

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2017 or fiscal plan year beginning <u>04/01/2017</u> and ending <u>03/31/2018</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/14/2019	CRAIG SEITZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor 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 4408
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) 2683
a(2) Total number of active participants at the end of the plan year	6a(2) 2561
b Retired or separated participants receiving benefits	6b 526
c Other retired or separated participants entitled to future benefits	6c 625
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 3712
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 39
f Total. Add lines 6d and 6e	6f 3751
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

1A

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
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For calendar plan year 2017 or fiscal plan year beginning 04/01/2017 and ending 03/31/2018	
A Name of plan CROWN EQUIPMENT CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CROWN EQUIPMENT CORPORATION	D Employer Identification Number (EIN) 34-4412691

Part I	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.
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1 Coverage Information:

(a) Name of insurance carrier WESTERN-SOUTHERN LIFE ASSURANCE 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
31-0487145	0	GLCROWNEQU01183	618	04/01/2017	03/31/2018

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 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(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	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	24464000
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. Specify nature of costs ▶	6d	

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 ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	24464000
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	24464000
d Total of balance and additions (add lines 7b and 7c(6))	7d	24464000
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	24280783
(2) Administration charge made by carrier	7e(2)	183217
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	24464000
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 04/01/2017 and ending 03/31/2018

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

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

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I Basic Information

1 Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value	2a	<u>350257211</u>	
b Actuarial value	2b	<u>348450769</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>1114</u>	<u>105855690</u>	<u>105855690</u>
b For terminated vested participants	<u>611</u>	<u>25377807</u>	<u>25377807</u>
c For active participants	<u>2683</u>	<u>182974061</u>	<u>194317791</u>
d Total	<u>4408</u>	<u>314207558</u>	<u>325551288</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.99 %</u>	
6 Target normal cost	6	<u>12763346</u>	

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

SIGN HERE		
Signature of actuary	<u>DEREK SCHMITT</u>	<u>12/18/2018</u>
Type or print name of actuary	<u>DELOITTE CONSULTING L.L.P.</u>	Date
Firm name	<u>38 COMMERCE AVE SW STE 600 GRAND RAPIDS, MI 49503</u>	<u>17-07642</u>
Address of the firm		Most recent enrollment number
		<u>616-336-7828</u>
		Telephone number (including area code)

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1150030
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1073551
9 Amount remaining (line 7 minus line 8)	0	76479
10 Interest on line 9 using prior year's actual return of <u>12.25</u> %	0	9369
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		32714249
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.19</u> %		1958559
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		131510
c Total available at beginning of current plan year to add to prefunding balance		34804318
d Portion of (c) to be added to prefunding balance		10050287
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	10136135

Part III Funding Percentages

14 Funding target attainment percentage	14	103.92%
15 Adjusted funding target attainment percentage	15	107.03%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.10%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/02/2018	6000000		11/15/2018	3000000	
04/13/2018	3000000		12/14/2018	3000000	
08/15/2018	9000000				
09/04/2018	3000000				
10/01/2018	3000000				
10/15/2018	3000000				
Totals ▶			18(b)	33000000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	30492866

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	12763346	
b Excess assets, if applicable, but not greater than line 31a	31b	12763346	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	30492866	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	30492866	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 04/01/2017 and ending 03/31/2018		
A Name of plan CROWN EQUIPMENT CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CROWN EQUIPMENT CORPORATION	D Employer Identification Number (EIN) 34-4412691	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

DELOITTE & TOUCHE, LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	161800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

T. ROWE PRICE

52-2264646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	141128	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIFTH THIRD BANK

31-6243947

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	127127	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HARTLAND & COMPANY

34-1597728

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	88855	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VICTORY CAPITAL MANAGEMENT

13-2700161

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	88173	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTFIELD CAPITAL MANAGEMENT CO.

30-0027188

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	86912	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE NORTHWEST TRUST COMPANY

36-2885278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	26580	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRADY, WARE & SCHOENFELD

35-1476702

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	14600	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:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2017 or fiscal plan year beginning 04/01/2017 and ending 03/31/2018					
A Name of plan CROWN EQUIPMENT CORPORATION RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CROWN EQUIPMENT CORPORATION				D Employer Identification Number (EIN) 34-4412691	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE STRUCTURED COMMON TR					
b Name of sponsor of entity listed in (a): T. ROWE PRICE					
c EIN-PN 52-2264646-000		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31836264	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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	

