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

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 04/01/2016 and ending 03/31/2017

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
CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1962

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
CROWN EQUIPMENT CORPORATION

44 S. WASHINGTON STREET
NEW BREMEN, OH 45869

2b Employer Identification Number (EIN) 34-4412691

2c Plan Sponsor's telephone number 419-629-2311

2d Business code (see instructions) 333100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/11/2018	KENT SPILLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] 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:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	4436
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)**	2811
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2683
b	Retired or separated participants receiving benefits	**6b**	976
c	Other retired or separated participants entitled to future benefits	**6c**	611
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4270
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	138
f	Total. Add lines **6d** and **6e**.	**6f**	4408
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**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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

For calendar plan year 2016 or fiscal plan year beginning 04/01/2016 and ending 03/31/2017

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

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

A Name of plan
CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CROWN EQUIPMENT CORPORATION

D Employer Identification Number (EIN)
34-4412691

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 04 Day 01 Year 2016

2 Assets:

a Market value	**2a**	291947575
b Actuarial value	**2b**	309117494

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	1051	95997752	95997752
b For terminated vested participants	574	23023750	23023750
c For active participants	2811	167851661	179678367
d Total	4436	286873163	298699869

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.19 %
6 Target normal cost	**6**	11713647

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

01/04/2018
Date

SCOTT SPECKMANN
Type or print name of actuary

17-06459
Most recent enrollment number

DELOITTE CONSULTING L.L.P.
Firm name

312-486-1000
Telephone number (including area code)

111 SOUTH WACKER DRIVE
CHICAGO, IL 60606-4301
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	37619555
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	8575709
9	Amount remaining (line 7 minus line 8)	0	29043846
10	Interest on line 9 using prior year's actual return of -2.44%	0	-708670
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		9567437
	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 6.39 %		63371
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-209247
	c Total available at beginning of current plan year to add to prefunding balance		9421561
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		27185146
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1150030

Part III Funding Percentages

14	Funding target attainment percentage	14	103.10%
15	Adjusted funding target attainment percentage	15	103.48%
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	93.06%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/12/2017	2500000		07/14/2017	4500000	
02/15/2017	1500000		08/15/2017	4500000	
04/03/2017	1500000		10/02/2017	4500000	
04/19/2017	1500000		10/13/2017	4500000	
05/15/2017	1500000		11/15/2017	4500000	
07/05/2017	1500000		12/15/2017	4500000	
			Totals ► **18(b)**	37000000	**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	34086750

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.43%	5.91%	6.65%	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 66

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ..... ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6) **31a** 11713647

b Excess assets, if applicable, but not greater than line 31a **31b** 9267595

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** 2446052

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1073551	1073551

36 Additional cash requirement (line 34 minus line 35) **36** 1372501

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 34086750

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 32714249

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 1073551

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 04/01/2016 and ending 03/31/2017

A Name of plan
CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CROWN EQUIPMENT CORPORATION

D Employer Identification Number (EIN)
34-4412691

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

DELOITTE & TOUCHE, LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	168100	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

T. ROWE PRICE

52-2264646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	135584	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIFTH THIRD BANK

31-6243947

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	112940	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

HARTLAND & COMPANY

34-1597728

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	112169	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VICTORY CAPITAL MANAGEMENT

13-2700161

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	71434	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WESTFIELD CAPITAL MANAGEMENT CO.

30-0027188

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	70048	Yes [ ] No [X]	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 NORTHWEST TRUST COMPANY

36-2885278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	17802	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRADY, WARE & SCHOENFELD

35-1476702

(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	NONE	11700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 04/01/2016 and ending 03/31/2017

A Name of plan
CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CROWN EQUIPMENT CORPORATION

D Employer Identification Number (EIN)
34-4412691

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: T. ROWE PRICE STRUCTURED COMMON TR

b Name of sponsor of entity listed in (a): T. ROWE PRICE

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)
52-2264646-000	C	32664426

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 04/01/2016 and ending 03/31/2017

A Name of plan
CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CROWN EQUIPMENT CORPORATION

D Employer Identification Number (EIN)
34-4412691

Part I Asset and Liability Statement

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	31722	7
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	14000000	33000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	13352	12186
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1759862	2514224
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	12928836	16049771
(5) Partnership/joint venture interests	1c(5)	29203779	28378513
(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)	30982280	32664426
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	189960343	223815988
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	13335831	14395762

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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**	292216005	350830877
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	292216005	350830877

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)**	37000000	
	(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)**		37000000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	9361	
	(B) U.S. Government securities	**2b(1)(B)**		
	(C) Corporate debt instruments	**2b(1)(C)**		
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**		
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		9361
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**	222877	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	5097317	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		5320194
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	21855959	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	21380855	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		475104
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	9003250	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		9003250

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		19490387
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		71298296
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9494152	
(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)		9494152
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)	285769	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	301067	
(4) Other	2i(4)	2602436	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3189272
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12683424
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		58614872
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: BRADY, WARE & SCHOENFELD **(2)** EIN: 35-1476702

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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)

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 4029278. (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.

For calendar plan year 2016 or fiscal plan year beginning 04/01/2016 and ending 03/31/2017

A Name of plan
CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CROWN EQUIPMENT CORPORATION

D Employer Identification Number (EIN)
34-4412691

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

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** 9

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 58 % Investment-Grade Debt: 28 % High-Yield Debt: 0 % Real Estate: 0 % Other: 14 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? 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 ____/____/____.

BRADY WARE & SCHOENFELD

INDEPENDENT AUDITORS' REPORT

Plan Administrator
Crown Equipment Corporation Retirement Plan
New Bremen, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **Crown Equipment Corporation Retirement Plan** (the "Plan"), which comprise the statements of net assets available for benefits as of March 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fifth Third Bank of Western Ohio, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended March 31, 2017 and 2016, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

BRADY WARE & SCHOENFELD

INDEPENDENT AUDITORS' REPORT

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of March 31, 2017, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Brady, Ware & Schoenfeld, Inc.

Dayton, Ohio
January 11, 2018

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

For calendar plan year 2016 or fiscal plan year beginning 04/01/2016 and ending 03/31/2017

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

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

A Name of plan
Crown Equipment Corporation Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Crown Equipment Corporation

D Employer Identification Number (EIN)
34-4412691

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 4 Day 1 Year 2016

2 Assets:

a Market value	**2a**	291,947,575
b Actuarial value	**2b**	309,117,494

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	1,051	95,997,752	95,997,752
b For terminated vested participants	574	23,023,750	23,023,750
c For active participants	2,811	167,851,661	179,678,367
d Total	4,436	286,873,163	298,699,869

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.19 %
6 Target normal cost	**6**	11,713,647

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 1/4/2018

Scott Speckmann — Type or print name of actuary

17-06459 — Most recent enrollment number

Deloitte Consulting L.L.P. — Firm name

(312)486-1000 — Telephone number (including area code)

111 South Wacker Drive

Chicago IL 60606-4301 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	37,619,555
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	8,575,709
9	Amount remaining (line 7 minus line 8)	0	29,043,846
10	Interest on line 9 using prior year's actual return of -2.44%	0	-708670
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		9567437
	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 6.39%		63371
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-209,247
	c Total available at beginning of current plan year to add to prefunding balance		9421561
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	27185146
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1150030

Part III Funding Percentages

14	Funding target attainment percentage	14	103.10%
15	Adjusted funding target attainment percentage	15	103.48%
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	93.06%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/12/2017	2,500,000		07/14/2017	4,500,000	
02/15/2017	1,500,000		08/15/2017	4,500,000	
04/03/2017	1,500,000		10/02/2017	4,500,000	
04/19/2017	1,500,000		10/13/2017	4,500,000	
05/15/2017	1,500,000		11/15/2017	4,500,000	
07/05/2017	1,500,000		12/15/2017	4,500,000	
			Totals ► **18(b)**	37,000,000	**18(c)** 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	**19a**	0
b Contributions made to avoid restrictions adjusted to valuation date	**19b**	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	**19c**	34,086,750

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
4.43 %	5.91 %	6.65 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	66

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	**31a**	11,713,647
b Excess assets, if applicable, but not greater than line 31a	**31b**	9,267,595

