for early retirement.</p> <p>If death occurs while the participant is no longer employed, 50% of the participant's accrued benefit, reduced for the 50% joint and survivor form, payable at the participant's normal retirement date or reduced according to the applicable early retirement factors if benefits begin prior to the participant's normal retirement date.</p>
Disability benefits	
• Eligibility	3 years of Vesting Service.
• Benefit	An amount equal to 100% of the sum of the Past and Future Service Benefits as of the date of disability payable as an annuity only. The benefit payment date is deferred to the Normal Retirement Date. Participants with 10 years of Vesting Service at severance of employment may elect a reduced annuity commencing as early as age 55. The Past Service Component earned prior to January 15, 2012 and the Future Service Component are reduced for early retirement based on actuarial equivalent factors in effect at the time accruals were earned.
Form of benefits	
• Automatic form for unmarried participants	Life annuity.
• Automatic form for married participants	A reduced, Qualified 50% Joint and Survivor Annuity
• Optional forms	<p>For benefits earned prior to January 15, 2012: Actuarially equivalent Qualified Joint and 50%, 75% or 100% Survivor Annuity. Lump-sum payments are available at early and normal retirement only.</p> <p>Benefits earned after January 15, 2012 are available as actuarially equivalent Life, Qualified Joint and 50%, 75% or 100% Survivor Annuity form only.</p>

Schedule SB, Part V — Summary of Plan Provisions

• Actuarial Equivalence for Optional form conversion factors and Early Retirement	Valuation assumptions for benefits accrued prior to January 15, 2012. The applicable first, second, and third segment rates under Code Section 417(e)(3)(C) for the month of September preceding the first day of the applicable plan year and mortality prescribed under Section 417(e)(3)(B) as in effect for the applicable plan year. 6% interest and RP2000 mortality projected to 2015 (healthy, 50% male / 50% female, no collar adjustment) for benefits accrued after January 15, 2012.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2016, the limit is \$265,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2016, the limit is \$210,000.

Plan Provision Changes Since Prior Valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2015 to 2016.

SCHEDULE SB (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>	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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **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 Retirement Plan for Great Dane Limited Partnership	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Great Dane Limited Partnership	D Employer Identification Number (EIN) 36-4120610	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2	Assets:	
	a Market value.....	2a 198,305,925
	b Actuarial value.....	2b 198,305,925
3	Funding target/participant count breakdown	
	a For retired participants and beneficiaries receiving payment.....	1,148 42,390,064 42,390,064
	b For terminated vested participants.....	1,952 38,314,773 38,314,773
	c For active participants.....	3,277 65,003,593 65,372,473
	d Total.....	6,377 145,708,430 146,077,310
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 6.24%
6	Target normal cost.....	6 4,350,571

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	<u>8/17/17</u> Date
	BONNIE J. MARR Type or print name of actuary	1704072 Most recent enrollment number
	MERCER Firm name	312-917-9900 Telephone number (including area code)
	155 N. WACKER DRIVE SUITE 1500 CHICAGO IL 60606-7500 Address of the firm	

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8).....	0	0
10	Interest on line 9 using prior year's actual return of <u>-7.10%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		11,459,027
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>6.43%</u>		736,815
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		12,195,842
d	Portion of (c) to be added to prefunding balance		0
2	Other reductions in balances due to elections or deemed elections	0	0
3	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

14	Funding target attainment percentage	14	135.75%
15	Adjusted funding target attainment percentage.....	15	135.75%
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	156.64%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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	
02/21/2017	3,000,000	0				
03/02/2017	3,000,000	0				
			Totals ►	18(b)	6,000,000	18(c) 0

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	5,595,850

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

Summary Statement as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.43 %2nd segment:
5.91 %3rd segment:
6.65 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