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning <u>04/01/2017</u> and ending <u>03/31/2018</u>		
A Name of plan <u>CROWN EQUIPMENT CORPORATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CROWN EQUIPMENT CORPORATION</u>	D Employer Identification Number (EIN) <u>34-4412691</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	<u>7</u>	<u>0</u>
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>33000000</u>	<u>33000000</u>
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	<u>12186</u>	<u>77129</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>2514224</u>	<u>36519950</u>
(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)	<u>16049771</u>	<u>15568226</u>
(5) Partnership/joint venture interests	1c(5)	<u>28378513</u>	<u>12015416</u>
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	<u>32664426</u>	<u>31836264</u>
(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)	<u>223815988</u>	<u>231812694</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	<u>14395762</u>	<u>20504702</u>

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	350830877	381334381

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	350830877	381334381
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	33000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		33000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	142234	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		142234
(2) Dividends: (A) Preferred stock	2b(2)(A)	44	
(B) Common stock	2b(2)(B)	198978	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	7408548	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		7607570
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	34963684	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	29662976	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		5300708
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	4683570	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		4683570

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		18720795
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		69454877

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11808869	
(2) To insurance carriers for the provision of benefits	2e(2)	24464000	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		36272869
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	250655	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	330812	
(4) Other	2i(4)	2097037	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2678504
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		38951373

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		30503504
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **BRADY, WARE & SCHOENFELD**

(2) EIN: **35-1476702**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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 4109604. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 04/01/2017 and ending 03/31/2018		
A Name of plan CROWN EQUIPMENT CORPORATION RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CROWN EQUIPMENT CORPORATION		D Employer Identification Number (EIN) 34-4412691
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 10
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 60% Investment-Grade Debt: 20% High-Yield Debt: 0% Real Estate: 0% Other: 20%

- 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):



BRADY WARE
& SCHOENFELD

INDEPENDENT AUDITORS' REPORT

Plan Administrator
Crown Equipment Corporation Retirement Plan
New Bremen, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **Crown Equipment Corporation Retirement Plan** (the "Plan"), which comprise the statements of net assets available for benefits as of March 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fifth Third Bank, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended March 31, 2018 and 2017, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

3601 Rigby Road • Suite 400 • Dayton, Ohio • 45342-4981
1 Woodside Drive • Richmond, Indiana • 47374-2630
4249 Easton Way • Suite 100 • Columbus, Ohio • 43219-6170
11175 Cicero Drive • Suite 300 • Alpharetta, Georgia • 30022-1166

www.bradyware.com



INDEPENDENT AUDITORS' REPORT

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of and for the year ended March 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules 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 schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Dayton, Ohio
January 11, 2019

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
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Part I Annual Report Identification Information			
For calendar plan year 2017 or fiscal plan year beginning		04/01/2017	and ending
		03/31/2018	
A This return/report is for:	☐ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan	☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report	☐ the final return/report	
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ the DFVC program
	☐ special extension (enter description)		

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

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

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

SIGN HERE		1/14/19	CRAIG SEITZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		1/14/19	
	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

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px;"></div>
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 4,408
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 2,683
a(2) Total number of active participants at the end of the plan year	6a(2) 2,561
b Retired or separated participants receiving benefits.....	6b 526
c Other retired or separated participants entitled to future benefits	6c 625
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 3,712
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 39
f Total. Add lines 6d and 6e	6f 3,751
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

1A

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

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

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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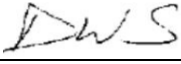
For calendar plan year 2017 or fiscal plan year beginning 04/01/2017 and ending 03/31/2018

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

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

Part I	Basic Information		
1 Enter the valuation date: Month <u>4</u> Day <u>1</u> Year <u>2017</u>			
2 Assets:			
a Market value.....		2a	350,257,211
b Actuarial value		2b	348,450,769
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,114	105,855,690	105,855,690
b For terminated vested participants	611	25,377,807	25,377,807
c For active participants	2,683	182,974,061	194,317,791
d Total	4,408	314,207,558	325,551,288
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate.....		5	5.99 %
6 Target normal cost		6	12,763,346

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

SIGN HERE		12/18/2018
Signature of actuary		Date
Derek Schmitt		17-07642
Type or print name of actuary		Most recent enrollment number
Deloitte Consulting L.L.P.		(616) 336-7828
Firm name		Telephone number (including area code)
38 Commerce Ave SW Ste 600 Grand Rapids MI 49503		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	1,150,030
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,073,551
9 Amount remaining (line 7 minus line 8).....	0	76,479
10 Interest on line 9 using prior year's actual return of <u>12.25</u> %	0	9369
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		32714249
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.19</u> %		1958559
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		131,510
c Total available at beginning of current plan year to add to prefunding balance		34804318
d Portion of (c) to be added to prefunding balance.....		10050287
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	10136135