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**	2,446,052

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,073,551	1,073,551

36 Additional cash requirement (line 34 minus line 35)	**36**	1,372,501
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	34,086,750
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	32,714,249
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1,073,551
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, Part V – Summary of Plan Provisions

Plan Provisions Summary

Effective Date of the Plan	The Plan was effective on April 1, 1992. The Plan was restated as of April 1, 2013.
Plan Year	The 12 month period commencing each April 1.
Eligibility for Participation	Participation begins on April 1 or October 1 following the employees' date of hire. As of December 31, 2005 employees were given the choice to remain part of this plan or to begin participation in the Retirement Savings Plan. All employees hired on or after October 1, 2005 will participate in the Retirement Savings Plan.
Contributions	The employer contributes the total cost of the Plan.
Credited Service	One year of credited service is earned for 1,000 hours in a plan year with pro-rata reduction in the initial and final year of employment. The credited service of those who chose to participate in the Retirement Savings Plan was frozen as of December 31, 2005. No participant earned a year of credited service during the 4/1/2009 - 3/31/2010 and the 4/1/2010 – 3/31/2011 plan years.
Vesting Service	A year of vesting service is earned for each plan year in which a minimum of 1,000 hours are worked.
Vesting Schedule	100% vesting occurs after completion of 5 years of vesting service.
Final Average Earnings	Final Average Earnings are the average of the highest five consecutive calendar years of pensionable earnings during the last 10 consecutive calendar years in which pensionable earnings are highest. Beginning in the 2002 plan year, "Pensionable Earnings" are limited to $200,000 annually, retroactive for all prior years. This amount is indexed for inflation going forward. For the 2016 plan year, the limit is $265,000. Earnings after 2005 will not be considered for participants of the Retirement Savings Plan.
Social Security Covered Compensation	35-year average of the Social Security Taxable Wage Bases in effect at the beginning of each calendar year and ending with the calendar year of attaining Social Security Retirement Age. (The Social Security Covered Compensation table applicable for 2015 plan year terminations follows the summary of plan provisions.)
Normal Retirement Date	The later of the participant's 65th birthday and completion of five years of vesting service.

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

Normal Retirement Benefit	Normal retirement benefit is a life annuity calculated as the sum of (a) and (b), but not less than (c): a. 1.0% of Final Average Earnings, times Years of Credited Service up to 35. b. 0.65% of Final Average Earnings in excess of Social Security Covered Compensation, times Years of Credited Service up to 35 years. c. $28 times years of Credited Service. * Hourly employees of Kinston Neuse are not eligible for (a), (b) or (c) and receive a normal retirement benefit of $21 times years of Credited Service.
Accrued Benefit	The Accrued Benefit is the Normal Retirement Benefit based on Years of Credited Service and Final Average Earnings at date of calculation.
Early Retirement Eligibility	Age 55 and 5 Years of Vesting Service.
Early Retirement Benefit	Accrued Benefit, reduced if payments commence before Normal Retirement Date. The benefit will be reduced by 8% for each year payments start before age 65 and 4% per year for each year payments begin before age 62.
Postponed Retirement Income	Greater of: 1) Accrued Benefit using Years of Credited Service and Final Average Earnings as of the Postponed Retirement Date. 2) Accrued benefit as measured at NRD, with actuarial increase to BCD.
Pre-Retirement Death Eligibility	5 Years of Vesting Service
Pre-retirement Death Benefit	50% of the accrued benefit at the later of employee's earliest retirement age or date of death assuming the participant had elected to retire and had elected the 50% joint and survivor form of benefit at the time that the benefit starts.
Disability Retirement Eligibility	Age 55 and 15 Years of Credited Service
Disability Retirement Benefit	Upon total and permanent disability after age 55 and 15 Years of Vesting Service, Disability Retirement benefits are payable immediately. This benefit is offset by any LTD benefits.
Normal Form of Payment	For unmarried participants, the normal form is a life annuity. For married participants, the normal form is an actuarially reduced 50% joint-and-survivor annuity.
Changes in the Plan from Prior Valuation	There were no provision changes since the prior valuation.

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

Actuarial Methods

Asset Valuation Method

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

Projected Unit Credit Method for determining the Net Periodic Pension Cost under ASC 715-30

ASC 715-30 requires that the Projected Unit Credit actuarial cost method be used to determine the service cost and the projected benefit obligation. Under this method, the benefits expected to be paid to each participant are projected to retirement based on the applicable actuarial assumptions. The projected benefits are then divided on a pro-rata basis over the applicable years of service. For purposes of this funding method, the applicable years of service commence at the age at which the funding eligibility conditions are first met and extend to the date each particular projected benefit is expected to be payable, or, if earlier, the date at which the credited service requirements for each particular benefit are satisfied.

The Service Cost for the year is equal to the actuarial present value of the benefits allocated to the current year in accordance with the funding method and includes interest to the end of the fiscal year. The Projected Benefit Obligation is equal to the actuarial present value of all benefits allocated to years prior to the valuation date. Note, however, that as a participant ages, the normal cost can be expected to increase as a percentage of compensation. Therefore, to the extent the weighted average age of the active participants increases over time, the underlying level of costs (as a percentage of compensation) can be expected to increase.

Market-Related Value: The determination of expected return on assets and amortization of (gain)/loss utilizes the Fair Market Value of Assets.

Procedures

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

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

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

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

valuation date.

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

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

Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

For active participants, the accrued pension benefits as of the valuation date and payable from the assumed retirement age were determined based on actual plan compensation history for each participant. For inactive participants, accrued benefits were either supplied by the Company or estimated. The Actuarial Present Value of Accumulated Plan Benefits was determined by multiplying the accrued pension benefits by single premium cost factors based on the applicable actuarial assumptions for accrued benefits.

Method Changes Since Last Year

There were no method changes since the prior valuation.

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

Actuarial Assumptions

Interest Rates

	Pre-MAP-21 Segment Rates[1]	25-Year Average Segment Rates	HATFA/BBA Corridor (90%-110% for 2016)	MAP-21 Segment Rates[2]
Lookback Month	None	N/A	N/A	N/A
First Segment Rate	1.47%	4.92%	4.43% - 5.41%	4.43%
Second Segment Rate	3.92%	6.57%	5.91% - 7.23%	5.91%
Third Segment Rate	4.92%	7.39%	6.65% - 8.13%	6.65%
Effective Rate	4.36%	N/A	N/A	6.19%

[1] Used for Maximum Deductible, PBGC Variable Rate Premium, ERISA 4010 reporting - 80% Threshold and $15M underfunded, and excess assets for §420 transfers

[2] Used for minimum funding and benefit restrictions
ASC 960: 7.50% per annum
ASC 715-30: 4.77% per annum at 3/31/2016. 4.42% per annum at 3/31/2015

Assumed Earnings Rate (on Market Value of Assets)

7.50%
Used in determining the gain or loss on the Market Value of Assets

Salary Scale

3.25% per annum

Mortality – Healthy Participants

Funding Target: As defined in proposed regulations 1.430(h)(3). This table is based on the RP2000 sex-distinct table that reflects projected mortality improvements 15 years into the future from the valuation date for non-annuitants and seven years into the future for annuitants.
ASC 960 and ASC 715-30: Mortality rates based on modified RP-2014 Employee and Healthy Annuitant base mortality tables for males and females with blue collar adjustment, using RP-2014 rates published in the final RP-2014 report adjusted to the 2006 base year by factoring out the projection under Scale MP-2014 as described in Section 8.3 of the Society of Actuaries' Retirement Plans Experience Committee ("RPEC") Response to Comments on RP-2014 Mortality Tables Exposure Draft, with generational mortality improvements using a modified RPEC_2014 projection methodology with a ten-year convergence period from 2007, a long-term rate of 0.75 times the Scale MP-2014 rates, and a 50/50 blend of the horizontal (age/period) and diagonal (year-of-birth cohort) transition functions.

Mortality – Disabled Participants

Funding Target and ASC 960: Mortality table for disabilities occurring after December 31, 1994 as specified in Revenue Ruling 96-7.

