

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 ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final 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>HENRY CROWN AND COMPANY PENSION PLAN</u>	1b	Three-digit plan number (PN) ► <u>101</u>
		1c	Effective date of plan <u>01/01/1985</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>HENRY CROWN AND COMPANY</u> <u>222 N. LASALLE STREET</u> <u>SUITE 1000</u> <u>CHICAGO, IL 60601</u>	2b	Employer Identification Number (EIN) <u>36-2123962</u>
		2c	Plan Sponsor's telephone number <u>312-855-4000</u>
		2d	Business code (see instructions) <u>551112</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.	10/13/2017	JUDITH EKOLA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2017	JUDITH EKOLA
	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
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 2271
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 190
a(2) Total number of active participants at the end of the plan year	6a(2) 201
b Retired or separated participants receiving benefits.....	6b 1361
c Other retired or separated participants entitled to future benefits	6c 476
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2038
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 209
f Total. Add lines 6d and 6e	6f 2247
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(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	b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(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>HENRY CROWN AND COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>101</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HENRY CROWN AND COMPANY</u>	D Employer Identification Number (EIN) <u>36-2123962</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>114072331</u>
b Actuarial value	2b <u>114072331</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>1594</u> (2) Vested Funding Target <u>41316600</u> (3) Total Funding Target <u>41316600</u>
b For terminated vested participants.....	<u>510</u> <u>14822751</u> <u>14822751</u>
c For active participants.....	<u>204</u> <u>15454562</u> <u>15727612</u>
d Total.....	<u>2308</u> <u>71593913</u> <u>71866963</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>6.11</u> %
6 Target normal cost.....	6 <u>1807283</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/04/2017</u>
	Signature of actuary	Date
<u>BONNIE J. MARR</u>	Type or print name of actuary	<u>14-04072</u>
		Most recent enrollment number
<u>MERCER</u>	Firm name	<u>312-917-9900</u>
<u>155 NORTH WACKER DRIVE</u> <u>SUITE 1500</u> <u>CHICAGO, IL 60606-7500</u>	Address of the firm	Telephone number (including area code)

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

For Paperwork Reduction Act Notice, 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)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-8.51</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)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.30</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	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	158.72%
15	Adjusted funding target attainment percentage	15	158.72%
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	188.39%
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
Totals ►			18(b)	0	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 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

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	64			
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	1807283			
b	Excess assets, if applicable, but not greater than line 31a	31b	1807283			
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	0			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	0			
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 HENRY CROWN AND COMPANY PENSION PLAN	B Three-digit plan number (PN) ▶	101
C Plan sponsor's name as shown on line 2a of Form 5500 HENRY CROWN AND COMPANY	D Employer Identification Number (EIN) 36-2123962	

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
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)

HARRIS ASSOCIATES L.P.

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	INVEST ADVISOR	467284	Yes ☐ No ☒	Yes ☐ No ☐		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	180490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEUBERGER 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	INVEST ADVISOR	135230	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE NORTHERN TRUST COMPANY

36-1561860

(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	101720	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SILCHESTER INTERNATIONAL INVEST

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	INVEST ADVISOR	99484	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	36800	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)

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	INVEST ADVISOR	30253	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	INVEST ADVISOR	10088	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?
71	BROKER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	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="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">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 HENRY CROWN AND COMPANY PENSION PLAN	B Three-digit plan number (PN) ►	101
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HENRY CROWN AND COMPANY	D Employer Identification Number (EIN) 36-2123962	

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: NTGI COLLECTIVE ST INVESTMENT FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15695300
a Name of MTIA, CCT, PSA, or 103-12 IE: SILCHESTER INT'L VALUE EQUITY TRUST		
b Name of sponsor of entity listed in (a): SILCHESTER INTERNATIONAL INVESTORS LLP		
c EIN-PN 36-7045783-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20545260
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>HENRY CROWN AND COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>101</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HENRY CROWN AND COMPANY</u>	D Employer Identification Number (EIN) <u>36-2123962</u>	

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)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	145731	58749
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)		250413
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	99916415	88608585
(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)	6292116	15695300
(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)	7778378	20545260
(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	114132640	125158307

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	60309	597362
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	60309	597362

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	114072331	124560945
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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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	57754	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	1536	
(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)		59290
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2029413	
(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)		2029413
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	99340794	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	83378710	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		15962084
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-2569772	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-2569772

		(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)		830899
(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		16311914

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4616607	
(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)		4616607
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)	217290	
(2) Contract administrator fees.....	2i(2)	90524	
(3) Investment advisory and management fees.....	2i(3)	753535	
(4) Other	2i(4)	145344	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1206693
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5823300

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10488614
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: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

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)
RETIREMENT PLAN FOR GREAT DANE LIMITED PARTNERSHIP	36-4120610	005

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 4006110. (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>HENRY CROWN AND COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>101</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HENRY CROWN AND COMPANY</u>	D Employer Identification Number (EIN) <u>36-2123962</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	4

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</u> % Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: <u>6</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 / / .	

Henry Crown and Company Pension Plan

**Financial Statements and Supplemental
Schedules**

December 31, 2016 and 2015

Henry Crown and Company Pension Plan

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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
Henry Crown and Company Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Henry Crown and Company Pension Plan (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 the 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 18, 2017

Henry Crown and Company Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2016 and 2015

	2016	2015
Assets		
Investments, at fair value		
Common stocks	\$ 88,608,585	\$ 99,916,415
Common and collective trusts	36,240,560	14,070,494
Corporate bonds	250,413	-
Total investments	<u>125,099,558</u>	<u>113,986,909</u>
Due from broker for securities sold	-	112,445
Investment income receivable	<u>58,749</u>	<u>33,286</u>
Total assets	<u>125,158,307</u>	<u>114,132,640</u>
Liabilities		
Due to broker for securities purchased	526,936	-
Accrued expenses	<u>70,426</u>	<u>60,309</u>
Total liabilities	<u>597,362</u>	<u>60,309</u>
Net assets available for benefits	<u><u>\$ 124,560,945</u></u>	<u><u>\$ 114,072,331</u></u>

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

Henry Crown and Company Pension Plan
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	\$ 57,754	\$ 17,557
Investment income	1,536	-
Dividend income	2,029,413	2,576,750
Net appreciation in fair value of investments	14,223,211	-
Total additions	16,311,914	2,594,307
Deductions from net assets attributed to		
Net depreciation in fair value of investments	-	12,681,705
Benefit payments to participants	4,616,607	4,557,749
Investment management fees	753,535	760,484
Administrative expenses	453,158	449,604
Total deductions	5,823,300	18,449,542
Net increase/(decrease)	10,488,614	(15,855,235)
Net assets available for benefits		
Beginning of year	114,072,331	129,927,566
End of year	<u>\$ 124,560,945</u>	<u>\$ 114,072,331</u>

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

Henry Crown and Company Pension Plan
Statement of Accumulated Plan Benefits
January 1, 2016

Actuarial present value of accumulated plan benefits

Vested benefits	
Participants currently receiving benefits	\$ 39,584,554
Other participants	<u>26,420,301</u>
Total	66,004,855
Nonvested benefits	<u>239,253</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 66,244,108</u></u>

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

Henry Crown and Company Pension Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended January 1, 2016

Actuarial present value of accumulated plan benefits	
January 1, 2015	\$ 64,814,831
Increase (decrease) during the year	
Benefits paid	(4,557,749)
Increase for interest due to a decrease in the discount rate	4,675,954
Benefits accumulated and losses	<u>1,311,072</u>
Net increase	1,429,277
Actuarial present value of accumulated plan benefits	
January 1, 2016	<u><u>\$ 66,244,108</u></u>

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

Henry Crown and Company Pension Plan

Notes to Financial Statements

December 31, 2016 and 2015

1. Description of the Plan

The following description provides general information on the provisions of the Henry Crown and Company Pension Plan (the “Plan”), a multiple-employer plan, sponsored by Henry Crown and Company, (the “Company”). On January 1, 2002, Henry Crown and Company merged into CC Industries, Inc. and CC Industries, Inc. changed its name to Henry Crown and Company. Effective December 31, 2003, the CC Industries and Affiliates Hourly Service Pension Plan was merged into the CC Industries and Affiliates Career Average Pension Plan and the Plan was renamed the Henry Crown and Company Pension Plan.