Part III Funding Percentages

14 Funding target attainment percentage	14	103.92%
15 Adjusted funding target attainment percentage.....	15	107.03%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.10%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/02/2018	6,000,000		11/15/2018	3,000,000	
04/13/2018	3,000,000		12/14/2018	3,000,000	
08/15/2018	9,000,000				
09/04/2018	3,000,000				
10/01/2018	3,000,000				
10/15/2018	3,000,000				
Totals ▶			18(b)	33,000,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	30,492,866

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:

1st segment:

4.16 %

2nd segment:

5.72 %

3rd segment:

6.48 %

☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

0

22 Weighted average retirement age**22**

66

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment☐

Yes

☒

No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment☐

Yes

☒

No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment☒

Yes

☐

No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

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

0

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

0

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

12,763,346

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

12,763,346

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment.....

0

0

b Waiver amortization installment

0

0

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

0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement.....

0

0

0

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

0

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

30,492,866

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

30,492,866

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

0

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

0

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

0

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

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

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

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

Schedule SB, line 26 - Schedule of Active Participant Data

Name Crown Equipment Corporation Retirement Plan

EIN / PN 34-4412691 / 001

Attained Age	YEARS OF CREDITED SERVICE									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.
Under 25										
25 to 29	1	*								
30 to 34	9	*	60	0			15	*		
35 to 39	4	*	91	0	72	0	24	76,592	19	*
40 to 44			74	0	67	0	138	67,703	29	76,052
45 to 49	1	*	57	0	74	21,072	115	80,384	107	77,118
50 to 54			54	0	57	0	96	75,093	121	65,801
55 to 59			47	0	38	0	71	67,419	106	60,700
60 to 64			25	0	15	*	45	71,518	46	89,372
65 to 69	1	*	7	*	5	*	13	*	14	*
70 & up			4	*			4	*	2	*

Attained Age	YEARS OF CREDITED SERVICE									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.
Under 25										
25 to 29										
30 to 34										
35 to 39	1	*								
40 to 44	22	77,439								
45 to 49	48	80,090	29	80,946	1	*				
50 to 54	113	71,112	99	76,342	61	73,165				
55 to 59	86	77,879	100	65,392	79	83,070	59	68,465		
60 to 64	49	93,670	51	89,814	47	147,230	48	66,544	32	63,976
65 to 69	7	*	10	*	4	*	5	*	1	*
70 & up	1	*							2	*

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

* Less than 20 participants

Schedule SB, Line 32 – Schedule of Amortization Bases

Funding Shortfall Amortization Bases (Minimum Required Contribution)

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

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

Actuarial Methods for Funding and Present Value of Accrued Benefits

Asset Valuation Method

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

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

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

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

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

Procedures

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

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

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

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

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

***Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
(Continued)*****Actuarial Present Value of Accumulated Plan Benefits (ASC 960)**

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

Method Changes Since Last Year

There were no method changes since the prior valuation.

