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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
TOM NEHL TRUCK COMPANY EMPLOYEES 401K SAVINGS &

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1995

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)
TOM NEHL TRUCK COMPANY

417 S. EDGEWOOD AVENUE
JACKONSVILLE, FL 32254

2b Employer Identification Number (EIN) 59-0840355

2c Plan Sponsor's telephone number 904-389-3653

2d Business code (see instructions) 441110

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.	08/06/2018	DEVON P. SCHEIBLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/06/2018	DEVON P. SCHEIBLE
	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

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	236
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)**	216
a(2) Total number of active participants at the end of the plan year	**6a(2)**	218
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	38
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	256
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	256
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	247
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	28
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:

2E 2F 2G 2J 2K 2T 3D

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)	[X] Insurance	**(1)**	[X] 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) [ ] **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) [X] 1 **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
TOM NEHL TRUCK COMPANY EMPLOYEES 401K SAVINGS &

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TOM NEHL TRUCK COMPANY

D Employer Identification Number (EIN)
59-0840355

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	ZH9863	256	01/01/2017	12/31/2017

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
22781	0

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

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

LPL FINANCIAL CORPORATION
4707 EXECUTIVE DR
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
22781			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1298728
5	Current value of plan's interest under this contract in separate accounts at year end	5	7859214

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	1649139
c	Additions: (1) Contributions deposited during the year	7c(1)	262919		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	23910		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	2540		
	▶ *				
	(6) Total additions			7c(6)	289369
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1938508
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	323968		
	(2) Administration charge made by carrier	7e(2)	931		
	(3) Transferred to separate account	7e(3)	349446		
	(4) Other (specify below)	7e(4)	835		
	▶ *				
	(5) Total deductions			7e(5)	675180
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1263328

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
TOM NEHL TRUCK COMPANY EMPLOYEES 401K SAVINGS &

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TOM NEHL TRUCK COMPANY

D Employer Identification Number (EIN)
59-0840355

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).. . . . . [X] 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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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?
26 64	SERVICE PROVIDER	6178	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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)

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

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

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

(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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
TOM NEHL TRUCK COMPANY EMPLOYEES 401K SAVINGS &

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TOM NEHL TRUCK COMPANY

D Employer Identification Number (EIN)
59-0840355

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: VARIABLE ANNUITY ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY CO

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)
71-0294708-000	P	7859214

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
TOM NEHL TRUCK COMPANY EMPLOYEES 401K SAVINGS &

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TOM NEHL TRUCK COMPANY

D Employer Identification Number (EIN)
59-0840355

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	21703	8899
(9) Value of interest in common/collective trusts	1c(9)		
(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)	6101063	7859214
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1649139	1263328
(15) Other	1c(15)		

			(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	7771905	9131441
	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	7771905	9131441

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)	199236	
	(B) Participants	2a(1)(B)	861098	
	(C) Others (including rollovers)	2a(1)(C)	128423	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1188757
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	1096	
	(F) Other	2b(1)(F)	23910	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		25006
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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)		1152337
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		29
d Total income. Add all **income** amounts in column (b) and enter total	2d		2366129
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	992457	
(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)		992457
f Corrective distributions (see instructions)	2f		3879
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	10257	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		10257
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1006593
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1359536
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: SMOAK, DAVIS & NIXON LLP **(2)** EIN: 59-0602635

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		500000
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			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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_____. (See instructions.)

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
TOM NEHL TRUCK COMPANY EMPLOYEES 401K SAVINGS &

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TOM NEHL TRUCK COMPANY

D Employer Identification Number (EIN)
59-0840355

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**

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): 71-0294708

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**

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

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): _____

---

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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):

TOM NEHL TRUCK COMPANY

EMPLOYEES 401(K) SAVINGS AND RETIREMENT PLAN

FINANCIAL REPORT

December 31, 2017 and 2016

CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1 - 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 9
SUPPLEMENTAL SCHEDULE	
Schedule of Assets Held for Investment Purposes	10 - 11

SMOAK, DAVIS & NIXON LLP
Certified Public Accountants
Providing Integrated Financial Solutions

EDWARD P. SCHMITZER, CPA, PA
ROBERT T. LOVERICH, CPA, PA
JOHN W. GIEHRL, CPA, PA
ROBERT D. ROSARIO, CPA, PA

To the Trustees of
Tom Nehl Truck Company
Employees 401(K) Savings and Retirement Plan
Jacksonville, Florida

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Tom Nehl Truck Company Employees 401(K) Savings and Retirement Plan, which comprise the statement of net assets available for benefits as of December 31, 2017 and 2016, and the related statement 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

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

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Building 100, Suite 300
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Independent Auditor's 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 - Supplemental Schedule

The supplemental schedule of Assets Held for Investment Purposes as of December 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 Custodian, 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.