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, 1985, and was last amended and restated effective January 1, 2012, to comply with law changes.

The Plan is a noncontributory, defined benefit plan currently covering salaried employees of the Company and Longview Asset Management, LLC (each as “Employer”).

The Plan also provides benefits to participants of the Company’s discontinued or sold operations:

- Petroleum and marine operations
- CHF Industries, Inc. and its Aberdeen, Cameo and Joanna Divisions
- American Envelope Company and its various divisions
- Woodard, LLC

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 Employers make 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.

Henry Crown and Company Pension Plan

Notes to Financial Statements

December 31, 2016 and 2015

Description of the Plan – Continued

Principal Benefit Provisions

Salaried Employees

The monthly retirement benefit payable on a participant's normal retirement date for all eligible participants of businesses currently participating in the Plan is one-twelfth (1/12) of the sum of the following amounts determined for each year of credited service:

Plan Years 1985 Through 1988		Plan Years After 1988
(a)	(b)	(c)
1.5%	2.5%	1.5%

- Percentage of the participant's compensation (as defined) that is not in excess of the Social Security taxable wage base for the year, plus
- Percentage of the participant's compensation (as defined) that is in excess of the Social Security taxable wage base for the year
- Percentage of the participant's compensation (as defined) for the year

Hourly Employees

The monthly retirement benefit payable on a participant's normal retirement date is one-twelfth (1/12) of the benefit level times the years of credited service earned in the following periods:

Period	Benefit Level
1987-1999	\$ 120
2000	144
2001	168
After 2001	180

Vesting

Participants become fully vested upon the completion of five years of service.

Retirement Benefit Options

The Plan provides for normal retirement benefits to begin on the first day of the month on or after the participant's 65th birthday, with various options for early retirement or late retirement, death or long-term disability. 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.

Participants may also elect one of the following options:

Straight Life Annuity - Under this option, benefits are paid only during the life of the participant.

Henry Crown and Company Pension Plan

Notes to Financial Statements

December 31, 2016 and 2015

Description of the Plan - Continued

Five- or Ten-Year Certain Life Annuity - Under this option, benefits are paid in the form of a lifetime benefit; however, if the participant dies before 60 or 120 monthly payments have been made, depending on the term elected, payments will continue to a beneficiary until a total of 60 or 120 payments have been made.

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 who were employed by the discontinued CHF Industries, Inc. - Aberdeen Division may elect a lump-sum distribution of their accrued benefits earned prior to January 1, 1985.

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

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

Administrative Expenses and Investment Management Fees

Expenses of administration 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.

Henry Crown and Company Pension Plan

Notes to Financial Statements

December 31, 2016 and 2015

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements 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 the 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. Actual results could differ from those estimates.

Subsequent Events

Events or transactions occurring after the period end through September 18, 2017, the date that the financial statements were available to be issued, have been evaluated in the preparation of the financial statements.

Valuation of Investments and Income Recognition

Investments are stated 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.

Henry Crown and Company Pension Plan

Notes to Financial Statements

December 31, 2016 and 2015

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

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

Significant actuarial assumptions used in the valuations as of January 1 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.	Mercer Modified RP 2014 employee/retiree tables and Mercer Modified MP 2014 projection scale.
Retirement age	All participants are assumed to retire between the ages of 55 and 68, with varying rates of retirement to reflect current practices.	All participants are assumed to retire between the ages of 55 and 68, with varying rates of retirement to reflect current practices.

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.

Henry Crown and Company Pension Plan

Notes to Financial Statements

December 31, 2016 and 2015

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)	\$ 15,695,300	Daily	None
Silchester	(b)	20,545,260	30 days	30 days
December 31, 2015		Fair Value	Redemption Frequency	Redemption Notice Period
Northern Trust STIF	(a)	\$ 6,292,116	Daily	None
Silchester	(b)	7,778,378	30 days	30 days

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

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

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.

Henry Crown and Company Pension Plan

Notes to Financial Statements

December 31, 2016 and 2015

Fair Value - Continued

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 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.

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

	Level 1	Level 2	Level 3	Total
Common stocks	\$ 88,608,585	\$ -	\$ -	\$ 88,608,585
Common and collective trusts	-	36,240,560	-	36,240,560
Corporate bonds	-	250,413	-	250,413
Total assets at fair value	<u>\$ 88,608,585</u>	<u>\$ 36,490,973</u>	<u>\$ -</u>	<u>\$ 125,099,558</u>

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

	Level 1	Level 2	Level 3	Total
Common stocks	\$ 99,916,415	\$ -	\$ -	\$ 99,916,415
Common and collective trusts	-	14,070,494	-	14,070,494
Total assets at fair value	<u>\$ 99,916,415</u>	<u>\$ 14,070,494</u>	<u>\$ -</u>	<u>\$ 113,986,909</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 level 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.

Henry Crown and Company Pension Plan

Notes to Financial Statements

December 31, 2016 and 2015

6. Information Certified by the 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, notes to the financial statements and supplemental schedules is complete and accurate:

- Investments (except for third party information related to Silchester amounting to \$20,545,260 and \$7,778,378 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 \$766,882 and \$102,306 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.

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 in a letter dated February 12, 2014, that the Plan as amended and restated effective January 1, 2012, is designed in accordance with the applicable sections of the Internal Revenue Code ("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.

Henry Crown and Company Pension Plan

Notes to Financial Statements

December 31, 2016 and 2015

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 that such 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