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

Actuarial Assumptions

Interest Rates		Pre-MAP-21 Segment Rates ¹	25-Year Average Segment Rates	HATFA/BBA Corridor (90%- 110% for 2017)	HATFA/BBA Segment Rates ²																
	Lookback Month	None	N/A	N/A	N/A																
	First Segment Rate	1.65%	4.62%	4.16% - 5.08%	4.16%																
	Second Segment Rate	3.82%	6.35%	5.72% - 6.99%	5.72%																
	Third Segment Rate	4.76%	7.20%	6.48% - 7.92%	6.48%																
	Effective Rate	4.22%	N/A	N/A	5.99%																
	<p>¹ Used for Maximum Deductible, PBGC Method for Variable Rate Premium, ERISA §4010 reporting \$15M underfunded and 80% threshold, and excess assets for §420 transfers.</p> <p>² Used for minimum funding and benefit restrictions</p> <p>ASC 960: 7.50% per annum</p> <p>ASC 715-30: 4.58% per annum at 3/31/2017. 4.77% per annum at 3/31/2016</p>																				
Assumed Earnings Rate (on Market Value of Assets)	<p>7.50%</p> <p>Used in determining the gain or loss on the Market Value of Assets</p>																				
Salary Scale	<p>3.25% per annum</p>																				
Mortality – Healthy Participants	<p>Funding Target: As defined in proposed regulations 1.430(h)(3). This table is based on the RP2000 sex-distinct table that reflects projected mortality improvements 15 years into the future from the valuation date for non-annuitants and seven years into the future for annuitants.</p> <p>ASC 960 and ASC 715-30: Mortality rates based on RP-2014 Employee and Healthy Annuitant mortality tables for males and females with blue collar, using RP-2014 rates published in the final RP-2014 report adjusted to the 2006 base year by factoring out the projection under Scale MP-2014 as described in Section 8.3 of the Society of Actuaries' Retirement Plans Experience Committee ("RPEC") Response to Comments on RP-2014 Mortality Tables Exposure Draft, with generational mortality improvements using Scale MP-2016.</p>																				
Mortality – Disabled Participants	<p>Funding Target and ASC 960: Mortality table for disabilities occurring after December 31, 1994 as specified in Revenue Ruling 96-7.</p> <p>ASC 715-30: Same as Funding Target</p>																				
Withdrawal Rates	<p>Sample rates are as follows:</p> <table><thead><tr><th>Age</th><th>Rate</th></tr></thead><tbody><tr><td>25</td><td>15.0%</td></tr><tr><td>30</td><td>12.0%</td></tr><tr><td>35</td><td>8.0%</td></tr><tr><td>40</td><td>5.0%</td></tr><tr><td>45</td><td>3.0%</td></tr><tr><td>50</td><td>1.5%</td></tr><tr><td>55</td><td>0.0%</td></tr></tbody></table>					Age	Rate	25	15.0%	30	12.0%	35	8.0%	40	5.0%	45	3.0%	50	1.5%	55	0.0%
Age	Rate																				
25	15.0%																				
30	12.0%																				
35	8.0%																				
40	5.0%																				
45	3.0%																				
50	1.5%																				
55	0.0%																				

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

Actuarial Assumptions

Retirement Age	Annual probabilities of retirement are as follows:		
	<u>Age</u>	<u>Rate</u>	
	61	5.0%	
	62	5.0%	
	63	5.0%	
	64	10.0%	
	65	30.0%	
	66	30.0%	
	67	30.0%	
	68	15.0%	
	69	15.0%	
	70	100.0%	
Disability	Percent expected to become disabled at each age		
	<u>Current Age</u>	<u>Male</u>	<u>Female</u>
	50	0%	0%
	55	1.0%	1.0%
	60	1.4%	1.0%
	The retirement disability benefit is assumed to be eliminated by the LTD plan benefits for salaried employees.		
Expenses	\$3,171,471 included in Target Normal Cost based on prior year expenses: \$2,489,496 in PBGC premiums plus \$681,975 other.		
Percentage of Married	80% of males and 50% of females are assumed to be married. Husbands are assumed to be 3 years older than wives. Actual spousal data is used for retirees.		
Social Security Taxable Wage Base Projection	3.25%		
Expected Long-Term Rate of Return for Expense	7.5% per annum		
Assumption Changes Since Last Year	Funding Target: The discount rates and mortality table were updated per IRS requirements and HATFA/BBA funding relief ASC 960 and ASC 715-30: The mortality projection scale was changed from adjusted MP-2014 to MP-2016. ASC 715-30: The discount rate was changed from 4.77% to 4.58%.		