ASC 715-30: Same as Funding Target

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

Withdrawal Rates

Sample rates are as follows:

Age	Rate
25	15.0%
30	12.0%
35	8.0%
40	5.0%
45	3.0%
50	1.5%
55	0.0%

Retirement Age

Annual probabilities of retirement are as follows:

Age	Rate
61	5.0%
62	5.0%
63	5.0%
64	10.0%
65	30.0%
66	30.0%
67	30.0%
68	15.0%
69	15.0%
70	100.0%

Disability

	Percent expected to become disabled at each age	
Current Age	Male	Female
50	0%	0%
55	1.0%	1.0%
60	1.4%	1.0%

The retirement disability benefit is assumed to be eliminated by the LTD plan benefits for salaried employees.

Expenses

Funding Target: $1,734,045 assumed to be included in Target Normal Cost.

Percentage of Married

80% of males and 50% of females are assumed to be married. Husbands are assumed to be 3 years older than wives. Actual spousal data is used for retirees.

Social Security Taxable Wage Base Projection

3.25%

Expected Long-Term Rate of Return for Expense

7.5% per annum

Assumption Changes Since Last Year

Funding Target: The discount rates and mortality table were updated per IRS requirements and HATFA/BBA funding relief
ASC 960: No assumption changes since prior year
ASC 715-30: The discount rate was changed from 4.42% to 4.77%.

Schedule SB, Line 32 – Schedule of Amortization Bases

Funding Shortfall Amortization Bases (Minimum Required Contribution)

The amortization bases from the prior year are reduced to $0 because the plan no longer has a shortfall. Further, because Plan Assets adjusted as specified in subsection 430(f)(4)(A) by Prefunding Balance exceeded this plan's Funding Target, the Plan is exempt from establishing a Shortfall Amortization Base for the current plan year under IRC section 430(c)(5)(A).

Schedule SB, line 26 - Schedule of Active Participant Data
Name Crown Equipment Corporation Retirement Plan
EIN / PN 34-4412691 / 001

Attained Age	YEARS OF CREDITED SERVICE									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.
Under 25										
25 to 29	4	*	2	*	2	*				
30 to 34	8	*	77	0	11	*	9	*		
35 to 39	2	*	90	0	93	104,389	47	67,436	18	*
40 to 44			79	0	84	79,158	152	74,328	39	71,467
45 to 49	1	*	46	0	74	67,266	111	78,001	131	74,000
50 to 54			55	0	69	67,812	96	74,813	130	71,278
55 to 59			49	0	47	80,291	76	72,286	95	66,059
60 to 64	1	*	22	0	14	*	55	64,248	51	67,941
65 to 69			8	*	8	*	5	*	11	*
70 & up			3	*	1	*	4	*	1	*

Attained Age	YEARS OF CREDITED SERVICE									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44	20	79,053								
45 to 49	64	77,747	39	70,464	1	*				
50 to 54	111	78,094	115	78,958	57	67,735				
55 to 59	73	71,095	104	78,448	62	93,118	63	63,640		
60 to 64	35	88,121	58	64,638	35	72,356	39	66,368	31	73,080
65 to 69	5	*	6	*	3	*	6	*	1	*
70 & up	1	*							1	*

Average Compensation includes values only for those actives still accruing a benefit
* Less than 20 participants

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

(a) Retirement Age	% Expected to Retire	(b) Weighted Calculation	(a)*(b) Weighted Average Retirement age
61	0.05	0.0500	3.0500
62	0.05	0.0475	2.9450
63	0.05	0.0451	2.8429
64	0.10	0.09	5.4872
65	0.30	0.2315	15.0469
66	0.30	0.1620	10.6949
67	0.30	0.1134	7.5999
68	0.15	0.0397	2.6997
69	0.15	0.0337	2.3284
70	1.00	0.1912	13.3858

Total Weighted Average Retirement Age	66.0806 (rounded to age 66)

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

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 04/01/2016 and ending 03/31/2017

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
CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1962

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
CROWN EQUIPMENT CORPORATION

44 S. WASHINGTON STREET

NEW BREMEN OH 45869

2b Employer Identification Number (EIN) 34-4412691

2c Plan Sponsor's telephone number (419) 629-2311

2d Business code (see instructions) 333100

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

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

SIGN HERE	Kent Spille	Jan 4, 2018	KENT SPILLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [X] 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:	**4b** EIN	
a Sponsor's name	**4c** PN	

5 Total number of participants at the beginning of the plan year	**5**	4,436
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)**	2,811
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2,683
b Retired or separated participants receiving benefits	**6b**	976
c Other retired or separated participants entitled to future benefits	**6c**	611
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	4,270
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	138
f Total. Add lines **6d** and **6e**	**6f**	4,408
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**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A

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

9a Plan funding arrangement (check all that apply)		**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)	[X] Trust	**(3)**	[X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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_____

CROWN EQUIPMENT CORPORATION
RETIREMENT PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

Years Ended March 31, 2017 and 2016

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BRADY WARE & SCHOENFELD

INDEPENDENT AUDITORS' REPORT

Plan Administrator
Crown Equipment Corporation Retirement Plan
New Bremen, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **Crown Equipment Corporation Retirement Plan** (the "Plan"), which comprise the statements of net assets available for benefits as of March 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fifth Third Bank of Western Ohio, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended March 31, 2017 and 2016, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

BRADY WARE & SCHOENFELD

INDEPENDENT AUDITORS' REPORT

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of March 31, 2017, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Brady, Ware & Schoenfeld, Inc.

Dayton, Ohio
January 11, 2018

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

March 31, 2017 and 2016

	2017	2016
ASSETS		
Investments at fair value		
Money market funds	**$ 2,514,224**	$ 1,759,862
Common stocks	**16,049,771**	12,928,836
Common collective trusts	**32,664,426**	30,982,280
Equity security funds	**136,537,616**	111,296,657
Bond funds	**87,278,372**	78,663,686
Limited partnerships	**28,378,513**	29,203,779
Fund of hedge funds	**14,395,762**	13,335,831
Total investments at fair value	**317,818,684**	278,170,931
Receivables		
Employer contribution	**33,000,000**	14,000,000
Interest and dividends	**12,186**	13,352
Total receivables	**33,012,186**	14,013,352
Cash	**7**	31,722
NET ASSETS AVAILABLE FOR BENEFITS	**$ 350,830,877**	$ 292,216,005

See notes to financial statements.

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended March 31, 2017 and 2016

	2017	2016
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	**$ 28,968,741**	$ (12,263,816)
Interest and dividends	**5,329,555**	5,063,334
Total investment income (loss)	**34,298,296**	(7,200,482)
Contributions		
Employer	**37,000,000**	17,000,000
Total additions	**71,298,296**	9,799,518
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	**9,494,152**	9,181,622
Administrative expenses	**3,189,272**	1,796,613
Total deductions	**12,683,424**	10,978,235
NET INCREASE (DECREASE)	**58,614,872**	(1,178,717)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	**292,216,005**	293,394,722
End of year	**$ 350,830,877**	$ 292,216,005

See notes to financial statements.

NOTE 1 - DESCRIPTION OF PLAN

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

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

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

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

(a) Annuity payments over the life of the participant or joint lives of the participant and his/her spouse or beneficiary.

(b) Lump sum payment for amounts less than $5,000.

Plan Amendments - Effective April 1, 2015, the Plan was amended to adjust a participant's benefit compensation calculation by the cost of living adjustment factor prescribed by the Secretary of the Treasury under Code Section 415(d). The adjusted "defined benefit compensation limitation" will apply to "limitation years" ending within the calendar year of the date of the adjustment.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part II eliminates the requirements to disclose individual investments that represent five percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. Plan management elected to early adopt Part II of this standard in 2016. Parts I and III are not applicable to the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

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

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

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

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants at the measurement date. Certain limited partnerships and fund of hedge funds investments are valued at fair market value estimated by the partnership or their representatives. See Note 5 for discussion of fair value measurements.

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

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

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

Payment of Benefits - Benefits are recorded when paid.

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

Subsequent Events - In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through January 11, 2018, the date the financial statements were available to be issued.