Henry Crown and Company Pension Plan
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	\$ 108,912	\$ 143,295
	AerCap Holdings, N.V.	Common Stock	196,982	200,851
	Aetna, Inc.	Common Stock	341,798	395,468
	AFLAC, Inc.	Common Stock	338,685	343,407
	Agilent Technologies, Inc.	Common Stock	791,995	822,449
	Alibaba Group Holding Limited	Common Stock	899,807	798,281
	Alphabet, Inc.	Common Stock	3,563,211	3,728,673
	American International Group, Inc.	Common Stock	2,048,801	3,461,430
	Ameriprise Financial, Inc.	Common Stock	335,889	426,786
	Anthem, Inc.	Common Stock	347,230	413,195
	Aon plc	Common Stock	2,223,403	3,011,310
	Arris International plc	Common Stock	102,308	113,078
	Ashland Global Holdings, Inc.	Common Stock	188,910	185,793
	Assurant, Inc.	Common Stock	123,271	143,840
	Avis Budget Group, Inc.	Common Stock	76,158	85,685
	Baxter International, Inc.	Common Stock	2,679,299	2,948,610
	Berkshire Hathaway, Inc.	Common Stock	865,276	960,767
	Bio-Techne Corporation	Common Stock	499,643	507,055
	Blackrock, Inc.	Common Stock	2,090,892	2,796,969
	Bristol-Myers Squibb Company	Common Stock	187,673	216,228
	Broadcom Limited	Common Stock	345,137	353,363
	Brookfield Infrastructure Partners, L.P.	Common Stock	380,103	388,252
	Carmax, Inc.	Common Stock	2,025,392	3,000,574
	Caterpillar, Inc.	Common Stock	2,296,961	2,689,460
	CBRE Group, Inc.	Common Stock	1,670,971	1,983,870
	CDW Corporation	Common Stock	2,239,912	2,708,680
	Celanese Corporation	Common Stock	267,085	289,763
	Celgene Corporation	Common Stock	170,454	190,987
	C. H. Robinson Worldwide, Inc.	Common Stock	793,138	843,076
	Charter Communications, Inc.	Common Stock	3,048,457	3,800,544
	Comcast Corporation	Common Stock	337,270	379,154
	Commscope Holding Company, Inc.	Common Stock	2,165,578	2,639,675
	Conagra Brands, Inc.	Common Stock	136,370	156,223
	Corning, Inc.	Common Stock	338,338	362,691
	Crown Castle International Corporation	Common Stock	1,115,162	1,059,722
	Cummins, Inc.	Common Stock	2,283,615	2,610,397
	CVS Health Corporation	Common Stock	183,590	173,602
	Danaher Corporation	Common Stock	1,823,860	1,812,193
	DaVita, Inc.	Common Stock	185,387	205,440
	Dentsply Sirona, Inc.	Common Stock	189,582	178,963
	Eaton Corporation plc	Common Stock	338,974	372,953
	eBay, Inc.	Common Stock	255,070	252,365
	EOG Resources, Inc.	Common Stock	335,698	374,171
	Expeditors International of Washington	Common Stock	571,647	586,532
	Fortive Corporation	Common Stock	464,896	490,875
	Franklin Resources, Inc.	Common Stock	830,121	971,293
	General Motors Company	Common Stock	3,011,835	3,501,420
	Gilead Sciences, Inc.	Common Stock	254,677	250,635
	Goldman Sachs Group, Inc.	Common Stock	1,186,187	1,795,875
	Goodyear Tire & Rubber Company	Common Stock	188,526	206,922
	HCA Holdings, Inc.	Common Stock	3,190,990	3,182,860
	Hertz Global Holdings, Inc.	Common Stock	71,855	47,087

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.

Henry Crown and Company Pension Plan
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	352,810	355,871
	Johnson Controls International plc	Common Stock	338,129	336,852
	J P Morgan Chase and Company	Common Stock	1,598,690	3,624,180
	Kroger Company	Common Stock	256,193	258,825
	Kuehne & Nagel International AG	Common Stock	668,303	642,176
	Liberty Interactive Corporation	Common Stock	294,343	317,682
	Lincoln National Corporation	Common Stock	291,621	396,361
	Microsemi Corporation	Common Stock	122,783	157,053
	National Oilwell Varco, Inc.	Common Stock	948,011	1,109,647
	NCR Corporation	Common Stock	112,780	129,792
	NextEra Energy, Inc.	Common Stock	176,971	179,190
	Norfolk Southern Corporation	Common Stock	189,889	189,122
	Owens Illinois, Inc.	Common Stock	78,328	72,269
	PVH Corporation	Common Stock	187,875	157,920
	Quintiles IMS Holdings, Inc.	Common Stock	1,984,010	2,205,450
	Raytheon Company	Common Stock	193,668	191,700
	SBA Communications Corporation	Common Stock	150,738	154,890
	Stericycle, Inc.	Common Stock	241,263	238,824
	Suncor Energy, Inc.	Common Stock	337,946	367,926
	Symantec Corporation	Common Stock	338,109	319,624
	TE Connectivity Ltd.	Common Stock	346,713	369,401
	Tenneco, Inc.	Common Stock	78,614	91,081
	Thermo Fisher Scientific, Inc.	Common Stock	2,531,527	2,446,674
	Tiffany & Company	Common Stock	2,645,952	2,903,625
	Tractor Supply Company	Common Stock	254,384	250,173
	Tribune Media Company	Common Stock	3,699,647	2,273,700
	U S Bancorp	Common Stock	258,694	256,850
	Waters Corporation	Common Stock	965,692	938,042
	WEC Energy Group, Inc.	Common Stock	182,210	181,815
	Wells Fargo and Company	Common Stock	2,389,450	4,160,805
	Wesco Aircraft Holdings, Inc.	Common Stock	184,461	186,875
	Western Digital Corporation	Common Stock	338,563	400,565
	Western Union Company	Common Stock	253,963	272,325
	WEX, Inc.	Common Stock	248,508	251,100
	Whirlpool Corporation	Common Stock	293,916	350,634
	Whole Foods Market, Inc.	Common Stock	188,318	203,016
	Willis Towers Watson plc	Common Stock	337,034	331,868
	Wolseley plc	Common Stock	601,599	705,344
	Wyndam Worldwide Corporation	Common Stock	190,075	198,562
	Zoetis, Inc.	Common Stock	806,504	867,989
	Total common stocks		76,365,265	88,608,585
	Common and collective trusts			
*	Northern Trust STIF	Common and Collective Trust	15,695,300	15,695,300
	Silchester Int'l Value Equity Grp Trust	Common and Collective Trust	16,358,765	20,545,260
	Total common and collective trusts		32,054,065	36,240,560
	Corporate bonds			
	Prime Security Services	Corporate Bond	247,538	250,413
	Total investments		<u>\$ 108,666,868</u>	<u>\$ 125,099,558</u>

* 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.**

Henry Crown and Company Pension Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2016

Schedule II

(a)	Identity of party involved/description of investment (b)	Number of transactions	Purchase price (c)	Selling price (d)	Cost of asset (g)	Current value of asset on transaction date (h)	Net gain/ (loss) (i)
	Series of Transactions						
	Alphabet, Inc.	6	\$ 5,535,183	\$ -	\$ 5,535,183	\$ 5,535,183	\$ -
	Alphabet, Inc.	1	-	2,398,510	2,155,273	2,398,510	243,237
	Applied Materials, Inc.	17	-	6,452,169	4,025,650	6,452,169	2,426,519
	Baxter International, Inc.	23	4,158,067	-	4,158,067	4,158,067	-
	Baxter International, Inc.	1	-	1,877,489	1,478,767	1,877,489	398,722
	Goldman Sachs Grp, Inc.	10	4,880,634	-	4,880,634	4,880,634	-
	Goldman Sachs Grp, Inc.	7	-	4,716,186	3,821,990	4,716,186	894,196
	HCA Holdings, Inc.	23	4,759,174	-	4,759,174	4,759,174	-
	HCA Holdings, Inc.	1	-	1,720,795	1,568,184	1,720,495	152,611
	Microsoft Corporation	27	-	6,994,407	5,233,906	6,994,407	1,760,501
*	Northern Trust STIF	269	104,485,997	-	104,485,997	104,485,997	-
*	Northern Trust STIF	165	-	97,742,158	97,742,158	97,742,158	-
	Silchester Int'l Eq Gr Tr	1	12,000,000	-	12,000,000	12,000,000	-
	Silchester Int'l Eq Gr Tr	12	-	99,484	64,017	99,484	35,467

* 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 (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>HENRY CROWN AND COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>101</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HENRY CROWN AND COMPANY</u>	D Employer Identification Number (EIN) <u>36-2123962</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>114,072,331</u>
b Actuarial value		2b	<u>114,072,331</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>1,594</u>	<u>41,316,600</u>	<u>41,316,600</u>
b For terminated vested participants	<u>510</u>	<u>14,822,751</u>	<u>14,822,751</u>
c For active participants	<u>204</u>	<u>15,454,562</u>	<u>15,727,612</u>
d Total	<u>2,308</u>	<u>71,593,913</u>	<u>71,866,963</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>6.11%</u>	
6 Target normal cost	6	<u>1,807,283</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>Bjm</u> Signature of actuary	<u>8/17/17</u> Date
<u>BONNIE J. MARR</u> Type or print name of actuary		<u>1704072</u> Most recent enrollment number
<u>MERCER</u> Firm name		<u>312-917-9900</u> Telephone number (including area code)
<u>155 NORTH 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)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u> - 8.51% </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)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u> 6.30% </u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	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	158.72%
15 Adjusted funding target attainment percentage.....	15	158.72%
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	188.39%
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