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions Summary

Effective Date of the Plan	The Plan was effective on April 1, 1992. The Plan was restated as of April 1, 2013.
Plan Year	The 12 month period commencing each April 1.
Eligibility for Participation	Participation begins on April 1 or October 1 following the employees' date of hire. As of December 31, 2005 employees were given the choice to remain part of this plan or to begin participation in the Retirement Savings Plan. All employees hired on or after October 1, 2005 will participate in the Retirement Savings Plan.
Contributions	The employer contributes the total cost of the Plan.
Credited Service	One year of credited service is earned for 1,000 hours in a plan year with pro-rata reduction in the initial and final year of employment. The credited service of those who chose to participate in the Retirement Savings Plan was frozen as of December 31, 2005. No participant earned a year of credited service during the 4/1/2009 - 3/31/2010 and the 4/1/2010 - 3/31/2011 plan years.
Vesting Service	A year of vesting service is earned for each plan year in which a minimum of 1,000 hours are worked.
Vesting Schedule	100% vesting occurs after completion of 5 years of vesting service.
Final Average Earnings	Final Average Earnings are the average of the highest five consecutive calendar years of pensionable earnings during the last 10 consecutive calendar years in which pensionable earnings are highest. Beginning in the 2002 plan year, "Pensionable Earnings" are limited to \$200,000 annually, retroactive for all prior years. This amount is indexed for inflation going forward. For the 2017 plan year, the limit is \$265,000. Earnings after 2005 will not be considered for participants of the Retirement Savings Plan.
Social Security Covered Compensation	35-year average of the Social Security Taxable Wage Bases in effect at the beginning of each calendar year and ending with the calendar year of attaining Social Security Retirement Age. (The Social Security Covered Compensation table applicable for 2015 plan year terminations follows the summary of plan provisions.)
Normal Retirement Date	The later of the participant's 65th birthday and completion of five years of vesting service.
Normal Retirement Benefit	Normal retirement benefit is a life annuity calculated as the sum of (a) and (b), but not less than (c): a. 1.0% of Final Average Earnings, times Years of Credited Service up to 35. b. 0.65% of Final Average Earnings in excess of Social Security Covered Compensation, times Years of Credited Service up to 35 years. c. \$28 times years of Credited Service. * Hourly employees of Kinston Neuse are not eligible for (a), (b) or (c) and receive a normal retirement benefit of \$21 times years of Credited Service.

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

Plan Provisions Summary

Accrued Benefit	The Accrued Benefit is the Normal Retirement Benefit based on Years of Credited Service and Final Average Earnings at date of calculation.
Early Retirement Eligibility	Age 55 and 5 Years of Vesting Service.
Early Retirement Benefit	Accrued Benefit, reduced if payments commence before Normal Retirement Date. The benefit will be reduced by 8% for each year payments start before age 65 and 4% per year for each year payments begin before age 62.
Postponed Retirement Income	Greater of: 1) Accrued Benefit using Years of Credited Service and Final Average Earnings as of the Postponed Retirement Date. 2) Accrued benefit as measured at Normal Retirement Date, with actuarial increase to Benefit Commencement Date.
Pre-Retirement Death Eligibility	5 Years of Vesting Service
Pre-retirement Death Benefit	50% of the accrued benefit at the later of employee's earliest retirement age or date of death assuming the participant had elected to retire and had elected the 50% joint and survivor form of benefit at the time that the benefit starts.
Disability Retirement Eligibility	Age 55 and 15 Years of Credited Service
Disability Retirement Benefit	Upon total and permanent disability after age 55 and 15 Years of Vesting Service, Disability Retirement benefits are payable immediately. This benefit is offset by any LTD benefits.
Normal Form of Payment	For unmarried participants, the normal form is a life annuity. For married participants, the normal form is an actuarially reduced 50% joint-and- survivor annuity.
Changes in the Plan from Prior Valuation	There were no provision changes since the prior valuation.

Schedule SB, line 26 - Schedule of Active Participant Data

Name Crown Equipment Corporation Retirement Plan

EIN / PN 34-4412691 / 001

Attained Age	YEARS OF CREDITED SERVICE									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.
Under 25										
25 to 29	1	*								
30 to 34	9	*	60	0			15	*		
35 to 39	4	*	91	0	72	0	24	76,592	19	*
40 to 44			74	0	67	0	138	67,703	29	76,052
45 to 49	1	*	57	0	74	21,072	115	80,384	107	77,118
50 to 54			54	0	57	0	96	75,093	121	65,801
55 to 59			47	0	38	0	71	67,419	106	60,700
60 to 64			25	0	15	*	45	71,518	46	89,372
65 to 69	1	*	7	*	5	*	13	*	14	*
70 & up			4	*			4	*	2	*

Attained Age	YEARS OF CREDITED SERVICE									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.
Under 25										
25 to 29										
30 to 34										
35 to 39	1	*								
40 to 44	22	77,439								
45 to 49	48	80,090	29	80,946	1	*				
50 to 54	113	71,112	99	76,342	61	73,165				
55 to 59	86	77,879	100	65,392	79	83,070	59	68,465		
60 to 64	49	93,670	51	89,814	47	147,230	48	66,544	32	63,976
65 to 69	7	*	10	*	4	*	5	*	1	*
70 & up	1	*							2	*

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

* Less than 20 participants

Schedule SB, Line 32 – Schedule of Amortization Bases

Funding Shortfall Amortization Bases (Minimum Required Contribution)