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

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

The actuarial present value of accumulated plan benefits as of April 1, 2017 and 2016 are summarized as follows:

	2017	2016
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits		
Participants currently receiving benefit payments	**$ 93,361,731**	$ 86,242,404
Other participants	**168,052,887**	157,836,167
	261,414,618	244,078,571
Non-vested benefits	**8,711,776**	9,382,399
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	**$ 270,126,394**	$ 253,460,970

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

The changes in actuarial present value of accumulated plan benefits for the years ended April 1, 2017 and 2016 were as follows:

	2017	2016
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	**$ 253,460,970**	$ 232,928,724
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTED TO		
Benefits accumulated	**7,554,014**	12,582,300
Benefits paid	**(9,494,152)**	(9,181,622)
Interest	**18,659,978**	17,131,568
Change in actuarial assumptions	**(54,416)**	-
NET INCREASE	**16,665,424**	20,532,246
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	**$ 270,126,394**	$ 253,460,970

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

- Investment return at an average rate of 7.50% as of April 1, 2017 and 2016
- Discount rate of 4.42% as of April 1, 2017 and 2016
- Life expectancy of participants using the modified RP-2014 Employee and Healthy Annuitant base mortality tables for males and females with Blue Collar adjustment, using the RP-2014 rates published in the final RP-2014 report adjusted to the 2006 base year by factoring out the projection under Scale MP-2014, with modifications for 0.75% ultimate improvement and a 10 year convergence period as of April 1, 2016 and using the RP-2014 Blue Collar base mortality and MP-2014 projection scale, with modifications for 0.75% ultimate improvement and a 10 year convergence period as of April 1, 2015.
- Average rate of future salary increases of 3.25% as of April 1, 2017 and 2016
- Normal retirement age of 65, using a tiered retirement age scale based on reasonable estimates and experience of the Plan

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

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

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

The fair value of investments held by the Trustee at March 31, 2017 and 2016 was $317,818,684 and $278,170,931. The Trustee of the Plan has supplied the Plan Administrator with a certification as to the completeness and accuracy of the following information at March 31, 2017 and 2016:

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

The amounts certified by the Trustee for the limited partnerships and fund of hedge funds were not reported at fair value. The fair values recorded in the accompanying financial statements for these assets were provided by the external investment agencies/managers. The difference between the fair value and the Trustee-certified values were not material to the financial statements as of March 31, 2017 and 2016.

NOTE 5 - FAIR VALUE MEASUREMENTS

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

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

NOTE 5 - FAIR VALUE MEASUREMENTS - CONTINUED

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2017.

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

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

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

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2017:

	Level 1	Level 2	Level 3	Fair Value
Money market funds	**$ 2,514,224**	**$ -**	**$ -**	**$ 2,514,224**
Common stocks	**16,049,771**	**-**	**-**	**16,049,771**
Common collective trusts	**-**	**32,664,426**	**-**	**32,664,426**
Equity security funds	**82,510,713**	**54,026,903**	**-**	**136,537,616**
Bond funds	**87,278,372**	**-**	**-**	**87,278,372**
Total assets in the fair value hierarchy	**188,353,080**	**86,691,329**	**-**	**275,044,409**
Alternative investments, NAV as a practical expedient [(a)]				
Limited partnerships	**-**	**-**	**-**	**28,378,513**
Fund of hedge funds	**-**	**-**	**-**	**14,395,762**
Investments at fair value	**$ 188,353,080**	**$ 86,691,329**	**$ -**	**$ 317,818,684**

NOTE 5 - FAIR VALUE MEASUREMENTS - CONTINUED

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

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

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

NOTE 6 - RELATED PARTY TRANSACTIONS

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

The Plan uses multiple investment advisors, and each advisor qualifies as a party-in-interest. Fees paid by the Plan for advisory services for the years 2017 and 2016 totaled $407,037 and $389,787.

Brady, Ware & Schoenfeld, Inc., as auditors, qualifies as a party-in-interest. Audit fees paid by the Plan for the years 2017 and 2016 totaled $11,700 and $3,850.

Deloitte, as actuaries, qualifies as a party-in-interest. Actuarial fees paid by the Plan for the years 2017 and 2016 totaled $168,100 and $113,760.

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

NOTE 7 - PLAN TERMINATION

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

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

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

NOTE 8 - TAX STATUS

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

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

NOTE 9 - RISKS AND UNCERTAINTIES

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

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

NOTE 10 - FUNDING POLICY

There are no employee contributions under the Plan. Employer contributions are made to the Plan by the Company in amounts that meet or exceed those actuarially determined to be necessary to provide benefits to participants under the Plan using the projected unit credit method, and includes normal cost and the amortization of past service costs. The March 31, 2017 and 2016 contributions, as detailed in the actuary's report, met the minimum funding requirements of ERISA.

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

For the years 2017 and 2016, there were no differences between the financial statements and the Form 5500.

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/17

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
Money Market Funds				
	FEDERATED PRIME VALUE OBLIGATIONS FUND SERVICE SHARES	Money Market	$ 2,514,224	$ 2,514,224
Common Stocks				
	ACADIA PHARMACEUTICALS INC	Common Stock	32,602	35,411
	ACCELERON PHARMA INC	Common Stock	69,299	57,440
	ACLARIS THERAPEUTICS INC	Common Stock	73,141	87,969
	ACTUANT CORP-CL A	Common Stock	29,766	29,222
	ACUSHNET HLDGS CORP	Common Stock	82,014	80,870
	ADTRAN INC	Common Stock	40,256	48,680
	ADVANCED MICRO DEVICES INC	Common Stock	32,308	71,266
	AEROJET ROCKETDYNE HLDGS INC	Common Stock	56,378	66,337
	AK STL HLDG CORP	Common Stock	51,094	54,155
	ALDER BIOPHARMACEUTICALS INC	Common Stock	55,960	35,568
	ALLEGHNEY TECHNOLOGIES INC	Common Stock	52,785	57,113
	ALLETE INC	Common Stock	57,102	75,767
	AMERICAN EQUITY INVT LIFE HLDG	Common Stock	43,373	47,000
	ARGO GROUP INTL HLDGS	Common Stock	41,931	44,612
	ARRIS INTL INC SHS	Common Stock	88,598	84,640
	ASSURED GUARANTY LTD	Common Stock	48,193	54,774
	ASTORIA FINL CORP	Common Stock	52,741	69,406
	BANC CALIF INC	Common Stock	31,426	32,851
	BANCORPSOUTH INC	Common Stock	40,725	62,224
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	BANKUNITED INC	Common Stock	86,512	92,491
	BANNER CORP	Common Stock	46,115	80,289
	BASIC ENERGY SVCS INC	Common Stock	45,468	43,868
	BENCHMARK ELECTRS INC	Common Stock	39,955	55,300
	BERRY GLOBAL GROUP, INC	Common Stock	119,943	171,452
	BLACK HILLS CORP	Common Stock	44,767	60,687
	BMC STK HLDGS INC	Common Stock	111,469	112,864
	BRIGHT HORIZONS FAMILY	Common Stock	77,894	151,504
	BROADSOFT INC	Common Stock	121,011	131,052
	BROOKS AUTOMATION INC NEW	Common Stock	32,078	70,784
	BRUNSWICK CORP	Common Stock	96,256	115,362
	BUFFALO WILD WINGS INC	Common Stock	42,219	44,603
	BWX TECHNOLOGIES INC	Common Stock	38,266	65,926
	CACI INTL INC	Common Stock	66,624	80,937
	CALATLANTIC GROUP INC	Common Stock	60,368	78,757
	CALERES INC	Common Stock	65,446	69,009
	CALLON PETE CO DEL COM	Common Stock	53,125	49,021
	CARDIOME PHARMA CORP	Common Stock	141,060	63,511