Smoak, Davis & Nixon LLP

Jacksonville, Florida
July 9, 2018

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TOM NEHL TRUCK COMPANY
EMPLOYEES 401(K) SAVINGS AND RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2017 and 2016

	2017	2016
ASSETS		
Accounts Receivable:		
Notes receivable from participants	8,899	21,703
	8,899	21,703
Investments:		
Investments at fair value	9,122,542	7,750,202
	9,122,542	7,750,202
Total Assets	9,131,441	7,771,905
LIABILITIES	0	0
Net Assets Available for Benefits	9,131,441	7,771,905

The Notes to Financial Statements are an integral part of these statements.

TOM NEHL TRUCK COMPANY
EMPLOYEES 401(K) SAVINGS AND RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2017 and 2016

	2017	2016
ADDITIONS		
Additions to Net Assets Attributed To:		
Investment Income:		
Net appreciation in fair value of investments	1,152,337	485,558
Dividends and other income	21,767	29,963
Interest	1,096	2,360
Other	2,172	(5,864)
	1,177,372	512,017
Contributions:		
Participants	861,098	891,801
Employer	199,236	204,414
Rollover	128,423	0
	1,188,757	1,096,215
Total Additions	2,366,129	1,608,232
DEDUCTIONS		
Deductions From Net Assets Attributed To:		
Benefits paid to participants	992,457	385,434
Corrective distributions	3,879	9,923
Participant fees and charges	10,257	9,593
Total Deductions	1,006,593	404,950
Net Increase	1,359,536	1,203,282
Net Assets Available For Benefits		
Beginning of year	7,771,905	6,568,623
End of year	9,131,441	7,771,905

The Notes to Financial Statements are an integral part of these statements.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Tom Nehl Truck Company Employees 401(K) Savings and Retirement Plan ("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 was established on January 1, 1995 and restated February 1, 2015. The Plan is a defined contribution plan covering all employees of the sponsoring companies (sponsors), excluding leased employees, who have thirty days of service and are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Eligible employees are automatically enrolled, with three percent of compensation being contributed, although a participant may elect to defer a different percentage of their compensation as an elective deferral contribution. The sponsors may make a discretionary matching contribution on behalf of each participant. The amount of the matching contribution shall be determined annually by the sponsors' directors. Additionally, the sponsors may make a discretionary non-elective contribution each year as determined by the sponsors' directors which is allocated to each participant in the ratio that a given participant's compensation bears to the compensation of the total sponsoring company's plan participants.

Participant Accounts:

Each participant's account is credited with the participant's contributions and an allocation of (a) the sponsors' contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' non-vested accounts and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. A participant is 100% vested after six years of service. Vesting in the sponsors' contributions portion of their accounts plus actual earnings thereon is based on years of continuous service as follows:

Years of Service	Non-forfeitable Percentage
1 year or less	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan (Continued)

Payment of Benefits:

On termination of service due to death, disability, retirement, or other reasons, a participant (or beneficiary) receives an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount or, if the benefits qualify as eligible rollovers, all or a portion of the benefits may be rolled over to another qualified plan or IRA.

Notes Receivable from Participants:

Prior to February 1, 2015, participants could borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest rates at market rates on the date the loans were initiated. Principal and interest is paid through payroll deduction over a period not exceeding 5 years. Subsequent to February 1, 2015, the Plan no longer allows participants to borrow from their fund accounts.

Forfeited Accounts:

Forfeitures of non-vested company contributions may be used by the Plan as payment of Plan expenses. Any remaining forfeitures will be added to any employer discretionary matching contributions. At December 31, 2017 and 2016, respectively, forfeited non-vested accounts totaled $17,251 and $8,284.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting:

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principals generally accepted in the United States of America.

Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. 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.

Notes Receivable from Participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued by unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 or 2016. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Payment of Benefits:

Benefits are recorded when paid.

Subsequent Events:

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through July 9, 2018, the date the financial statements were available to be issued.

Note 3. Investments

During the years ended December 31, 2017 and 2016, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $1,152,337 and $485,558, respectively.

Note 4. Information Prepared and Certified by the Custodians

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate in accordance with Section 2520.103-8 of the Departments of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 by Voya Retirement Insurance and Annuity Company for 2017 and 2016.

	2017	2016
Investments, at fair value:		
Mutual Funds	7,859,214	6,101,063
Insurance company - fixed account	1,263,328	1,649,139
Total investments	9,122,542	7,750,202
Notes receivable from participants	8,899	21,703
Investment income	1,175,200	517,881

NOTES TO FINANCIAL STATEMENTS

Note 5. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently operated in compliance with the applicable requirements of the IRC.

Note 6. Fair Values Measurements

The Plan applies generally accepted accounting principles for fair value measurements of financial assets and liabilities. These accounting principles define fair value and establish a hierarchy that prioritizes fair value measurements based on the types of inputs used for the various valuation techniques. The three levels of inputs used to measure fair value are as follows:

• Level 1 - Values measured using quoted prices in active markets for identical investments.

• Level 2 - Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.

• Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value

The following is a summary of the levels within the fair value hierarchy for the Plans assets measured at fair value on a recurring basis as of December 31, 2017 and 2016:

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Assets:				
Investments				
Mutual funds		7,859,214		7,859,214
Fixed account		1,263,328		1,263,328
Total	0	9,122,542	0	9,122,542

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Assets:				
Investments				
Mutual funds		6,101,063		6,101,063
Fixed account		1,649,139		1,649,139
Total	0	7,750,202	0	7,750,202

Note 6. Fair Values Measurements (Continued)

Following is a description of the valuation methodology used for assets measured at fair value:

Mutual Funds: valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price, and are deemed to be actively traded.

Fixed account: reported based upon observable inputs, including the Plan's assumptions as to what market participants would use in pricing such instruments.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the sponsors have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 8. Party-in-Interest Transactions

Certain investments of the Plan are shares of funds managed by the members of Voya Retirement Income and Annuity Company. Voya Retirement Income and Annuity Company is considered the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Plan paid Voya Retirement Income and Annuity Company $10,257 and $9,593 in 2017 and 2016, respectively.

SUPPLEMENTAL SCHEDULE

TOM NEHL TRUCK COMPANY
EMPLOYEES 401(k) SAVINGS & RETIREMENT PLAN

SCHEDULE H (LINE 4i) - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
ATTACHMENT - FORM 5500

December 31, 2017

EIN: 59-0840355
PN: 002

(a)	Identity of Issue, Borrower, Lessor of Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
*	Voya Retirement Insurance and Annuity Company	American Funds Europacific Growth		504,812
*	Voya Retirement Insurance and Annuity Company	American Funds New Perspective		251,719
*	Voya Retirement Insurance and Annuity Company	DFA International Core Equity Portfolio		327,493
*	Voya Retirement Insurance and Annuity Company	Vanguard Mid-Cap Index Fund		135,742
*	Voya Retirement Insurance and Annuity Company	Vanguard Small-Cap Index Fund		160,398
*	Voya Retirement Insurance and Annuity Company	DFA U.S. Targeted Value Portfolio		47,902
*	Voya Retirement Insurance and Annuity Company	Clearbridge Small-Cap Growth		34,540
*	Voya Retirement Insurance and Annuity Company	Victory Munder Mid-Cap Core Growth		80,383
*	Voya Retirement Insurance and Annuity Company	American Century Mid Cap Value		410,949
*	Voya Retirement Insurance and Annuity Company	JP Morgan Large Cap Growth		572,587
*	Voya Retirement Insurance and Annuity Company	Clearbridge Small-Cap Growth		172,848
*	Voya Retirement Insurance and Annuity Company	Vanguard 500 Index Fund		569,790
*	Voya Retirement Insurance and Annuity Company	American Beacon Large Cap Value		142,369
*	Voya Retirement Insurance and Annuity Company	JP Morgan U.S. Equity		636,756
*	Voya Retirement Insurance and Annuity Company	JP Morgan Equity Income		651,633
*	Voya Retirement Insurance and Annuity Company	American Funds The Income Fund of America SM		219,682
*	Voya Retirement Insurance and Annuity Company	Vanguard Balanced Index Fund		203,237
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2015		20,617
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2025		237,248
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2035		174,660
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2045		94,591
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement Income		21,354
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2020		224,134
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2030		279,241
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2040		256,262
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2050		48,556
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2055		99,299
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2060		665,697
*	Voya Retirement Insurance and Annuity Company	Putnam Dynamic Asset Allocation Bal.		23,235
*	Voya Retirement Insurance and Annuity Company	Putnam Dynamic Asset Allocation Cons.		7,570
*	Voya Retirement Insurance and Annuity Company	Putnam Dynamic Asset Allocation Growth		11,346
*	Voya Retirement Insurance and Annuity Company	PIMCO Real Return		136,048
*	Voya Retirement Insurance and Annuity Company	American Funds The Bond Fund of America SM		191,737
*	Voya Retirement Insurance and Annuity Company	Loomis Sayles Bond Fund		30,919
*	Voya Retirement Insurance and Annuity Company	Prudential High Yield Fund		196,609