(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
Totals ▶			18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?.....	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year

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

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 64
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	1,807,283										
b Excess assets, if applicable, but not greater than line 31a	31b	1,807,283										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement												
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	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
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 64.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	4.00%	10,000	400	22,000
56	4.00%	9,600	384	21,504
57	4.00%	9,216	369	21,033
58	4.00%	8,847	354	20,532
59	4.00%	8,493	340	20,060
60	4.00%	8,153	326	19,560
61	4.00%	7,827	313	19,093
62	4.00%	7,514	301	18,662
63	4.00%	7,213	289	18,207
64	4.00%	6,924	277	17,728
65	25.00%	6,647	1,662	108,030
66	25.00%	4,985	1,246	82,236
67	25.00%	3,739	935	62,645
68	100.00%	2,804	2,804	190,672
69	0	0	0	0
70	0	0	0	0
Total Average			10,000	641,962 64.20

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
-------------------------------------	---

Other economic assumptions

• Salary increases	Attained Age	Salary Increases
	20	8.50%
	25	8.50%
	30	7.50%
	35	7.00%
	40	6.00%
	45	5.00%
	50	5.00%
	55	4.00%
	60	4.00%
• Flat-dollar benefit increases	N/A	
• Social Security wage base	N/A	
• Inflation	2.50% per year	
• Expenses	\$450,000 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, 2003 to January 1, 2010, adjusted to reflect management's expectations for wage changes in the future. An experience study in 2014 found that salary experience was in line with expectations so the salary scale was not changed.
- 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.
- Discount rate- The discount rate is prescribed by the plan sponsor through an election from allowable alternatives under IRS regulations.

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

Demographic assumptions			
• Withdrawal	See table of sample rates.		
• Retirement age	Attained age	Percentage	
	55-64	4%	
	65-67	25%	
	68	100%	
• Benefit commencement age for			
— Future vested deferred	65		
— Current vested deferred	65		
• Spouse assumptions	Male participants	Female participants	
— Percentage married	100%	100%	
— Spouse age difference	3 years younger	3 years older	
Form of payment	Lump sum	Single life	50% J&S
• Active retirements	0%	0%	100%
• Future vested deferred	0%	0%	100%
• Future deaths	0%	0%	100%
• Current vested deferred	0%	0%	100%
Unpredictable contingent event assumptions	Not Applicable		
Valuation Pay	Valuation pay for 2016 is equal to [(a) + (b) + (c)] multiplied by the salary scale: (a) 2015 base compensation; (b) actual bonus during 2015; and (c) an assumed incentive bonus equal to an individual's target incentive percentage multiplied by their base compensation for 2015.		

Table of Sample Rates

Attained age	Percentage	
	Withdrawal	
	Less than or equal to 3 years of service(Select)	Greater than 3 years of service (Ultimate)
20	15.00%	17.85%
25	15.00%	17.85%
30	15.00%	12.02%
35	15.00%	8.47%
40	15.00%	6.41%
45	15.00%	5.41%
50	15.00%	4.93%
55	15.00%	3.24%
60	15.00%	3.24%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**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 2010. An experience study in 2014 found that withdrawal experience was in line with expectations so the withdrawal decrement was not changed.
- Retirement age – The retirement rates are based on an experience study undertaken in 2010. An experience study in 2014 found that retirement age experience was in line with expectations so the retirement decrement was not changed.
- Benefit commencement age – The benefit commencement age is based on an experience study undertaken in 2010. An experience study in 2014 found that the benefit commencement age experience was in line with expectations so the commencement age was not changed.

Actuarial Methods for Funding***Asset Method – 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.

Minimum Funding Methods – Effective January 1, 2008

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.
- 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 24 — Change in Actuarial Assumptions

- The expense component of normal cost increased from \$421,000 to \$450,000 to reflect our expectations for the current plan year.

Schedule SB, Part V — Summary of Plan Provisions**Summary of Major Plan Provisions****A. Salaried Employees – See Section B for plan provisions for Hourly Employees**

Effective date and plan year	Original plan: January 1, 1985 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													
• Covered employees	The plan covers the salaried employees of the participating Employing Units.												
• Participation	Employees begin participation on the January 1 or July 1 following the completion of one year of service and the attainment of age 21. Employees who satisfied these requirements on January 1, 1985 participated as of that date. Employees eligible to participate on January 1, 1985 who had at least 25 years of service as of that date could irrevocably elect not to participate by filing such an election with the Plan Administrator on or before March 1, 1985. Aurora Venture became an Employing Unit of the plan during 1988, and employees satisfying the eligibility requirements on January 1, 1986 receive benefit accruals starting on that date. The Salisbury North Carolina plant of Woodard became an Employing Unit of the plan during 1997.												
• Year of participation with an employing unit	A year of participation with an Employing Unit is a plan year during which the employee has at least 1,000 hours of service (870 hours of service for the Joanna division). Appropriate adjustments are made if a Company becomes an Employing Unit during the plan year. The current Employing Units and the date they became Employing Units for benefit accrual purposes, are as follows:												
<table> <tr> <th>Employing Units</th><th>Effective Date</th></tr> <tr> <td>CC Industries, Inc.</td><td>1/1/85</td></tr> <tr> <td>Henry Crown and Company</td><td>1/1/85</td></tr> <tr> <td>Woodard</td><td>1/1/85</td></tr> <tr> <td>Aurora Venture</td><td>1/1/85</td></tr> <tr> <td>Woodard Salisbury</td><td>1/1/99</td></tr> </table>		Employing Units	Effective Date	CC Industries, Inc.	1/1/85	Henry Crown and Company	1/1/85	Woodard	1/1/85	Aurora Venture	1/1/85	Woodard Salisbury	1/1/99
Employing Units	Effective Date												
CC Industries, Inc.	1/1/85												
Henry Crown and Company	1/1/85												
Woodard	1/1/85												
Aurora Venture	1/1/85												
Woodard Salisbury	1/1/99												
• Pensionable earnings	Earnings for actual hours worked while an active participant (including bonuses) plus elective, pre tax contributions to a 401(k) plan and short term disability payments.												