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

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/18

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
Money Market Funds				
	FEDERATED GOVERNMENT OBLIGATION INSTITUTIONAL SHARES	Money Market	\$ 36,519,950	\$ 36,519,950
Common Stocks				
	8X8 INC NEW	Common Stock	41,406	40,284
	ACCELERON PHARMA INC	Common Stock	87,827	112,999
	ACLARIS THERAPEUTICS INC	Common Stock	71,783	49,406
	ADTALEM GLOBAL ED INC	Common Stock	15,564	69,328
	AEROJET ROCKETDYNE HLDGS INC	Common Stock	32,446	44,332
	AIR TRANSPORT SERVICES GRP INC	Common Stock	47,467	48,109
	ALLEGHNEY TECHNOLOGIES INC	Common Stock	51,343	71,040
	ALLETE INC	Common Stock	53,881	74,129
	AMC ENTERTAINMENT HOLDINGS	Common Stock	59,252	54,767
	AMERICAN AXLE & MFG HOLDINGS	Common Stock	42,147	37,030
	AMERICAN EAGLE OUTFITTERS INC	Common Stock	123,104	146,107
	AMERICAN EQUITY INVT LIFE HLDG	Common Stock	53,283	69,055
	ASBURY AUTOMOTIVE GROUP	Common Stock	43,233	39,083
	AVEXIS INC	Common Stock	29,128	40,781
	AXALTA COATING SYS LTD	Common Stock	120,709	116,232
	BANC CALIF INC	Common Stock	86,850	82,411
	BANCORPSOUTH BK TUPELO MISS	Common Stock	51,719	70,055
	BANK OF NT BUTTERFIELD & SON LTD	Common Stock	96,822	130,152
	BANKUNITED INC	Common Stock	82,020	94,313
	BANNER CORP	Common Stock	35,747	60,429
	BENCHMARK ELECTRS INC	Common Stock	43,054	52,596
	BERRY GLOBAL GROUP, INC	Common Stock	111,983	173,748
	BIO-RAD LABS INC CL A	Common Stock	106,097	107,534
	BLACK HILLS CORP	Common Stock	67,976	72,925
	BMC STK HLDGS INC	Common Stock	151,483	133,781
	BOTTOMLINE TECHNOLOGIES	Common Stock	71,309	91,450
	BRIGHT HORIZONS FAMILY	Common Stock	37,327	95,731
	BUCKLE INC	Common Stock	31,223	43,082
	CACI INTL INC	Common Stock	50,601	77,643
	CALAVO GROWERS INC	Common Stock	45,546	48,405
	CALERES INC	Common Stock	69,077	91,190
	CALLON PETE CO DEL COM	Common Stock	84,114	88,907
	CAMDEN PPTY TR	Common Stock	100,441	90,073
	CANTEL INDS INC	Common Stock	111,756	131,464
	CARDIOME PHARMA CORP	Common Stock	121,138	42,038
	CARPENTER TECHNOLOGY CORP	Common Stock	41,908	42,532
	CASEYS GEN STORES INC	Common Stock	30,290	37,102
	CAVIUM INC	Common Stock	14,254	19,051

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/18

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	CENTERSTATE BANK CORPORATION	Common Stock	52,935	51,389
	CENTRAL PAC FINL CORP COMMON	Common Stock	27,836	56,721
	CHARLES RIVER LABORATORIES	Common Stock	32,708	65,538
	CHART INDUSTRIES INC	Common Stock	31,326	38,133
	CHEGG INC	Common Stock	40,060	64,666
	CIENA CORP	Common Stock	117,306	130,510
	CLOVIS ONCOLOGY INC	Common Stock	103,638	76,032
	CNO FINL GROUP INC	Common Stock	53,933	57,165
	COMMVault SYSTEMS	Common Stock	84,227	101,244
	CONMED CORP	Common Stock	52,788	77,263
	COSTAR GROUP INC	Common Stock	59,994	154,864
	COTT CORP QUE	Common Stock	40,294	55,730
	COUSINS PPTYS INC COM	Common Stock	67,542	62,218
	CREE INC	Common Stock	33,412	48,291
	CYPRESS SEMICONDUCTOR CORP	Common Stock	32,512	49,947
	DANA INCORPORATED	Common Stock	43,487	57,599
	DDR CORP	Common Stock	80,307	56,104
	DELEK US HLDGS INC	Common Stock	41,184	46,357
	DIAMONDROCK HOSPITALITY CO	Common Stock	47,331	52,043
	DIODES INC	Common Stock	41,489	59,275
	EDUCATION RLT TR INC	Common Stock	52,204	46,276
	ELDORADO RESORTS INC	Common Stock	98,346	172,986
	EMCOR GROUP INC	Common Stock	48,992	81,047
	ENGILITY HLDGS INC NEW	Common Stock	47,279	43,359
	ENTEGRIS INC	Common Stock	14,274	37,932
	ESTERLINE TECHNOLOGIES CORP	Common Stock	54,720	54,058
	FERRO CORP	Common Stock	40,474	42,562
	FIRST COMWLTH FINL CORP PA	Common Stock	26,377	44,283
	FIRST FINL BANCORP OHIO	Common Stock	43,532	82,063
	FIRST HORIZON NATL CORP	Common Stock	60,984	98,236
	FIRST INDL RLTY TR INC	Common Stock	53,740	63,751
	FLOWSERVE CORP	Common Stock	107,394	104,425
	FORMFACTOR INC	Common Stock	36,198	40,035
	FORTINET INC	Common Stock	59,371	118,144
	FULLER H B CO	Common Stock	132,840	123,828
	FULTON FINL CORP PA	Common Stock	65,484	64,344
	GENESCO INC	Common Stock	40,339	41,493
	GENESEE & WYO INC	Common Stock	43,711	46,014
	G-III APPAREL GROUP LTD	Common Stock	44,440	67,560
	GRAY TELEVISION INC	Common Stock	55,305	54,521
	GREEN DOT CORP	Common Stock	42,705	40,421
	GREENBRIER COS INC	Common Stock	44,639	59,044