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/17

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	CASEYS GEN STORES INC	Common Stock	41,654	53,431
	CAVIUM INC	Common Stock	104,305	128,988
	CENTRAL PAC FINL CORP COMMON	Common Stock	34,093	74,548
	CENTURY ALUM CO	Common Stock	25,315	38,781
	CHARLES RIVER LABORATORIES	Common Stock	31,363	58,557
	CHUYS HLDGS INC	Common Stock	70,072	61,984
	CIENA CORP	Common Stock	203,307	233,267
	CLOVIS ONCOLOGY INC	Common Stock	40,117	46,479
	CNO FINL GROUP INC	Common Stock	43,888	46,576
	COLUMBIA PPTY TR INC	Common Stock	82,917	82,548
	COMMUNITY HEALTHCARE TR INC	Common Stock	31,074	39,674
	COMMVAULT SYSTEMS	Common Stock	72,371	81,788
	CONMED CORP	Common Stock	53,239	55,335
	COOPER TIRE & RUBR CO	Common Stock	51,248	69,896
	COSTAR GROUP INC	Common Stock	74,693	117,079
	COTT CORP QUE	Common Stock	50,565	59,377
	COUSINS PPTYS INC COM	Common Stock	64,698	56,062
	CUSTOMERS BANCORP INC	Common Stock	55,983	51,678
	CYPRESS SEMICONDUCTOR CORP	Common Stock	67,899	89,371
	DANA INCORPORATED	Common Stock	54,502	54,879
	DAVE & BUSTERS ENTMT INC	Common Stock	52,525	87,359
	DELUXE CORP	Common Stock	13,111	33,920
	DEVRY EDUCATION GROUP INC	Common Stock	47,610	56,153
	DEXCOM INC	Common Stock	79,886	105,913
	DIAMONDROCK HOSPITALITY CO	Common Stock	43,216	52,650
	DIODES INC	Common Stock	65,070	73,401
	EAST WEST BANCORP INC	Common Stock	68,923	121,800
	EDUCATION RLT TR INC	Common Stock	45,731	51,757
	ELDORADO RESORTS INC	Common Stock	99,119	120,742
	ELECTRONICS FOR IMAGING INC	Common Stock	142,545	158,942
	EMCOR GROUP INC	Common Stock	62,044	87,186
	ENGILITY HLDGS INC NEW	Common Stock	50,821	56,665
	ENTEGRIS INC	Common Stock	38,777	72,025
	ESTERLINE TECHNOLOGIES CORP	Common Stock	56,281	66,947
	EURONET WORLDWIDE INC	Common Stock	44,747	47,036
	FCB FINL HLDGS INC CL A	Common Stock	86,398	115,452
	FINISAR CORPORATION	Common Stock	56,011	45,548
	FIRST COMWLTH FINL CORP PA	Common Stock	23,920	42,512
	FIRST FINL BANCORP OHIO	Common Stock	41,414	79,385
	FIRST HAWAIIAN INC	Common Stock	56,340	60,947
	FIRST HORIZON NATL CORP	Common Stock	52,633	94,073
	FIRST INDL RLTY TR INC	Common Stock	52,845	58,160
	FORMFACTOR INC	Common Stock	47,002	46,879

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/17

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	FORTINET INC	Common Stock	64,862	101,436
	FOUR CORNERS PPTY TR INC	Common Stock	33,098	40,637
	GENERAL CABLE CORP COM	Common Stock	66,375	80,775
	GENESCO INC	Common Stock	109,881	100,531
	GENESEE & WYO INC	Common Stock	71,551	72,203
	GMS INC	Common Stock	24,695	29,434
	GRAY TELEVISION INC	Common Stock	62,521	70,746
	GREENBRIER COS INC	Common Stock	56,363	64,607
	HAEMONETICS CORP MASS	Common Stock	40,673	47,061
	HANCOCK HLDG CO	Common Stock	42,761	62,950
	HARSCO CORP	Common Stock	29,990	53,282
	HAWAIIAN HLDGS INC	Common Stock	42,085	63,637
	HEXCEL CORP	Common Stock	28,561	96,008
	HILL ROM HLDGS	Common Stock	41,566	55,139
	HOPE BANCORP INC	Common Stock	78,550	83,715
	HUB GROUP INC CL A	Common Stock	48,087	56,515
	HUNTSMAN CORP	Common Stock	37,275	61,424
	IBERIABANK CORP	Common Stock	81,794	86,852
	ICON PLC SHS	Common Stock	64,541	174,587
	ILG INC	Common Stock	57,819	67,470
	INSTALLED BLDG PRODS INC	Common Stock	85,201	172,493
	INTEGRA LIFESCIENCES HOLDINGS CORP	Common Stock	92,149	120,913
	INTEGRATED DEVICE TECHNOLOGY	Common Stock	60,112	57,992
	INTERNATIONAL BANCSHARES CORP	Common Stock	53,602	72,995
	INTERXION HOLDING N.V.	Common Stock	92,728	116,702
	INVESTMENT TECHOLOGY GROUP INC	Common Stock	22,121	39,953
	IROBOT CORP	Common Stock	40,132	46,298
	ISLE OF CAPRI CASINOS INC	Common Stock	52,642	74,335
	ITT INC COM	Common Stock	54,409	56,567
	JAMES RIV GROUP LTD COM	Common Stock	34,765	50,103
	JOHN BEAN TECHNOLOGIES CORP	Common Stock	108,280	193,490
	KITE REALTY GROUP TRUST	Common Stock	65,044	57,298
	KLX INC	Common Stock	91,732	86,271
	LA JOLLA PHARMACEUTICAL CO COM PAR	Common Stock	34,015	29,552
	LIONS GATE ENTERTAINMENT CORP SEDOL	Common Stock	119,222	114,610
	LITHIA MOTORS INC	Common Stock	77,003	65,094
	LITTELFUSE INC COM	Common Stock	14,398	31,502
	LPL FINL HLDGS INC	Common Stock	44,738	53,930
	MACK-KALI REALTY	Common Stock	40,521	55,604
	MADISON SQUARE GARDEN CO	Common Stock	98,144	117,829
	MAGELLAN HEALTH, INC	Common Stock	39,152	53,652
	MARKETAXESS HLDGS INC	Common Stock	52,725	84,371
	MARTEN TRANS LTD	Common Stock	34,195	43,148

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/17

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	MASIMO CORP	Common Stock	50,008	160,407
	MATADOR RES CO	Common Stock	37,129	37,541
	MATSON INC	Common Stock	63,451	57,168
	MEDICAL PPTYS TR INC	Common Stock	44,441	47,977
	MEDICINES COMPANY COM	Common Stock	20,018	25,917
	MERITOR INC	Common Stock	58,016	84,211
	MGIC INVT CORP WIS	Common Stock	158,748	184,467
	MICROSEMI CORP	Common Stock	69,926	92,754
	MOLINA HEALTHCARE INC	Common Stock	61,673	58,186
	MONOLITHIC PWR SYS INC	Common Stock	63,860	115,125
	MUELLER WTR PRODS INC-A	Common Stock	84,322	90,305
	MULTI-COLOR CORP	Common Stock	10,601	10,650
	NABORS INDUSTRIES LTD	Common Stock	27,894	36,622
	NATIONAL STORAGE AFFILIATES TR COM SHS BEN INT	Common Stock	67,299	77,914
	NATURAL GROCERS BY VITAMIN COTTAGE INC	Common Stock	36,314	28,469
	NAVIGATORS GROUP INC	Common Stock	35,122	45,123
	NEKTAR THERAPEUTICS	Common Stock	103,694	160,065
	NEUROCRINE BIOSCIENCES INC	Common Stock	100,254	104,353
	NEW JERSEY RES CORP COM	Common Stock	42,681	50,411
	NEXSTAR MEDIA GROUP, INC.	Common Stock	114,827	145,211
	NICE LTD ADR	Common Stock	75,126	74,778
	NORTHWESTERN CORP	Common Stock	45,742	63,690
	OASIS PETE INC	Common Stock	26,856	41,753
	OLD NATL BANCORP IND	Common Stock	51,492	62,755
	OMNICELL INC	Common Stock	138,693	161,787
	ONE GAS, INC	Common Stock	42,479	42,588
	ORBOTECH LTD	Common Stock	89,526	104,490
	PACIFIC PREMIER BANCORP	Common Stock	72,928	75,944
	PACIRA PHARMACEUTICALS INC	Common Stock	146,697	120,840
	PACWEST BANCORP DEL	Common Stock	71,532	88,731
	PDC ENERGY INC COMMON	Common Stock	48,748	46,575
	PENN NATIONAL GAMING INC	Common Stock	74,530	84,115
	PENNSYLVANIA REAL ESTATE INVT	Common Stock	40,214	30,356
	PHARMERICA CORP	Common Stock	45,041	42,541
	PHYSICIANS RLTY TR	Common Stock	35,653	42,045
	PLEXUS CORP	Common Stock	50,065	88,261
	PNM RES INC	Common Stock	42,542	66,970
	PRIMERICA INC	Common Stock	50,115	69,952
	PROOFPOINT INC	Common Stock	89,792	108,566
	PROTHENA CORP PLC SHS	Common Stock	44,114	52,443
	QUAKER CHEM CORP COM	Common Stock	16,089	47,003
	REGAL BELOIT CORP COM	Common Stock	32,609	38,733