Schedule SB, Part V — Summary of Plan Provisions

• Hours of service	An employee who renders 500 or fewer hours of service with a member of the Affiliated Group in a calendar year will have a "break in service." If he renders more than 500 but less than 1,000 hours of service in a year, he will not have a break in service, but the year will not count for eligibility or vesting purposes. If he renders 1,000 or more hours of service in a year, such year will be credited for eligibility and vesting purposes. Service while receiving long term disability payments will be considered as service for vesting purposes.
• Employee Contributions	None.
Normal retirement	
• Eligibility	The first day of the month coincident with or next following the employee's 65th birthday.
• Benefit	Amount of Monthly Life Only Pension <i>For service prior to January 1, 1989</i> For each year of participation with an Employing Unit an employee is credited with one twelfth of the sum of (i) 1.50% of earnings not in excess of the taxable wage base for such year and (ii) 2.50% of any excess of such earnings over the taxable wage base for such year. <i>For service after December 31, 1988</i> For each year of participation with an Employing Unit an employee will be credited with one twelfth of 1.50% of his earnings during such year.
Early retirement	
• Eligibility	Completion of 5 years of service and attainment of age 55.
• Benefit	An employee who retires early may elect either 1. or 2. 1. A deferred retirement income to begin at Normal Retirement Date equal to the total benefits accrued to actual retirement date, or 2. An immediate retirement income to begin at Early Retirement Date equal to total accrued benefits, reduced by 1/2% for each month that payment commencement date precedes Normal Retirement Date.
Late retirement	
• Eligibility	First of month coinciding with or next following separation from service after the Normal Retirement date.
• Benefit	Benefits continue to accrue until the date of actual retirement.
Deferred vested	
• Eligibility	Completion of 5 years of service or attainment of age 65.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Pension commencing on the Normal Retirement Date: An amount computed in the same manner as for early retirement.
	Early commencement: A participant with a right to a deferred vested pension commencing on his Normal Retirement Date may elect early commencement of a pension on the first day of any month following attainment of age 55. The pension will be equal to his vested benefit, reduced by 1/2% for each month that his payment commencement date precedes his Normal Retirement Date.
Disability	
• Eligibility	Termination of active employment on or after January 1, 2003 by a Salaried Employee who is eligible for benefits under a long term disability program established by the employer.
• Benefit	The period of time that an eligible disabled participant is receiving long term disability benefits is included in determining vesting service and for a participant who becomes disabled after January 1, 2003, in credited service.
Death	
• Pre-retirement surviving spouse's benefit	<p>Eligibility</p> <p>Vested and married on the date of death. This provision is applicable to vested active, transferred, and terminated participants.</p> <p>Amount</p> <p>The benefit payable to the spouse at the death of the participant is a lifetime annuity commencing at the time the participant would have attained age 55 had he survived (or immediately, if he is at least age 55 at the time of his death). The monthly amount so payable is equal to 50% of the monthly retirement income which the participant would have received had he separated from service on the date of his death, survived to age 55 (if then under age 55), and commenced receiving benefits under the 50% Contingent Annuity Option. The spouse may elect immediate commencement of the benefit, if deferred, or elect deferral of its commencement, if the benefit is payable immediately and has a lump sum value of \$5,000 or more. In such event the benefit payable will be the actuarial equivalent of the benefit otherwise payable.</p> <p>If the spouse of a participant receiving or entitled to a benefit under this provision dies, and there are children of the participant under the age of 18, the benefit shall continue (or commence, if the spouse was not receiving a benefit on the date of her death) to each such child for a period of 5 years or, if the child was under the age of 16 on the spouse's date of death, until the attainment of age 21. Each child shall receive an equal share of the actuarial value of the benefit the spouse was receiving or entitled to receive. The benefit payable to each child shall be the actuarial equivalent of his share.</p>

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> Death benefits for unmarried participants with dependents 	<p>Eligibility</p> <p>Vested, unmarried at the date of death, and having children under age 18 or other dependents so designated by the participant to receive this benefit on a form provided by the Plan Administrator.</p> <p>Amount</p> <p>Each dependent shall receive an equal share, or share designated by the participant, of the actuarial value of the benefit that would have been payable to the spouse, if there was such a spouse. For the purposes of determining the actuarial value of this benefit the spouse's age is assumed to be the same as the participant's. The benefit shall be payable to each child for a period of 5 years or, if the dependent was under the age of 16 on the participant's date of death, until the attainment of age 21. The benefit payable shall be the actuarial equivalent of each dependent's share.</p>
<ul style="list-style-type: none"> Death benefits for unmarried participants without dependents 	<p>Eligibility</p> <p>Vested, attainment of age 55 but not age 65, unmarried at the date of death and having no dependents on the date of death.</p> <p>Amount</p> <p>Each parent or lineal descendent so designated by the participant on a form provided by the Plan Administrator shall receive an equal share, or share designated by the participant, of the actuarial value of the benefit that would have been payable to the spouse, if there was such a spouse. For purposes of determining the actuarial value of this benefit the spouse's age is assumed to be the same as the participant's. The benefit shall be payable to each designated beneficiary for a period of 5 years or, if the designated beneficiary was under the age of 16 on the participant's date of death, until the attainment of age 21. The benefit payable shall be the actuarial equivalent of each designated beneficiary's share.</p>
Form of benefits	
<ul style="list-style-type: none"> Automatic form for unmarried participants 	Life Only Annuity.
<ul style="list-style-type: none"> Automatic form for married participants 	50% Contingent Annuity, actuarially equivalent to the Life Only Annuity which would have been payable had the participant been unmarried.
<ul style="list-style-type: none"> Optional forms 	<p>100%, 75% or 50% Contingent Annuity.</p> <p>Life Only Annuity (optional for married participants).</p> <p>5 or 10 years Certain and Life Annuity.</p>

Schedule SB, Part V — Summary of Plan Provisions

- Optional form conversion factors

Lump-Sum Payouts for Small Benefits

Lump-sum payout for small benefits consist of lump-sum payout amounts under \$5,000

Interest

The applicable interest rate prescribed in Code Section 417(e)(3)(C).

Mortality

The applicable mortality table prescribed in Code Section 417(e)(3)(B).

All Other Benefit Forms**Interest**

7%

Mortality

RP 2000 (unisex) projected to 2015 with white collar adjustment Mortality Table with no age adjustment for employees and a three year age reduction for spouses.

Miscellaneous

- | | |
|--|--|
| <ul style="list-style-type: none"> 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. |
| <ul style="list-style-type: none"> 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. |

Schedule SB, Part V — Summary of Plan Provisions**B. Hourly Employees – See Section A for plan provisions for Salaried Employees**

Effective date and plan year	Original plan: January 1, 1976 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. There are currently no active hourly employees in the plan.
Significant events that occurred during the year	None

Definitions

• Covered employees	The plan covers the hourly employees of the participating Employing Units.
• Participation	Employees begin participation on the first day of the calendar month following the completion of one year of service and the attainment of age 21. Each participant in the Joanna Plan on March 26, 1987 became participants in this plan on March 27, 1987. Employees of Woodard Maxton and Salisbury became participants in this plan effective January 1, 2000.
• Year of participation with an employing unit	A year of participation with an Employing Unit is a plan year during which the employee has at least 1,000 hours of service (870 hours of service for the Joanna division). Appropriate adjustments are made if a Company becomes an Employing Unit during the plan year. The current Employing Units and the date they became Employing Units for benefit accrual purposes, are as follows:

Employing Units	Effective Date
Aberdeen Manufacturing Corporation Kaufman, Texas Plant Conway, South Carolina Plant Tabor City, North Carolina Plant	1/1/1987
Woodard Lee L. Woodard Division Owosso, Michigan Plant	1/1/1987
CHF Industries, Inc. - Joanna Division Clinton, South Carolina Plant Joanna, South Carolina Plant	3/27/1987
Woodard Maxton, North Carolina Plant Salisbury, North Carolina Plant	1/1/2000

Schedule SB, Part V — Summary of Plan Provisions

• Hours of service	An employee who renders 500 or fewer hours of service in a calendar year will have a "break in service." If he renders more than 500 but less than 1,000 hours of service in a year, he will not have a break in service, but the year will not count for eligibility or vesting purposes. If he renders 1,000 or more hours of service in a year, such year will be credited for eligibility and vesting purposes. Service while receiving long term disability payments will be considered as service for vesting purposes. A participant will be credited for credited service if he renders 1,000 or more hours of service in a year.
• Employee contributions	None.
Normal retirement	
• Eligibility	The attainment of age 65.
• Benefit	<ol style="list-style-type: none"> 1. \$10.00 times Years of Credited Service prior to January 1, 2000. 2. \$12.00 times Years of Credited Service after January 1, 2000 and prior to January 1, 2001. 3. \$14.00 times Years of Credited Service after January 1, 2001 and prior to January 1, 2002. 4. \$15.00 times Years of Credited Service after January 1, 2002.
Early retirement	
• Eligibility	Completion of 5 years of service and attainment of age 55.
• Benefit	<p>An employee who retires early may elect either 1) or 2):</p> <ol style="list-style-type: none"> 1) A deferred retirement income to begin at Normal Retirement Date equal to the total benefits accrued to actual retirement date, or 2) An immediate retirement income to begin at Early Retirement Date equal to total accrued benefits, reduced by ½% for each month that payment commencement date precedes Normal Retirement Date.
Late retirement	
• Eligibility	First of month coinciding with or next following separation from service after the Normal Retirement Date.
• Benefit	Benefits continue to accrue until the date of actual retirement.
Deferred vested	
• Eligibility	Completion of 5 Years of Service or attainment of age 65.
• Benefit	<p>Pension commencing on the Normal Retirement Date: An amount computed in the same manner as for early retirement.</p> <p>Early commencement: A participant with a right to a deferred vested pension commencing on his Normal Retirement Date may elect early commencement of a pension on the first day of any month following attainment of age 55. The pension will be equal to his vested benefit, reduced by 1/2% for each month that his payment commencement date precedes his Normal Retirement Date.</p>