* Party in Interest

Note: Cost information may be omitted when reporting investments of an individual account that a participant directed with respect to assets allocated to his or her account.

TOM NEHL TRUCK COMPANY
EMPLOYEES 401(k) SAVINGS & RETIREMENT PLAN

SCHEDULE H (LINE 4i) - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
ATTACHMENT - FORM 5500
(CONTINUED)
December 31, 2017

EIN: 59-0840355
PN: 002

(a)	Identity of Issue, Borrower, Lessor of Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
*	Voya Retirement Insurance and Annuity Company	Fixed Account		1,263,328
*	Voya Retirement Insurance and Annuity Company	Money Market Fund		17,251
				9,122,542
	Participant Loans	Participant Loans at 7.25%		8,899
			N/A	9,131,441

* Party in Interest

Note: Cost information may be omitted when reporting investments of an individual account that a participant directed with respect to assets allocated to his or her account.

Attachment to 2017 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
TOM NEHL TRUCK CO. EMP. 401(K) SVGS & RET PL
EIN#59-0840355
Plan#001
As Of December 31, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	AmBcn Large Cap Value Fund Ins	Registered Investment Company		$142,369
	AmCen Mid Cap Value Fund R6	Registered Investment Company		$410,949
	American Funds Bond Fd Am R6	Registered Investment Company		$191,737
	American Funds EuroPacific R6	Registered Investment Company		$504,812
	American Funds Income Fnd R6	Registered Investment Company		$219,682
	American Funds Nw Prspctv R6	Registered Investment Company		$251,719
	ClrBrg Aggr Grw Fd IS	Registered Investment Company		$172,848
	ClrBrg SmCp Grw Fd IS	Registered Investment Company		$34,539
	DFA Intl Core Equity Port Ins	Registered Investment Company		$327,493
	DFA US Targeted Vl Port Ins	Registered Investment Company		$47,902
	JPMorgan Equity Income Fund R6	Registered Investment Company		$651,633
	JPMorgan LgCp Grw Fnd R6	Registered Investment Company		$572,587
	JPMorgan US Equity Fund R6	Registered Investment Company		$636,756
	Loomis Sayles Bond Fund N	Registered Investment Company		$30,919
	PIMCO Real Return Fund Ins	Registered Investment Company		$136,048
	Prudential High Yield Fund Q	Registered Investment Company		$196,609
	Putnam Dynmc Asst All Bal F R6	Registered Investment Company		$23,235
	Putnam Dynmc Asst All Con F R6	Registered Investment Company		$7,570
	Putnam Dynmc Asst All Grw F R6	Registered Investment Company		$11,346
	Vangrd 500 Index Fund Adm	Registered Investment Company		$569,790
	Vangrd Balanced Index Fnd Adm	Registered Investment Company		$203,237
	Vangrd Mid-Cap Index Fund Adm	Registered Investment Company		$135,742
	Vangrd Small-Cap Index Fnd Adm	Registered Investment Company		$160,399
	Vangrd Trgt Retire 2015 Fd Inv	Registered Investment Company		$20,617
	Vangrd Trgt Retire 2020 Fd Inv	Registered Investment Company		$224,134
	Vangrd Trgt Retire 2025 Fd Inv	Registered Investment Company		$237,248
	Vangrd Trgt Retire 2030 Fd Inv	Registered Investment Company		$279,241
	Vangrd Trgt Retire 2035 Fd Inv	Registered Investment Company		$174,660
	Vangrd Trgt Retire 2040 Fd Inv	Registered Investment Company		$256,262
	Vangrd Trgt Retire 2045 Fd Inv	Registered Investment Company		$94,591
	Vangrd Trgt Retire 2050 Fd Inv	Registered Investment Company		$48,556
	Vangrd Trgt Retire 2055 Fd Inv	Registered Investment Company		$99,299
	Vangrd Trgt Retire 2060 Fd Inv	Registered Investment Company		$665,697
	Vangrd Trgt Retire Inc Fd Inv	Registered Investment Company		$21,354
	Vic Mun MdCp Core Growth Fd R6	Registered Investment Company		$80,383
*	Voya Fixed Account (4062)	Insurance Company General Account		$1,263,328
*	Voya Gv Mny Mkt F A (Hld Acct)	Registered Investment Company		$17,251
		Participant Loans		$8,899
	TOTAL			$9,131,441