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

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Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	RICE ENERGY INC	Common Stock	28,544	43,347
	RLI CORP	Common Stock	29,745	51,977
	RSP PERMIAN INC	Common Stock	34,116	43,750
	RUSH ENTERPRISES INC	Common Stock	68,331	81,708
	RYDER SYS INC	Common Stock	146,603	160,687
	RYMAN HOSPITALITY PPTYS INC	Common Stock	28,247	40,437
	SAIA INC	Common Stock	40,072	64,014
	SELECT MED HLDGS CORP	Common Stock	35,252	34,550
	SKYWEST INC COM	Common Stock	33,689	53,019
	SMART SAND INC	Common Stock	55,999	51,675
	SOUTH JERSEY INDS INC COM	Common Stock	36,923	50,409
	SOUTHWEST GAS HOLDINGS, INC.	Common Stock	34,423	50,078
	SPIRIT AIRLS INC	Common Stock	119,144	132,675
	SRC ENERGY INC COM	Common Stock	44,177	47,796
	STATE BK FINL CORP	Common Stock	38,323	47,721
	STEWART INFORMATION SVCS CORP COM	Common Stock	29,439	43,694
	STIFEL FINL CORP	Common Stock	67,288	105,499
	SUNSTONE HOTEL INVESTORS INC	Common Stock	41,173	76,497
	SWIFT TRANSN CO	Common Stock	65,893	67,823
	SYNOVUS FINL CORP	Common Stock	67,685	139,140
	TABLEAU SOFTWARE INC CL A	Common Stock	79,859	85,722
	TECH DATA CORP	Common Stock	53,228	75,590
	TESARO INC	Common Stock	38,744	38,468
	TIMKEN CO	Common Stock	33,293	34,442
	TRI POINTE GROUP INC	Common Stock	54,721	53,420
	TRINSEO S A SHS	Common Stock	76,805	94,074
	TRONOX LTD SHS CL A	Common Stock	30,647	87,840
	TTM TECHNOLOGIES INC	Common Stock	40,041	52,342
	ULTIMATE SOFTWARE GROUP INC	Common Stock	61,098	85,697
	UNITED COMMUNITY BANKS GA BLAIRSVILLE GA	Common Stock	63,383	99,269
	UNITED NAT FOODS INC	Common Stock	47,194	41,630
	UNITED STS STL CORP	Common Stock	38,903	59,844
	UNIVAR INC	Common Stock	120,164	176,908
	USG CORP	Common Stock	40,472	48,813
	VAIL RESORTS INC	Common Stock	99,084	194,395
	VISHAY INTERTECHNOLOGY INC COM	Common Stock	54,973	80,375
	WABASH NATL CORP COM	Common Stock	41,489	39,683
	WATSCO INC COM	Common Stock	87,150	166,089
	WELBILT INC	Common Stock	39,260	43,127
	WEST AMERICA BANCORP	Common Stock	53,914	63,646
	WESTERN ALLIANCE BANCORP	Common Stock	23,166	118,160
	WESTERN REFNG INC	Common Stock	132,934	122,044

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

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Schedule of Assets (Held at End of Year)

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(a)	(b)	(c)	(d)	(e)
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	WNS HOLDINGS LTD ADR	Common Stock	90,242	90,408
	WRIGHT MED GROUP N V ORD SHS	Common Stock	111,918	133,629
	XPO LOGISTICS INC	Common Stock	55,236	83,903
	ZENDESK INC	Common Stock	89,888	117,198
			12,701,664	16,049,771
	Common Collective Trusts			
	T ROWE PRICE STRUCTURED RESEARCH	Common Trust	14,950,412	32,664,426
	Equity Security Funds			
	BROOKFIELD GLOBAL LISTED REAL ESTATE I	Equity	3,029,977	3,032,743
	COPPER ROCK INTERNATIONAL SMALL CAP FUND	Equity Derivitive	8,000,000	8,159,379
	DFA EMERGING MARKETS VALUE #95 (INCOME INVESTMENT)	Equity	14,196	9,095
	DFA EMERGING MARKETS VALUE #95	Equity	8,853,024	8,120,946
	DODGE & COX INTL STOCK FUND	Equity	18,479,035	21,058,564
	EUROPACIFIC GROWTH FD CL F-3	Equity	14,243,258	18,955,977
	MFG NTGI-QM COLTV DAILY S&P 501	Equity	22,493,516	54,026,903
	VANGUARD MIDCAP INDEX FUND-I	Equity	10,523,671	14,951,631
	WELLS FARGO ADV EMERG MKTS EQ R6	Equity	7,976,564	8,222,378
			93,613,241	136,537,616
	Bond Funds			
	DODGE & COX INCOME FD	Bond	23,023,364	22,779,012
	FEDERATED TOTAL RETURN BOND FUND	Bond	22,285,209	21,861,616
	PIMCO DIVERSIFIED INCOME FD-I	Bond	8,172,756	8,082,537
	VANGUARD L/T INVEST GR RD-AD	Bond	35,774,951	34,555,207
			89,256,280	87,278,372
	Limited Partnerships			
	ALTERNATIVE INVESTMENTS INSTL LTD PARTNERSHIP	Limited Partnership	9,400,000	12,569,204
	KAYNE ANDERSON ENERGY FD V LP	Limited Partnership	220,960	1,290,990
	KAYNE ANDERSON ENERGY FUND VI LP	Limited Partnership	1,203,544	2,748,292
	NEW BOSTON INSTITUTIONAL FUND LP VI	Limited Partnership	3,273,862	37,645
	NEW BOSTON INSTITUTIONAL FUND LP VII	Limited Partnership	2,064,860	1,625,486
	OAKTREE REAL ESTATE OPPORTUNITES FUND VI, L.P.	Limited Partnership	2,940,718	3,637,110
	PORTFOLIO ADVISORS PRIVATE EQUITY FUND V (OFFSHORE) LP	Limited Partnership	240,285	1,511,011
	PORTFOLIO ADVISORS VI	Limited Partnership	924,190	2,093,777
	PORTFOLIO ADVISORS PRIVATE EQUITY FUND VII	Limited Partnership	2,354,385	2,864,998

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

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Schedule of Assets (Held at End of Year)

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(a)	(b) Identity of issuer or similar party	(c) Description of investment	(d) Cost	(e) Current Value
			22,622,804	28,378,513
Fund of Hedge Funds				
	WEATHERLOW OFFSHORE FUND II LTD CLASS 1 A	Fund of Hedge Funds	9,500,000	14,395,762
TOTAL INVESTMENTS			$ 245,158,625	$ 317,818,684

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	ALLEGHNEY TECHNOLOGIES INC	Common Stock	52,785	57,113
	ALLETE INC	Common Stock	57,102	75,767
	AMERICAN EQUITY INVT LIFE HLDG	Common Stock	43,373	47,000
	ARGO GROUP INTL HLDGS	Common Stock	41,931	44,612
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	BANCORPSOUTH INC	Common Stock	40,725	62,224
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	BANKUNITED INC	Common Stock	86,512	92,491
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	BENCHMARK ELECTRS INC	Common Stock	39,955	55,300
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	BLACK HILLS CORP	Common Stock	44,767	60,687
	BMC STK HLDGS INC	Common Stock	111,469	112,864
	BRIGHT HORIZONS FAMILY	Common Stock	77,894	151,504
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	BWX TECHNOLOGIES INC	Common Stock	38,266	65,926
	CACI INTL INC	Common Stock	66,624	80,937
	CALATLANTIC GROUP INC	Common Stock	60,368	78,757
	CALERES INC	Common Stock	65,446	69,009
	CALLON PETE CO DEL COM	Common Stock	53,125	49,021
	CARDIOME PHARMA CORP	Common Stock	141,060	63,511