See independent auditors' report.

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/18

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	HAEMONETICS CORP MASS	Common Stock	40,008	79,013
	HAMILTON LANE INC	Common Stock	40,375	43,187
	HANCOCK HLDG CO	Common Stock	45,166	65,866
	HANOVER INS GROUP INC	Common Stock	49,701	55,055
	HARSCO CORP	Common Stock	44,174	48,713
	HAWAIIAN HLDGS INC	Common Stock	29,284	34,714
	HEICO CORP NEW CL A	Common Stock	90,815	97,202
	HOMESTREET INC	Common Stock	32,974	34,609
	HOSTESS BRANDS INC CL A	Common Stock	52,494	50,020
	IBERIABANK CORP	Common Stock	123,894	127,374
	ICON PLC SHS	Common Stock	39,228	124,047
	ILG INC	Common Stock	40,267	68,131
	INFINERA CORP	Common Stock	45,493	46,416
	INSTALLED BLDG PRODS INC	Common Stock	74,912	168,741
	INTEGRA LIFESCIENCES HOLDINGS CORP	Common Stock	111,013	168,787
	INTEGRATED DEVICE TECHNOLOGY	Common Stock	69,410	86,790
	INTERNATIONAL BANCSHARES CORP	Common Stock	46,456	68,386
	INTERXION HOLDING N.V.	Common Stock	56,402	109,314
	ITT INC	Common Stock	45,812	59,903
	JOHN BEAN TECHNOLOGIES CORP	Common Stock	94,767	214,326
	KEMPER CORP DEL	Common Stock	52,662	58,824
	KITE REALTY GROUP TRUST	Common Stock	74,169	50,777
	KLX INC	Common Stock	162,302	218,865
	LIONS GATE ENTERTAINMENT CORP SEDOL	Common Stock	112,770	106,698
	LITHIA MOTORS INC	Common Stock	78,671	73,380
	LPL FINL HLDGS INC	Common Stock	115,648	145,774
	MACK-KALI REALTY	Common Stock	48,559	39,051
	MADISON SQUARE GARDEN CO	Common Stock	96,548	138,877
	MAGELLAN HEALTH, INC	Common Stock	41,806	81,289
	MANITOWOC CO INC	Common Stock	41,583	41,352
	MASIMO CORP	Common Stock	131,881	177,659
	MASTEC INC COM	Common Stock	45,547	49,073
	MEDICINES COMPANY COM	Common Stock	143,321	106,396
	MERCURY SYSTEMS, INC	Common Stock	108,097	111,136
	MERITOR INC	Common Stock	42,633	65,648
	MGIC INVT CORP WIS	Common Stock	101,091	153,231
	MILACRON HLDGS CORP	Common Stock	129,401	150,244
	MOLINA HEALTHCARE INC	Common Stock	39,707	64,132
	MONOLITHIC PWR SYS INC	Common Stock	23,552	52,097
	NABORS INDUSTRIES LTD	Common Stock	51,097	41,185
	NATIONAL VISION HLDGS INC	Common Stock	37,934	48,142
	NCS MULTISTAGE HLDGS INC	Common Stock	20,415	14,400

See independent auditors' report.