* denotes party-in-interest
Column (d) is not required as the Plan's investments are totally participant directed.

TOM NEHL TRUCK COMPANY

EMPLOYEES 401(K) SAVINGS AND RETIREMENT PLAN

FINANCIAL REPORT

December 31, 2017 and 2016

CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1 - 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 9
SUPPLEMENTAL SCHEDULE	
Schedule of Assets Held for Investment Purposes	10 - 11

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Certified Public Accountants
Providing Integrated Financial Solutions

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ROBERT T. LOVERICH, CPA, PA
JOHN W. GIEHRL, CPA, PA
ROBERT D. ROSARIO, CPA, PA

To the Trustees of
Tom Nehl Truck Company
Employees 401(K) Savings and Retirement Plan
Jacksonville, Florida

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Tom Nehl Truck Company Employees 401(K) Savings and Retirement Plan, which comprise the statement of net assets available for benefits as of December 31, 2017 and 2016, and the related statement 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

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

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ROBERT D. ROSARIO, CPA, PA

Independent Auditor's 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 - Supplemental Schedule

The supplemental schedule of Assets Held for Investment Purposes as of December 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 Custodian, 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.

Smoak, Davis & Nixon LLP

Jacksonville, Florida
July 9, 2018

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904.396.5831 Office
904.399.8985 Fax
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TOM NEHL TRUCK COMPANY
EMPLOYEES 401(K) SAVINGS AND RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2017 and 2016

	2017	2016
ASSETS		
Accounts Receivable:		
Notes receivable from participants	8,899	21,703
	8,899	21,703
Investments:		
Investments at fair value	9,122,542	7,750,202
	9,122,542	7,750,202
Total Assets	9,131,441	7,771,905
LIABILITIES	0	0
Net Assets Available for Benefits	9,131,441	7,771,905

The Notes to Financial Statements are an integral part of these statements.

TOM NEHL TRUCK COMPANY
EMPLOYEES 401(K) SAVINGS AND RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2017 and 2016

	2017	2016
ADDITIONS		
Additions to Net Assets Attributed To:		
Investment Income:		
Net appreciation in fair value of investments	1,152,337	485,558
Dividends and other income	21,767	29,963
Interest	1,096	2,360
Other	2,172	(5,864)
	1,177,372	512,017
Contributions:		
Participants	861,098	891,801
Employer	199,236	204,414
Rollover	128,423	0
	1,188,757	1,096,215
Total Additions	2,366,129	1,608,232
DEDUCTIONS		
Deductions From Net Assets Attributed To:		
Benefits paid to participants	992,457	385,434
Corrective distributions	3,879	9,923
Participant fees and charges	10,257	9,593
Total Deductions	1,006,593	404,950
Net Increase	1,359,536	1,203,282
Net Assets Available For Benefits		
Beginning of year	7,771,905	6,568,623
End of year	9,131,441	7,771,905