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	Identity of issuer or similar party	Description of investment	Cost	Current Value
	CASEYS GEN STORES INC	Common Stock	41,654	53,431
	CAVIUM INC	Common Stock	104,305	128,988
	CENTRAL PAC FINL CORP COMMON	Common Stock	34,093	74,548
	CENTURY ALUM CO	Common Stock	25,315	38,781
	CHARLES RIVER LABORATORIES	Common Stock	31,363	58,557
	CHUYS HLDGS INC	Common Stock	70,072	61,984
	CIENA CORP	Common Stock	203,307	233,267
	CLOVIS ONCOLOGY INC	Common Stock	40,117	46,479
	CNO FINL GROUP INC	Common Stock	43,888	46,576
	COLUMBIA PPTY TR INC	Common Stock	82,917	82,548
	COMMUNITY HEALTHCARE TR INC	Common Stock	31,074	39,674
	COMMVAULT SYSTEMS	Common Stock	72,371	81,788
	CONMED CORP	Common Stock	53,239	55,335
	COOPER TIRE & RUBR CO	Common Stock	51,248	69,896
	COSTAR GROUP INC	Common Stock	74,693	117,079
	COTT CORP QUE	Common Stock	50,565	59,377
	COUSINS PPTYS INC COM	Common Stock	64,698	56,062
	CUSTOMERS BANCORP INC	Common Stock	55,983	51,678
	CYPRESS SEMICONDUCTOR CORP	Common Stock	67,899	89,371
	DANA INCORPORATED	Common Stock	54,502	54,879
	DAVE & BUSTERS ENTMT INC	Common Stock	52,525	87,359
	DELUXE CORP	Common Stock	13,111	33,920
	DEVRY EDUCATION GROUP INC	Common Stock	47,610	56,153
	DEXCOM INC	Common Stock	79,886	105,913
	DIAMONDROCK HOSPITALITY CO	Common Stock	43,216	52,650
	DIODES INC	Common Stock	65,070	73,401
	EAST WEST BANCORP INC	Common Stock	68,923	121,800
	EDUCATION RLT TR INC	Common Stock	45,731	51,757
	ELDORADO RESORTS INC	Common Stock	99,119	120,742
	ELECTRONICS FOR IMAGING INC	Common Stock	142,545	158,942
	EMCOR GROUP INC	Common Stock	62,044	87,186
	ENGILITY HLDGS INC NEW	Common Stock	50,821	56,665
	ENTEGRIS INC	Common Stock	38,777	72,025
	ESTERLINE TECHNOLOGIES CORP	Common Stock	56,281	66,947
	EURONET WORLDWIDE INC	Common Stock	44,747	47,036
	FCB FINL HLDGS INC CL A	Common Stock	86,398	115,452
	FINISAR CORPORATION	Common Stock	56,011	45,548
	FIRST COMWLTH FINL CORP PA	Common Stock	23,920	42,512
	FIRST FINL BANCORP OHIO	Common Stock	41,414	79,385
	FIRST HAWAIIAN INC	Common Stock	56,340	60,947
	FIRST HORIZON NATL CORP	Common Stock	52,633	94,073
	FIRST INDL RLTY TR INC	Common Stock	52,845	58,160
	FORMFACTOR INC	Common Stock	47,002	46,879

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

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(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	FORTINET INC	Common Stock	64,862	101,436
	FOUR CORNERS PPTY TR INC	Common Stock	33,098	40,637
	GENERAL CABLE CORP COM	Common Stock	66,375	80,775
	GENESCO INC	Common Stock	109,881	100,531
	GENESEE & WYO INC	Common Stock	71,551	72,203
	GMS INC	Common Stock	24,695	29,434
	GRAY TELEVISION INC	Common Stock	62,521	70,746
	GREENBRIER COS INC	Common Stock	56,363	64,607
	HAEMONETICS CORP MASS	Common Stock	40,673	47,061
	HANCOCK HLDG CO	Common Stock	42,761	62,950
	HARSCO CORP	Common Stock	29,990	53,282
	HAWAIIAN HLDGS INC	Common Stock	42,085	63,637
	HEXCEL CORP	Common Stock	28,561	96,008
	HILL ROM HLDGS	Common Stock	41,566	55,139
	HOPE BANCORP INC	Common Stock	78,550	83,715
	HUB GROUP INC CL A	Common Stock	48,087	56,515
	HUNTSMAN CORP	Common Stock	37,275	61,424
	IBERIABANK CORP	Common Stock	81,794	86,852
	ICON PLC SHS	Common Stock	64,541	174,587
	ILG INC	Common Stock	57,819	67,470
	INSTALLED BLDG PRODS INC	Common Stock	85,201	172,493
	INTEGRA LIFESCIENCES HOLDINGS CORP	Common Stock	92,149	120,913
	INTEGRATED DEVICE TECHNOLOGY	Common Stock	60,112	57,992
	INTERNATIONAL BANCSHARES CORP	Common Stock	53,602	72,995
	INTERXION HOLDING N.V.	Common Stock	92,728	116,702
	INVESTMENT TECHOLOGY GROUP INC	Common Stock	22,121	39,953
	IROBOT CORP	Common Stock	40,132	46,298
	ISLE OF CAPRI CASINOS INC	Common Stock	52,642	74,335
	ITT INC COM	Common Stock	54,409	56,567
	JAMES RIV GROUP LTD COM	Common Stock	34,765	50,103
	JOHN BEAN TECHNOLOGIES CORP	Common Stock	108,280	193,490
	KITE REALTY GROUP TRUST	Common Stock	65,044	57,298
	KLX INC	Common Stock	91,732	86,271
	LA JOLLA PHARMACEUTICAL CO COM PAR	Common Stock	34,015	29,552
	LIONS GATE ENTERTAINMENT CORP SEDOL	Common Stock	119,222	114,610
	LITHIA MOTORS INC	Common Stock	77,003	65,094
	LITTELFUSE INC COM	Common Stock	14,398	31,502
	LPL FINL HLDGS INC	Common Stock	44,738	53,930
	MACK-KALI REALTY	Common Stock	40,521	55,604
	MADISON SQUARE GARDEN CO	Common Stock	98,144	117,829
	MAGELLAN HEALTH, INC	Common Stock	39,152	53,652
	MARKETAXESS HLDGS INC	Common Stock	52,725	84,371
	MARTEN TRANS LTD	Common Stock	34,195	43,148