Schedule SB, Part V — Summary of Plan Provisions

Death	
<ul style="list-style-type: none"> Pre-retirement Surviving Spouse's Benefit 	Eligibility Vested and married on the date of death. This provision is applicable to vested active, transferred, and terminated participants.
	Amount The benefit payable to the spouse at the death of the participant is a lifetime annuity commencing at the time the participant would have attained age 55 had he survived (or immediately, if he is at least age 55 at the time of his death). The monthly amount so payable is equal to 50% of the monthly retirement income which the participant would have received had he separated from service on the date of his death, survived to age 55 (if then under age 55), and commenced receiving benefits under the 50% Contingent Annuity Option. The spouse may elect immediate commencement of the benefit, if deferred, or elect deferral of its commencement, if the benefit is payable immediately and has a lump sum value of \$5,000 or more. In such event the benefit payable will be the actuarial equivalent of the benefit otherwise payable.
Form of benefits	
<ul style="list-style-type: none"> Automatic form for unmarried participants 	Life Only Annuity.
<ul style="list-style-type: none"> Automatic form for married participants 	50% Contingent Annuity, actuarially equivalent to the Life Only annuity which would have been payable and the participant been unmarried.
<ul style="list-style-type: none"> Optional forms 	100%, 75% or 50% Contingent Annuity. Life Only annuity (optional for married participants). 5 or 10 years Certain and Life Annuity.

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> Optional form conversion factors 	<p>Lump-Sum Payouts for Small Benefits</p> <p>Lump-sum payouts for small benefits consist of lump-sum payout amounts under \$5,000.</p> <p>Interest</p> <p>The applicable interest rate prescribed in Code Section 417(e)(3)(C).</p> <p>Mortality</p> <p>The applicable mortality table prescribed in Code Section 417(e)(3)(B).</p> <p>The lump-sum payout amount is determined assuming the commencement of the benefit at age 65, or, if older, upon immediate commencement.</p> <p>All Other Benefit Forms</p> <p>Interest</p> <p>7%</p> <p>Mortality</p> <p>RP 2000 (unisex) projected to 2015 with white collar adjustment Mortality Table with no age adjustment for employees and a three year age reduction for spouses.</p>
Miscellaneous	
<ul style="list-style-type: none"> Sale of Division 	<p>CHF Industries was sold February 25, 1995. All CHF employees were vested in their accrued benefits at that time. Service after the sale date does not count as plan participation for benefit accrual purposes.</p>
<ul style="list-style-type: none"> Maximum benefits 	<p>Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2016, the limit is \$210,000.</p>

Schedule SB, Part V — Summary of 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, 2012, and last amended on July 8, 2014.
- **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 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 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.
- **Shutdown benefits:** We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.

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.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan Provision Changes Since Prior Valuation

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

Henry Crown and Company Pension Plan

EIN: 36-2123962; Plan # 101

Plan Year Ending: December 31, 2016

Schedule H, Part IV, Line 4(j) –
Schedule of Transactions in Excess of 5% of Plan Assets

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
COLTV SHORT TERM INVT FD CUSIP: 195998AC3	44,114,872.520	25 Oct 16	1.0000			0.00	44,114,872.52	44,114,872.52	0.00
COLTV SHORT TERM INVT FD CUSIP: 195998AC3	8,250,000.000	1 Nov 16	1.0000			0.00	8,250,000.00	8,250,000.00	0.00
COLTV SHORT TERM INVT FD CUSIP: 195998AC3	12,500,000.000	1 Nov 16	1.0000			0.00	12,500,000.00	12,500,000.00	0.00
COLTV SHORT TERM INVT FD CUSIP: 195998AC3	-17,456,080.000	31 Oct 16		1.0000		0.00	17,456,080.00	17,456,080.00	0.00
COLTV SHORT TERM INVT FD CUSIP: 195998AC3	-12,000,000.000	1 Nov 16		1.0000		0.00	12,000,000.00	12,000,000.00	0.00
COLTV SHORT TERM INVT FD CUSIP: 195998AC3	-21,400,000.000	1 Nov 16		1.0000		0.00	21,400,000.00	21,400,000.00	0.00
COLTV SHORT TERM INVT FD CUSIP: 195998AC3	-8,214,203.770	7 Nov 16		1.0000		0.00	8,214,203.77	8,214,203.77	0.00
Value of Interest in Common/Collective Trusts									
International Region - USD									
CF SILCHESTER INTL INVS INTL VALUE EQUITY GR TR FD 826852 CUSIP: 817994CF1	111,752.790	1 Nov 16	107.3790			0.00	12,000,000.00	12,000,000.00	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2015-12-31 VALUE (INCLUDING ACCRUALS) OF 114,126,152.56

◆ 5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2015-12-31 VALUE (INCLUDING ACCRUALS) OF 114,126,152.56

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate Acquisition Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
ALPHABET INC CAP STK CL C CAP STK CL C CUSIP: 02079K107	Total acquisitions	6	5,535,182.84		0.00	5,535,182.84	5,535,182.84
	Total dispositions	1			0.00	2,155,273.32	2,398,510.40
APPLIED MATERIALS INC COM CUSIP: 038222105	Total dispositions	17			0.00	4,025,649.63	6,452,168.83
BAXTER INTL INC COM CUSIP: 071813109	Total acquisitions	23	4,158,067.05		0.00	4,158,067.05	4,158,067.05
	Total dispositions	1			0.00	1,478,767.66	1,877,489.24
CF SILCHESTER INTL INVS INTL VALUE EQUITY GR TR FD 826852 CUSIP: 817994CF1	Total acquisitions	1	12,000,000.00		0.00	12,000,000.00	12,000,000.00
	Total dispositions	12			0.00	64,017.03	99,484.00
COLTV SHORT TERM INVT FD CUSIP: 195998AC3	Total acquisitions	269	104,485,996.64		0.00	104,485,996.64	104,485,996.64
	Total dispositions	165			0.00	97,742,158.06	97,742,158.06
GOLDMAN SACHS GROUP INC COM CUSIP: 38141G104	Total acquisitions	10	4,880,634.30		0.00	4,880,634.30	4,880,634.30
	Total dispositions	7			0.00	3,821,989.50	4,716,185.58
HCA HLDGS INC COM CUSIP: 40412C101	Total acquisitions	23	4,759,173.70		0.00	4,759,173.70	4,759,173.70
	Total dispositions	1			0.00	1,568,183.82	1,720,794.87
MICROSOFT CORP COM CUSIP: 594918104	Total dispositions	27			0.00	5,233,905.99	6,994,407.46

NOTE: TRANSACTIONS ARE BASED ON THE 2015-12-31 VALUE (INCLUDING ACCRUALS) OF 114,126,152.56

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2015-12-31 VALUE (INCLUDING ACCRUALS) OF 114,126,152.56

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

Attained age	Years of credited service										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25	2	1									3
25–29	4	10	3								17
30–34	4	9	7	1							21
35–39	2	8	12	3	3						28
40–44	3	5	3	7	5	2					25
45–49	3	5	4	5	5	3					25
50–54	1	1	4	4	7	8	4				29
55–59	1	2	6	1	4	3	5	3			25
60–64	2		3	6	3	1	1	3			19
65–69		1	3		3	1	1				9
70 & up			1		1		1				3
Total	22	42	46	27	31	18	12	6			204

In each cell, the number shown is the count of active participants for each age/service combination.