The Notes to Financial Statements are an integral part of these statements.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Tom Nehl Truck Company Employees 401(K) Savings and Retirement Plan ("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 was established on January 1, 1995 and restated February 1, 2015. The Plan is a defined contribution plan covering all employees of the sponsoring companies (sponsors), excluding leased employees, who have thirty days of service and are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Eligible employees are automatically enrolled, with three percent of compensation being contributed, although a participant may elect to defer a different percentage of their compensation as an elective deferral contribution. The sponsors may make a discretionary matching contribution on behalf of each participant. The amount of the matching contribution shall be determined annually by the sponsors' directors. Additionally, the sponsors may make a discretionary non-elective contribution each year as determined by the sponsors' directors which is allocated to each participant in the ratio that a given participant's compensation bears to the compensation of the total sponsoring company's plan participants.

Participant Accounts:

Each participant's account is credited with the participant's contributions and an allocation of (a) the sponsors' contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' non-vested accounts and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. A participant is 100% vested after six years of service. Vesting in the sponsors' contributions portion of their accounts plus actual earnings thereon is based on years of continuous service as follows:

Years of Service	Non-forfeitable Percentage
1 year or less	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan (Continued)

Payment of Benefits:

On termination of service due to death, disability, retirement, or other reasons, a participant (or beneficiary) receives an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount or, if the benefits qualify as eligible rollovers, all or a portion of the benefits may be rolled over to another qualified plan or IRA.

Notes Receivable from Participants:

Prior to February 1, 2015, participants could borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest rates at market rates on the date the loans were initiated. Principal and interest is paid through payroll deduction over a period not exceeding 5 years. Subsequent to February 1, 2015, the Plan no longer allows participants to borrow from their fund accounts.

Forfeited Accounts:

Forfeitures of non-vested company contributions may be used by the Plan as payment of Plan expenses. Any remaining forfeitures will be added to any employer discretionary matching contributions. At December 31, 2017 and 2016, respectively, forfeited non-vested accounts totaled $17,251 and $8,284.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting:

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principals generally accepted in the United States of America.

Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. 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.

Notes Receivable from Participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued by unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 or 2016. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Payment of Benefits:

Benefits are recorded when paid.

Subsequent Events:

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through July 9, 2018, the date the financial statements were available to be issued.

Note 3. Investments

During the years ended December 31, 2017 and 2016, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $1,152,337 and $485,558, respectively.

Note 4. Information Prepared and Certified by the Custodians

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate in accordance with Section 2520.103-8 of the Departments of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 by Voya Retirement Insurance and Annuity Company for 2017 and 2016.

	2017	2016
Investments, at fair value:		
Mutual Funds	7,859,214	6,101,063
Insurance company - fixed account	1,263,328	1,649,139
Total investments	9,122,542	7,750,202
Notes receivable from participants	8,899	21,703
Investment income	1,175,200	517,881

NOTES TO FINANCIAL STATEMENTS

Note 5. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently operated in compliance with the applicable requirements of the IRC.

Note 6. Fair Values Measurements

The Plan applies generally accepted accounting principles for fair value measurements of financial assets and liabilities. These accounting principles define fair value and establish a hierarchy that prioritizes fair value measurements based on the types of inputs used for the various valuation techniques. The three levels of inputs used to measure fair value are as follows:

• Level 1 - Values measured using quoted prices in active markets for identical investments.

• Level 2 - Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.

• Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value

The following is a summary of the levels within the fair value hierarchy for the Plans assets measured at fair value on a recurring basis as of December 31, 2017 and 2016:

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Assets:				
Investments				
Mutual funds		7,859,214		7,859,214
Fixed account		1,263,328		1,263,328
Total	0	9,122,542	0	9,122,542

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Assets:				
Investments				
Mutual funds		6,101,063		6,101,063
Fixed account		1,649,139		1,649,139
Total	0	7,750,202	0	7,750,202

Note 6. Fair Values Measurements (Continued)

Following is a description of the valuation methodology used for assets measured at fair value:

Mutual Funds: valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price, and are deemed to be actively traded.