61

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

4,350,571

b Excess assets, if applicable, but not greater than line 31a**31b**

4,350,571

32 Amortization installments:**a** Net shortfall amortization installment

Outstanding Balance

Installment

0

0

b Waiver amortization installment

0

0

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

0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

36 Additional cash requirement (line 34 minus line 35)**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

5,595,850

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

5,595,850

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

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

Schedule SB, line 22 — Description of Weighted Average Retirement Age

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

A	B	C	D	E
Age	Rate of Retirement	Lx	# Ret	#Ret x Age
55	8%	10,000	800	44,000
56	8%	9,200	736	41,216
57	8%	8,464	677	38,589
58	8%	7,787	623	36,134
59	8%	7,164	573	33,807
60	15%	6,591	989	59,340
61	15%	5,602	840	51,240
62	30%	4,762	1,429	88,598
63	15%	3,333	500	31,500
64	30%	2,833	850	54,400
65	45%	1,983	892	57,980
66	35%	1,091	382	25,212
67	30%	709	213	14,271
68	25%	496	124	8,432
69	20%	372	74	5,106
70	100%	298	298	20,860
Total			10,000	610,685
Weighted Average Retirement Age (Column E/Column D)				61.1

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for January 1, 2016 Funding Valuation**

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	0	
	Stabilized	Nonstabilized
• First 5 years	4.43%	1.41%
• Next 15 years	5.91%	3.96%
• Over 20 years	6.65%	4.97%
Mortality sponsor elections		
• Healthy and disabled participants	PPA separate generational annuitant and nonannuitant mortality tables.	
417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and the current year static combined unisex mortality table under PPA.	
Other economic assumptions		
• Salary increases	N/A – benefit formula is not pay-related	
— Hourly		
— Salaried		
	Attained age	Salary Increases
	20	5.00%
	25	5.00%
	30	6.00%
	35	4.00%
	40	4.00%
	45	4.00%
	50	3.00%
	55	3.00%
	60	3.00%
• Flat-dollar benefit increases	N/A	
• Social Security taxable wage base increases	N/A	
• Inflation	2.50% per year	
• Expenses	\$380,000 added to current year normal cost	

Rationale for Economic Assumptions

- Salary increases – The salary scale assumption is based on an experience study covering the period January 1, 2009 to January 1, 2014, adjusted to reflect management's expectations for wage changes in the future.
- Assumed plan-paid expenses for the upcoming year are based on prior year experience, adjusted (if material for the purpose) for expected changes in the upcoming year.

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

- Discount rate – The discount rate is prescribed by the plan sponsor through an election from allowable alternatives under IRS regulations.

Demographic assumptions

• Withdrawal	See table of sample rates.	
• Disability incidence	See table of sample rates.	
• Retirement age	Attained age	Percentage
	Under 55	0%
	55 – 59	8%
	60 – 61	15%
	62	30%
	63	15%
	64	30%
	65	45%
	66	35%
	67	30%
	68	25%
	69	20%
	70 and above	100%
• Benefit commencement age for		
– Future vested deferred	65	
– Current vested deferred	65	
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
– Percentage married	90%	90%
– Spouse age difference	3 years younger	3 years older

Form of payment

For benefits earned prior to January 1, 2012:

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

For benefits earned after January 1, 2012:

	<u>Lump sum</u>	<u>Single life</u>	<u>50% J&S</u>
• Active retirements	0%	50%	50%
• Future vested deferred	0%	50%	50%
• Future disabilities	0%	50%	50%
• Future deaths	0%	50%	50%
• Current vested deferred	0%	50%	50%

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

Valuation Pay	Valuation pay for 2016 is equal to [(a) – (b) + (c) – (d) + (e)] multiplied by the funding salary scale: (a) 2015 actual pension compensation, annualized for layoffs during 2015; (b) actual bonus during 2015; (c) an assumed bonus equal to an individual's target bonus percent multiplied by their base compensation for 2015; (d) 2015 actual commissions; and (e) average of commissions for the prior 3 years.
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Table of Sample Rates