Henry Crown and Company Pension Plan

EIN: 36-2123962; Plan # 101

Plan Year Ending: December 31, 2016

Schedule H, Part IV, Line 4(i) –
Schedule of Assets (Held at End of Year)

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Non-Interest Bearing Cash - USD</i>			
USD - United States dollar	0.000	0.00	0.00
Total - all currencies		0.00	0.00
Total Non-Interest Bearing Cash - USD		0.00	0.00
<i>Receivables - Other - USD</i>			
Pending trade sales: United States dollar	0.000	17,135.00	17,135.00
Total - all currencies		17,135.00	17,135.00
Total Receivables - Other - USD		17,135.00	17,135.00
<i>Interest Bearing Cash - USD</i>			
USD - United States dollar	2,659,345.230	2,659,345.23	2,659,345.23
Total - all currencies		2,659,345.23	2,659,345.23
Total Interest Bearing Cash - USD		2,659,345.23	2,659,345.23
<i>Corporate Debt Instruments - Other</i>			
United States - USD			
PVTPL PRIME SEC SVCS BORROWER LLC/PRIME FIN 9.25% 05-15-2023 BEO CUSIP: 74166MAA4	230,000.000	247,537.50	250,412.50
Total United States - USD		247,537.50	250,412.50
Total Corporate Debt Instruments - Other		247,537.50	250,412.50

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
Canada - USD			
SUNCOR ENERGY INC NEW COM STK CUSIP: 867224107	11,255.000	337,946.01	367,925.95
Total Canada - USD		337,946.01	367,925.95
China - USD			
ADR ALIBABA GROUP HOLDING LTD SPONSORED ADS SEDOL: BP41ZD1	9,091.000	899,807.47	798,280.71
Total China - USD		899,807.47	798,280.71
Netherlands - USD			
AERCAP HOLDINGS N.V. EUR0.01 CUSIP: N00985106	4,827.000	196,982.63	200,851.47
Total Netherlands - USD		196,982.63	200,851.47
Switzerland - CHF			
KUEHNE&NAGEL INTL CHF1 (REGD) SEDOL: B142S60	4,849.000	668,302.90	642,175.83
Total Switzerland - CHF		668,302.90	642,175.83
United Kingdom - GBP			
WOLSELEY ORD GBP0.108030303 SEDOL: BFNWV48	11,504.000	601,599.53	705,344.17
Total United Kingdom - GBP		601,599.53	705,344.17
United States - USD			
#REORG/SBA COMMUNICATIONS NAME CHANGE SBA 2E14AG2 01-17-2017 CUSIP: 78388J106	1,500.000	150,737.85	154,890.00
AECOM CUSIP: 00766T100	3,941.000	108,911.90	143,294.76
AETNA INC CUSIP: 00817Y108	3,189.000	341,798.62	395,467.89
AFLAC INC COM CUSIP: 001055102	4,934.000	338,685.06	343,406.40

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
AGILENT TECHNOLOGIES INC COM SEDOL: 2520153	18,052.000	791,994.50	822,449.12
ALPHABET INC CAP STK CL C CAP STK CL C CUSIP: 02079K107	4,600.000	3,379,909.52	3,550,372.00
ALPHABET INC CL A CAP STK CL A CUSIP: 02079K305	225.000	183,301.36	178,301.25
AMERICAN INTERNATIONAL GROUP INC COM CUSIP: 026874784	53,000.000	2,048,800.79	3,461,430.00
AMERIPRISE FINL INC COM CUSIP: 03076C106	3,847.000	335,888.88	426,786.18
ANTHEM INC COM CUSIP: 036752103	2,874.000	347,230.07	413,194.98
AON PLC COM CUSIP: G0408V102	27,000.000	2,223,403.35	3,011,310.00
ARRIS INTERNATIONAL LTD COM USD0.01 CUSIP: G0551A103	3,753.000	102,307.91	113,077.89
ASHLAND GLOBAL HLDGS INC COM CUSIP: 044186104	1,700.000	188,909.78	185,793.00
ASSURANT INC COM CUSIP: 04621X108	1,549.000	123,271.44	143,840.14
AVIS BUDGET GROUP INC COM STK CUSIP: 053774105	2,336.000	76,157.80	85,684.48
BAXTER INTL INC COM CUSIP: 071813109	66,500.000	2,679,299.39	2,948,610.00
BERKSHIRE HATHAWAY INC-CL B SEDOL: 2073390	5,895.000	865,276.50	960,767.10
BIO-TECHNE CORP COM SEDOL: BSHZ3Q0	4,931.000	499,642.82	507,054.73
BLACKROCK INC COM STK CUSIP: 09247X101	7,350.000	2,090,891.65	2,796,969.00
BRISTOL MYERS SQUIBB CO COM CUSIP: 110122106	3,700.000	187,673.25	216,228.00
BROADCOM LIMITED COM NPV CUSIP: Y09827109	1,999.000	345,137.35	353,363.23
C-H ROBINSON WORLDWIDE INC COM NEW COM NEW SEDOL: 2116228	11,508.000	793,138.77	843,076.08

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
CARMAX INC COM CUSIP: 143130102	46,600.000	2,025,392.37	3,000,574.00
CATERPILLAR INC COM CUSIP: 149123101	29,000.000	2,296,961.08	2,689,460.00
CBRE GROUP INC CL A CL A CUSIP: 12504L109	63,000.000	1,670,970.82	1,983,870.00
CDW CORP COM CUSIP: 12514G108	52,000.000	2,239,912.14	2,708,680.00
CELANESE CORP DEL COM SER A STK CUSIP: 150870103	3,680.000	267,084.83	289,763.20
CELGENE CORP COM CUSIP: 151020104	1,650.000	170,453.91	190,987.50
CHARTER COMMUNICATIONS INC NEW CL A CL A CUSIP: 16119P108	13,200.000	3,048,456.98	3,800,544.00
COMCAST CORP NEW-CL A CUSIP: 20030N101	5,491.000	337,270.40	379,153.55
COMMSCOPE HLDG CO INC COM CUSIP: 20337X109	70,959.000	2,165,577.45	2,639,674.80
CONAGRA BRANDS INC COM USD5 CUSIP: 205887102	3,950.000	136,369.80	156,222.50
CORNING INC COM CUSIP: 219350105	14,944.000	338,338.14	362,690.88
CUMMINS INC CUSIP: 231021106	19,100.000	2,283,615.22	2,610,397.00
CVS HEALTH CORP COM CUSIP: 126650100	2,200.000	183,590.22	173,602.00
DANAHER CORP COM SEDOL: 2250870	23,281.000	1,823,860.19	1,812,193.04
DAVITA INC COM CUSIP: 23918K108	3,200.000	185,386.56	205,440.00
DENTSPLY SIRONA INC COM CUSIP: 24906P109	3,100.000	189,582.05	178,963.00
EATON CORP PLC COM USD0.50 CUSIP: G29183103	5,559.000	338,973.93	372,953.31
EBAY INC COM USD0.001 CUSIP: 278642103	8,500.000	255,070.55	252,365.00