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(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	MASIMO CORP	Common Stock	50,008	160,407
	MATADOR RES CO	Common Stock	37,129	37,541
	MATSON INC	Common Stock	63,451	57,168
	MEDICAL PPTYS TR INC	Common Stock	44,441	47,977
	MEDICINES COMPANY COM	Common Stock	20,018	25,917
	MERITOR INC	Common Stock	58,016	84,211
	MGIC INVT CORP WIS	Common Stock	158,748	184,467
	MICROSEMI CORP	Common Stock	69,926	92,754
	MOLINA HEALTHCARE INC	Common Stock	61,673	58,186
	MONOLITHIC PWR SYS INC	Common Stock	63,860	115,125
	MUELLER WTR PRODS INC-A	Common Stock	84,322	90,305
	MULTI-COLOR CORP	Common Stock	10,601	10,650
	NABORS INDUSTRIES LTD	Common Stock	27,894	36,622
	NATIONAL STORAGE AFFILIATES TR COM SHS BEN INT	Common Stock	67,299	77,914
	NATURAL GROCERS BY VITAMIN COTTAGE INC	Common Stock	36,314	28,469
	NAVIGATORS GROUP INC	Common Stock	35,122	45,123
	NEKTAR THERAPEUTICS	Common Stock	103,694	160,065
	NEUROCRINE BIOSCIENCES INC	Common Stock	100,254	104,353
	NEW JERSEY RES CORP COM	Common Stock	42,681	50,411
	NEXSTAR MEDIA GROUP, INC.	Common Stock	114,827	145,211
	NICE LTD ADR	Common Stock	75,126	74,778
	NORTHWESTERN CORP	Common Stock	45,742	63,690
	OASIS PETE INC	Common Stock	26,856	41,753
	OLD NATL BANCORP IND	Common Stock	51,492	62,755
	OMNICELL INC	Common Stock	138,693	161,787
	ONE GAS, INC	Common Stock	42,479	42,588
	ORBOTECH LTD	Common Stock	89,526	104,490
	PACIFIC PREMIER BANCORP	Common Stock	72,928	75,944
	PACIRA PHARMACEUTICALS INC	Common Stock	146,697	120,840
	PACWEST BANCORP DEL	Common Stock	71,532	88,731
	PDC ENERGY INC COMMON	Common Stock	48,748	46,575
	PENN NATIONAL GAMING INC	Common Stock	74,530	84,115
	PENNSYLVANIA REAL ESTATE INVT	Common Stock	40,214	30,356
	PHARMERICA CORP	Common Stock	45,041	42,541
	PHYSICIANS RLTY TR	Common Stock	35,653	42,045
	PLEXUS CORP	Common Stock	50,065	88,261
	PNM RES INC	Common Stock	42,542	66,970
	PRIMERICA INC	Common Stock	50,115	69,952
	PROOFPOINT INC	Common Stock	89,792	108,566
	PROTHENA CORP PLC SHS	Common Stock	44,114	52,443
	QUAKER CHEM CORP COM	Common Stock	16,089	47,003
	REGAL BELOIT CORP COM	Common Stock	32,609	38,733

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(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	RICE ENERGY INC	Common Stock	28,544	43,347
	RLI CORP	Common Stock	29,745	51,977
	RSP PERMIAN INC	Common Stock	34,116	43,750
	RUSH ENTERPRISES INC	Common Stock	68,331	81,708
	RYDER SYS INC	Common Stock	146,603	160,687
	RYMAN HOSPITALITY PPTYS INC	Common Stock	28,247	40,437
	SAIA INC	Common Stock	40,072	64,014
	SELECT MED HLDGS CORP	Common Stock	35,252	34,550
	SKYWEST INC COM	Common Stock	33,689	53,019
	SMART SAND INC	Common Stock	55,999	51,675
	SOUTH JERSEY INDS INC COM	Common Stock	36,923	50,409
	SOUTHWEST GAS HOLDINGS, INC.	Common Stock	34,423	50,078
	SPIRIT AIRLS INC	Common Stock	119,144	132,675
	SRC ENERGY INC COM	Common Stock	44,177	47,796
	STATE BK FINL CORP	Common Stock	38,323	47,721
	STEWART INFORMATION SVCS CORP COM	Common Stock	29,439	43,694
	STIFEL FINL CORP	Common Stock	67,288	105,499
	SUNSTONE HOTEL INVESTORS INC	Common Stock	41,173	76,497
	SWIFT TRANSN CO	Common Stock	65,893	67,823
	SYNOVUS FINL CORP	Common Stock	67,685	139,140
	TABLEAU SOFTWARE INC CL A	Common Stock	79,859	85,722
	TECH DATA CORP	Common Stock	53,228	75,590
	TESARO INC	Common Stock	38,744	38,468
	TIMKEN CO	Common Stock	33,293	34,442
	TRI POINTE GROUP INC	Common Stock	54,721	53,420
	TRINSEO S A SHS	Common Stock	76,805	94,074
	TRONOX LTD SHS CL A	Common Stock	30,647	87,840
	TTM TECHNOLOGIES INC	Common Stock	40,041	52,342
	ULTIMATE SOFTWARE GROUP INC	Common Stock	61,098	85,697
	UNITED COMMUNITY BANKS GA BLAIRSVILLE GA	Common Stock	63,383	99,269
	UNITED NAT FOODS INC	Common Stock	47,194	41,630
	UNITED STS STL CORP	Common Stock	38,903	59,844
	UNIVAR INC	Common Stock	120,164	176,908
	USG CORP	Common Stock	40,472	48,813
	VAIL RESORTS INC	Common Stock	99,084	194,395
	VISHAY INTERTECHNOLOGY INC COM	Common Stock	54,973	80,375
	WABASH NATL CORP COM	Common Stock	41,489	39,683
	WATSCO INC COM	Common Stock	87,150	166,089
	WELBILT INC	Common Stock	39,260	43,127
	WEST AMERICA BANCORP	Common Stock	53,914	63,646
	WESTERN ALLIANCE BANCORP	Common Stock	23,166	118,160
	WESTERN REFNG INC	Common Stock	132,934	122,044

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(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	WNS HOLDINGS LTD ADR	Common Stock	90,242	90,408
	WRIGHT MED GROUP N V ORD SHS	Common Stock	111,918	133,629
	XPO LOGISTICS INC	Common Stock	55,236	83,903
	ZENDESK INC	Common Stock	89,888	117,198
			12,701,664	16,049,771
	Common Collective Trusts			
	T ROWE PRICE STRUCTURED RESEARCH	Common Trust	14,950,412	32,664,426
	Equity Security Funds			
	BROOKFIELD GLOBAL LISTED REAL ESTATE I	Equity	3,029,977	3,032,743
	COPPER ROCK INTERNATIONAL SMALL CAP FUND	Equity Derivitive	8,000,000	8,159,379
	DFA EMERGING MARKETS VALUE #95 (INCOME INVESTMENT)	Equity	14,196	9,095
	DFA EMERGING MARKETS VALUE #95	Equity	8,853,024	8,120,946
	DODGE & COX INTL STOCK FUND	Equity	18,479,035	21,058,564
	EUROPACIFIC GROWTH FD CL F-3	Equity	14,243,258	18,955,977
	MFG NTGI-QM COLTV DAILY S&P 501	Equity	22,493,516	54,026,903
	VANGUARD MIDCAP INDEX FUND-I	Equity	10,523,671	14,951,631
	WELLS FARGO ADV EMERG MKTS EQ R6	Equity	7,976,564	8,222,378
			93,613,241	136,537,616
	Bond Funds			
	DODGE & COX INCOME FD	Bond	23,023,364	22,779,012
	FEDERATED TOTAL RETURN BOND FUND	Bond	22,285,209	21,861,616
	PIMCO DIVERSIFIED INCOME FD-I	Bond	8,172,756	8,082,537
	VANGUARD L/T INVEST GR RD-AD	Bond	35,774,951	34,555,207
			89,256,280	87,278,372
	Limited Partnerships			
	ALTERNATIVE INVESTMENTS INSTL LTD PARTNERSHIP	Limited Partnership	9,400,000	12,569,204
	KAYNE ANDERSON ENERGY FD V LP	Limited Partnership	220,960	1,290,990
	KAYNE ANDERSON ENERGY FUND VI LP	Limited Partnership	1,203,544	2,748,292
	NEW BOSTON INSTITUTIONAL FUND LP VI	Limited Partnership	3,273,862	37,645
	NEW BOSTON INSTITUTIONAL FUND LP VII	Limited Partnership	2,064,860	1,625,486
	OAKTREE REAL ESTATE OPPORTUNITES FUND VI, L.P.	Limited Partnership	2,940,718	3,637,110
	PORTFOLIO ADVISORS PRIVATE EQUITY FUND V (OFFSHORE) LP	Limited Partnership	240,285	1,511,011
	PORTFOLIO ADVISORS VI	Limited Partnership	924,190	2,093,777
	PORTFOLIO ADVISORS PRIVATE EQUITY FUND VII	Limited Partnership	2,354,385	2,864,998

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(a)	(b) Identity of issuer or similar party	(c) Description of investment	(d) Cost	(e) Current Value
			22,622,804	28,378,513
Fund of Hedge Funds				
	WEATHERLOW OFFSHORE FUND II LTD CLASS 1 A	Fund of Hedge Funds	9,500,000	14,395,762
TOTAL INVESTMENTS			$ 245,158,625	$ 317,818,684