Withdrawal and Disability Percentages					Disability incidence
Attained age	Withdrawal				
	Hourly		Salaried		
	Less than or equal to 5 years of service (Select)	Greater than 5 years of service (Ultimate)	Less than or equal to 5 years of service (Select)	Greater than 5 years of service (Ultimate)	
20	43.90%	27.40%	24.80%	13.70%	0.04%
25	38.10%	20.40%	30.00%	10.20%	0.07%
30	33.00%	14.20%	23.80%	7.10%	0.10%
35	31.00%	12.00%	19.30%	6.00%	0.14%
40	29.40%	11.00%	18.10%	5.50%	0.22%
45	27.70%	10.00%	16.60%	5.00%	0.34%
50	26.10%	9.00%	15.60%	4.50%	0.61%
55	24.40%	8.00%	15.40%	4.00%	1.11%
60	24.40%	8.00%	15.40%	4.00%	1.60%

Rationale for Demographic Assumptions

- Mortality – Prescribed assumption and based on plan sponsor's PPA election.
- Withdrawal – The withdrawal rates are based on an experience study undertaken in 2014 and adjusted to reflect management's expectations of withdrawal rates in the future.
- Retirement age – The retirement rates are based on an experience study undertaken in 2014 and adjusted to reflect management's expectations of retirement rates in the future.
- Benefit commencement age – The benefit commencement age is based on an experience study undertaken in 2010. An experience study in 2014 found that benefit commencement age experience was in line with expectations so the commencement age was not changed.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Methods for Funding*****Asset Methods – Effective January 1, 2010***

The asset valuation method is the fair market value.

Participant Methods – Effective January 1, 2008

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

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

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

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

Schedule SB, line 26 — Schedule of Active Participant Data
Distribution of Active Participants as of January 1, 2016

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25	2	194 50,020	17	1							214
25–29	1	275 54,107	49 46,766	6							331
30–34	2	199 62,231	73 57,828	70 65,037	2						346
35–39		168 58,018	66 70,864	73 72,202	34 96,650	4					345
40–44		147 58,403	47 63,951	73 85,868	45 80,768	63 78,424	6				381
45–49	1	134 62,074	55 95,058	60 72,624	47 106,454	51 96,432	23 131,744	3			374
50–54		127 82,711	49 97,999	98 84,289	54 109,190	51 73,814	48 87,926	50 85,887	6		483
55–59		98 80,981	44 58,629	95 78,968	40 91,271	26 83,352	48 84,296	37 117,558	87 95,607	14	489
60–64		45 68,682	21 88,466	52 78,968	28 104,757	21 93,594	25 82,003	23 72,949	31 89,586	19	265
65–69		7	3	7	5	3	3	4	4	3	39
70 & up		2	1	1	2	2	1		1		10
Total	6	1,396	425	536	257	221	154	117	129	36	3,277

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average pay for salaried participants for 2015 limited to \$265,000. Average pay is not shown for cells with fewer than 20 participants.

Retirement Plan for Great Dane Limited Partnership
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2015

Schedule I

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current value (e)
	Investments			
	Common stocks			
	Air Products and Chemicals, Inc.	Common Stock	\$ 1,683,546	\$ 1,561,320
	American International Group, Inc.	Common Stock	3,268,013	5,558,709
	Anadarko Petroleum Corporation	Common Stock	4,967,404	3,813,530
	Aon plc	Common Stock	4,815,520	6,380,932
	Apple, Inc.	Common Stock	873,019	1,210,490
	Applied Materials, Inc.	Common Stock	3,267,940	4,038,321
	Assurant, Inc.	Common Stock	754,259	885,940
	B/E Aerospace, Inc.	Common Stock	1,702,616	1,610,060
	Berkshire Hathaway, Inc.	Common Stock	1,644,255	1,584,480
	Blackrock, Inc.	Common Stock	3,426,523	4,188,396
	Boeing Company	Common Stock	1,683,383	2,891,800
	Cabot Oil and Gas Corporation	Common Stock	1,576,301	2,299,700
	CalAtlantic Group, Inc.	Common Stock	1,521,438	1,289,280
	Carmax, Inc.	Common Stock	2,102,367	2,730,882
	Caterpillar, Inc.	Common Stock	4,264,768	3,703,820
	CBRE Group, Inc.	Common Stock	2,387,087	3,129,490
	Charter Communications, Inc.	Common Stock	2,514,576	2,453,540
	Citigroup, Inc.	Common Stock	1,541,290	1,397,250
	CSX Corporation	Common Stock	2,367,218	2,179,800
	Cummins, Inc.	Common Stock	5,235,585	3,863,639
	D R Horton, Inc.	Common Stock	389,969	480,450
	Eli Lilly and Company	Common Stock	1,368,455	1,853,720
	EOG Resources, Inc.	Common Stock	970,905	1,217,588
	Express Scripts Holding Company	Common Stock	973,786	1,136,330
	FedEx Corporation	Common Stock	1,979,944	1,787,880
	General Electric Company	Common Stock	719,668	809,900
	General Motors Company	Common Stock	4,345,041	4,934,851
	Goldman Sachs Group, Inc.	Common Stock	728,815	720,920
	Intel Corporation	Common Stock	2,509,836	3,806,725
	International Paper Company	Common Stock	772,863	1,017,900
	Johnson & Johnson	Common Stock	1,206,525	1,643,520
	JP Morgan Chase and Company	Common Stock	2,641,937	4,939,044