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
EOG RESOURCES INC COM CUSIP: 26875P101	3,701.000	335,697.73	374,171.10
EXPEDITORS INTL WASH INC COM SEDOL: 2325507	11,075.000	571,646.56	586,532.00
FORTIVE CORP COM MON STOCK SEDOL: BYT3MK1	9,153.000	464,895.52	490,875.39
FRKLN RES INC COM SEDOL: 2350684	24,540.000	830,120.83	971,293.20
GEN MTRS CO COM CUSIP: 37045V100	100,500.000	3,011,835.23	3,501,420.00
GILEAD SCIENCES INC CUSIP: 375558103	3,500.000	254,677.50	250,635.00
GOLDMAN SACHS GROUP INC COM CUSIP: 38141G104	7,500.000	1,186,187.32	1,795,875.00
GOODYEAR TIRE & RUBBER CO COM CUSIP: 382550101	6,703.000	188,525.90	206,921.61
HCA HLDGS INC COM CUSIP: 40412C101	43,000.000	3,190,989.88	3,182,860.00
HERTZ GLOBAL HLDGS INC NEW COM CUSIP: 42806J106	2,184.000	71,855.13	47,087.04
IHS MARKIT LTD COM CUSIP: G47567105	10,050.000	352,809.90	355,870.50
JOHNSON CTLS INTL PLC COM USD0.01 CUSIP: G51502105	8,178.000	338,129.22	336,851.82
JPMORGAN CHASE & CO COM CUSIP: 46625H100	42,000.000	1,598,690.03	3,624,180.00
KROGER CO COM CUSIP: 501044101	7,500.000	256,193.25	258,825.00
LIBERTY INTERACTIVE CORPORATION QVC GROUP SER A CUSIP: 53071M104	15,900.000	294,342.39	317,682.00
LINCOLN NATL CORP COM CUSIP: 534187109	5,981.000	291,621.00	396,360.87
MICROSEMI CORP COM CUSIP: 595137100	2,910.000	122,783.38	157,052.70
NATIONAL OILWELL VARCO COM STK SEDOL: 2624486	29,638.000	948,010.74	1,109,646.72

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
NCR CORP COM CUSIP: 62886E108	3,200.000	112,780.16	129,792.00
NEXTERA ENERGY INC COM CUSIP: 65339F101	1,500.000	176,970.75	179,190.00
NORFOLK SOUTHN CORP COM CUSIP: 655844108	1,750.000	189,888.83	189,122.50
OWENS ILL INC COM NEW CUSIP: 690768403	4,151.000	78,328.13	72,268.91
PVH CORP COM USD1 CUSIP: 693656100	1,750.000	187,874.75	157,920.00
QUINTILES IMS HOLDINGS INC COM USD0.01 CUSIP: 74876Y101	29,000.000	1,984,010.09	2,205,450.00
RAYTHEON CO USD0.01 CUSIP: 755111507	1,350.000	193,668.17	191,700.00
STERICYCLE INC COM CUSIP: 858912108	3,100.000	241,262.77	238,824.00
SYMANTEC CORP COM CUSIP: 871503108	13,379.000	338,108.74	319,624.31
TE CONNECTIVITY LTD CUSIP: H84989104	5,332.000	346,712.77	369,400.96
TENNECO INC CUSIP: 880349105	1,458.000	78,614.34	91,081.26
THERMO FISHER CORP SEDOL: 2886907	17,340.000	2,531,526.93	2,446,674.00
TIFFANY & CO COM CUSIP: 886547108	37,500.000	2,645,951.88	2,903,625.00
TRACTOR SUPPLY CO COM CUSIP: 892356106	3,300.000	254,384.05	250,173.00
TRIBUNE MEDIA COMPANY CLASS A COMMON STOCK CUSIP: 896047503	65,000.000	3,699,646.89	2,273,700.00
US BANCORP CUSIP: 902973304	5,000.000	258,694.00	256,850.00
WATERS CORP COM SEDOL: 2937689	6,980.000	965,692.07	938,042.20
WEC ENERGY GROUP INC COM CUSIP: 92939U106	3,100.000	182,209.63	181,815.00

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
WELLS FARGO & CO NEW COM STK CUSIP: 949746101	75,500.000	2,389,449.77	4,160,805.00
WESCO AIRCRAFT HOLDINGS INC CUSIP: 950814103	12,500.000	184,461.25	186,875.00
WESTERN UNION CO CUSIP: 959802109	12,538.000	253,963.46	272,325.36
WESTN DIGITAL CORP COM CUSIP: 958102105	5,895.000	338,562.82	400,565.25
WEX INC COM CUSIP: 96208T104	2,250.000	248,507.78	251,100.00
WHIRLPOOL CORP COM CUSIP: 963320106	1,929.000	293,915.56	350,634.33
WHOLE FOODS MKT INC COM CUSIP: 966837106	6,600.000	188,317.80	203,016.00
WILLIS TOWERS WATSON PLC COM USD0.000115 CUSIP: G96629103	2,714.000	337,033.75	331,867.92
WYNDHAM WORLDWIDE CORP COM STK CUSIP: 98310W108	2,600.000	190,075.34	198,562.00
ZOETIS INC COM USD0.01 CL 'A' SEDOL: B95WG16	16,215.000	806,503.66	867,988.95
Total United States - USD		72,165,362.85	84,446,032.91
Total Corporate Stock - Common		74,870,001.39	87,160,611.04
<i>Partnership/Joint Venture Interests</i>			
Canada - USD			
MLP BROOKFIELD INVTS CORP BROOKFIELD PART CUSIP: G16252101	11,600.000	380,102.83	388,252.00
Total Canada - USD		380,102.83	388,252.00
Total Partnership/Joint Venture Interests		380,102.83	388,252.00

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Common/Collective Trusts</i>			
United States - USD			
COLTV SHORT TERM INVT FD CUSIP: 195998AC3	13,035,954.490	13,035,954.49	13,035,954.49
Total United States - USD		13,035,954.49	13,035,954.49
Total Value of Interest in Common/Collective Trusts			
		13,035,954.49	13,035,954.49
<i>103-12 Investment Entities</i>			
International Region - USD			
CF SILCHESTER INTL INVS INTL VALUE 826852 CUSIP: 817994CF1 EQUITY GR TR FD	187,764.930	16,358,764.86	20,545,260.23
Total International Region - USD		16,358,764.86	20,545,260.23
Total 103-12 Investment Entities			
		16,358,764.86	20,545,260.23
<i>Other</i>			
United States - USD			
CROWN CASTLE INTL CORP NEW COM SEDOL: BTGQCX1	12,213.000	1,115,161.70	1,059,722.01
Total United States - USD		1,115,161.70	1,059,722.01
Total Other		1,115,161.70	1,059,722.01
<i>Other Liabilities</i>			
Pending trade purchases: United States dollar	0.000	-509,748.05	-509,748.05
Total - all currencies		-509,748.05	-509,748.05

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other Liabilities</i>			
Pending trade purchases: United States dollar	0.000	-17,187.84	-17,187.84
Total - all currencies		-17,187.84	-17,187.84
Total Other Liabilities		-526,935.89	-526,935.89
Total		-108,157,867.14	-124,589,736.61

** All or a portion of this security participates in Securities Lending.

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>	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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> 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 _____ and ending _____	
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 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____

Part II	Basic Plan Information —enter all requested information				
1a Name of plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1b Three-digit plan number (PN) ▶</td> <td></td> </tr> <tr> <td>1c Effective date of plan</td> <td></td> </tr> </table>	1b Three-digit plan number (PN) ▶		1c Effective date of plan	
1b Three-digit plan number (PN) ▶					
1c Effective date of plan					
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)	2b Employer Identification Number (EIN)				
	2c Plan Sponsor's telephone number				
	2d Business code (see instructions)				

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

3a Plan administrator's name and address ☐ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
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
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1)
a(2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☐ Trust	(3) ☐ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☐ **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 _____

PN: 101

[illegible]