Fixed account: reported based upon observable inputs, including the Plan's assumptions as to what market participants would use in pricing such instruments.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the sponsors have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 8. Party-in-Interest Transactions

Certain investments of the Plan are shares of funds managed by the members of Voya Retirement Income and Annuity Company. Voya Retirement Income and Annuity Company is considered the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Plan paid Voya Retirement Income and Annuity Company $10,257 and $9,593 in 2017 and 2016, respectively.

SUPPLEMENTAL SCHEDULE

TOM NEHL TRUCK COMPANY
EMPLOYEES 401(k) SAVINGS & RETIREMENT PLAN

SCHEDULE H (LINE 4i) - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
ATTACHMENT - FORM 5500

December 31, 2017

EIN: 59-0840355
PN: 002

(a)	Identity of Issue, Borrower, Lessor of Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
*	Voya Retirement Insurance and Annuity Company	American Funds Europacific Growth		504,812
*	Voya Retirement Insurance and Annuity Company	American Funds New Perspective		251,719
*	Voya Retirement Insurance and Annuity Company	DFA International Core Equity Portfolio		327,493
*	Voya Retirement Insurance and Annuity Company	Vanguard Mid-Cap Index Fund		135,742
*	Voya Retirement Insurance and Annuity Company	Vanguard Small-Cap Index Fund		160,398
*	Voya Retirement Insurance and Annuity Company	DFA U.S. Targeted Value Portfolio		47,902
*	Voya Retirement Insurance and Annuity Company	Clearbridge Small-Cap Growth		34,540
*	Voya Retirement Insurance and Annuity Company	Victory Munder Mid-Cap Core Growth		80,383
*	Voya Retirement Insurance and Annuity Company	American Century Mid Cap Value		410,949
*	Voya Retirement Insurance and Annuity Company	JP Morgan Large Cap Growth		572,587
*	Voya Retirement Insurance and Annuity Company	Clearbridge Small-Cap Growth		172,848
*	Voya Retirement Insurance and Annuity Company	Vanguard 500 Index Fund		569,790
*	Voya Retirement Insurance and Annuity Company	American Beacon Large Cap Value		142,369
*	Voya Retirement Insurance and Annuity Company	JP Morgan U.S. Equity		636,756
*	Voya Retirement Insurance and Annuity Company	JP Morgan Equity Income		651,633
*	Voya Retirement Insurance and Annuity Company	American Funds The Income Fund of America SM		219,682
*	Voya Retirement Insurance and Annuity Company	Vanguard Balanced Index Fund		203,237
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2015		20,617
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2025		237,248
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2035		174,660
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2045		94,591
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement Income		21,354
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2020		224,134
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2030		279,241
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2040		256,262
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2050		48,556
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2055		99,299
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2060		665,697
*	Voya Retirement Insurance and Annuity Company	Putnam Dynamic Asset Allocation Bal.		23,235
*	Voya Retirement Insurance and Annuity Company	Putnam Dynamic Asset Allocation Cons.		7,570
*	Voya Retirement Insurance and Annuity Company	Putnam Dynamic Asset Allocation Growth		11,346
*	Voya Retirement Insurance and Annuity Company	PIMCO Real Return		136,048
*	Voya Retirement Insurance and Annuity Company	American Funds The Bond Fund of America SM		191,737
*	Voya Retirement Insurance and Annuity Company	Loomis Sayles Bond Fund		30,919
*	Voya Retirement Insurance and Annuity Company	Prudential High Yield Fund		196,609

* Party in Interest

Note: Cost information may be omitted when reporting investments of an individual account that a participant directed with respect to assets allocated to his or her account.

TOM NEHL TRUCK COMPANY
EMPLOYEES 401(k) SAVINGS & RETIREMENT PLAN

SCHEDULE H (LINE 4i) - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
ATTACHMENT - FORM 5500
(CONTINUED)
December 31, 2017

EIN: 59-0840355
PN: 002

(a)	Identity of Issue, Borrower, Lessor of Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
*	Voya Retirement Insurance and Annuity Company	Fixed Account		1,263,328
*	Voya Retirement Insurance and Annuity Company	Money Market Fund		17,251
				9,122,542
	Participant Loans	Participant Loans at 7.25%		8,899
			N/A	9,131,441

* Party in Interest

Note: Cost information may be omitted when reporting investments of an individual account that a participant directed with respect to assets allocated to his or her account.