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

Retirement Plan for Great Dane Limited Partnership
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2015

Schedule I

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current value (e)
	Common stocks - continued			
	Lincoln National Corporation	Common Stock	1,547,614	1,291,682
	M & T Bank Corporation	Common Stock	1,231,922	1,332,980
	Microsoft Corporation	Common Stock	5,858,736	8,627,140
	Nortel Networks Corporation	Common Stock	36	-
	NOW, Inc.	Common Stock	1,743,357	1,270,346
	Occidental Petroleum Corporation	Common Stock	2,393,070	2,839,620
	Oracle Corporation	Common Stock	640,273	1,315,080
	Packaging Corporation of America	Common Stock	1,546,581	3,152,500
	Pfizer, Inc.	Common Stock	1,844,972	2,872,920
	Pioneer Natural Resources Company	Common Stock	720,581	2,645,518
	PNC Financial Services Group, Inc.	Common Stock	1,475,107	1,524,960
	Progressive Corporation	Common Stock	1,031,149	1,303,800
	Ryanair Holdings plc	Common Stock	1,088,217	1,210,440
	Sandisk Corporation	Common Stock	2,097,987	2,431,680
	Textron, Inc.	Common Stock	1,828,353	2,436,580
	Tiffany & Company	Common Stock	2,804,551	2,899,020
	Travelers Companies, Inc.	Common Stock	327,304	902,880
	Tribune Media Company	Common Stock	4,907,206	2,873,850
	Twenty-First Century Fox, Inc.	Common Stock	1,121,807	918,008
	United Continental Holdings, Inc.	Common Stock	2,334,030	3,438,000
	Unum Group	Common Stock	1,326,119	2,143,876
	Visa, Inc.	Common Stock	509,728	1,721,610
	Wells Fargo & Company	Common Stock	3,282,271	5,941,548
	Total common stocks		111,865,823	136,214,245
	Common and collective trusts			
*	Northern Trust STIF	Common and Collective Trust	11,168,993	11,168,993
	Silchester Int'l Value Equity Grp Trust	Common and Collective Trust	26,035,912	44,849,986
	Total common and collective trusts		37,204,905	56,018,979
	Total investments		\$ 149,070,728	\$ 192,233,224

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

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

Retirement Plan for Great Dane Limited Partnership
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2015

Schedule II

(a)	Identity of party involved/description of investment (b)	Transaction Aggregate		Cost of asset (g)	Current value of asset on transaction date (h)	Net gain/ (loss) (i)
		Number of transactions	Purchase price (c)			
	Series of Transactions in excess of 5%					
*	Northern Trust STIF	238	\$ 54,835,378	\$ -	\$ 54,835,378	\$ -
*	Northern Trust STIF	185	-	55,416,385	55,416,385	-
* Represents a party-in-interest to the Plan.						

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

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense component of normal cost decreased from \$390,000 to \$380,000 to reflect our expectations for the current plan year.