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/18

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	NEKTAR THERAPEUTICS	Common Stock	35,208	238,022
	NEW JERSEY RES CORP COM	Common Stock	38,303	45,393
	NEXSTAR MEDIA GROUP, INC.	Common Stock	87,433	103,075
	NICE LTD ADR	Common Stock	67,540	92,051
	NOVOCURE LTD	Common Stock	39,286	41,420
	OASIS PETE INC	Common Stock	80,141	75,095
	OCEANFIRST FINL CORP	Common Stock	47,223	46,625
	OMNICELL INC	Common Stock	90,430	105,461
	ONE GAS, INC	Common Stock	47,450	46,148
	ORBOTECH LTD	Common Stock	20,138	33,577
	PACIFIC PREMIER BANCORP	Common Stock	153,940	166,589
	PACIRA PHARMACEUTICALS INC	Common Stock	107,002	65,415
	PACWEST BANCORP DEL	Common Stock	49,101	54,830
	PARTY CITY HOLDCO INC	Common Stock	83,059	86,268
	PENN NATIONAL GAMING INC	Common Stock	42,817	68,854
	PENNSYLVANIA REAL ESTATE INVT	Common Stock	54,475	31,710
	PHYSICIANS RLTY TR	Common Stock	49,933	44,234
	PINNACLE FINL PARTNERS INC	Common Stock	77,484	75,114
	PLATFORM SPECIALTY PRODS CORP	Common Stock	62,806	54,775
	PLEXUS CORP	Common Stock	24,251	43,185
	PNM RES INC	Common Stock	38,828	61,621
	PRIMERICA INC	Common Stock	34,556	55,835
	PROOFPOINT INC	Common Stock	104,948	175,020
	PROPETRO HLDG CORP	Common Stock	56,418	60,573
	PROTHENA CORP PLC SHS	Common Stock	60,991	44,052
	RESOLUTE ENERGY CORP	Common Stock	48,917	53,015
	RLI CORP	Common Stock	29,693	47,859
	RPC ENERGY SVCS INC	Common Stock	52,569	43,452
	RSP PERMIAN INC	Common Stock	155,755	211,429
	RUSH ENTERPRISES INC	Common Stock	97,740	129,170
	RYDER SYS INC	Common Stock	130,767	134,662
	SAIA INC	Common Stock	30,593	79,434
	SALLY BEAUTY CO INC	Common Stock	45,742	39,184
	SANDERSON FARMS INC	Common Stock	41,435	46,537
	SANMINA CORP	Common Stock	53,114	50,025
	SANTANDER CONSUMER USA HLDGS	Common Stock	54,306	51,345
	SELECT MED HLDGS CORP	Common Stock	46,363	54,769
	SKYWEST INC COM	Common Stock	32,287	77,030
	SMART SAND INC	Common Stock	18,310	8,986
	SOLARIS OILFIELD INFRASTRUCTURE INC CL A	Common Stock	30,857	32,093
	SOUTHWEST GAS HOLDINGS, INC.	Common Stock	72,393	72,635
	STAG INDL INC	Common Stock	59,483	59,800

See independent auditors' report.

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/18

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	STATE BK FINL CORP	Common Stock	41,411	55,579
	STERLING BANCORP DEL	Common Stock	44,356	55,045
	STIFEL FINL CORP	Common Stock	56,501	104,541
	SUMMIT HOTEL PPTYS INC	Common Stock	47,230	42,395
	SUMMIT MATLS INC	Common Stock	165,471	181,317
	SUNSTONE HOTEL INVESTORS INC	Common Stock	32,006	59,038
	SYNOVUS FINL CORP	Common Stock	48,895	117,858
	TABLEAU SOFTWARE INC CL A	Common Stock	72,232	117,189
	TEAM INC	Common Stock	33,844	26,510
	TECH DATA CORP	Common Stock	71,615	78,745
	TEGNA INC	Common Stock	88,727	69,775
	TERADATA CORP DEL	Common Stock	45,273	58,156
	TEXAS ROADHOUSE INC	Common Stock	101,751	102,848
	TIMKEN CO	Common Stock	53,194	54,674
	TRI POINTE GROUP INC	Common Stock	43,439	55,106
	TRINSEO S A SHS	Common Stock	171,506	191,122
	TRIUMPH GROUP INC NEW	Common Stock	29,600	25,578
	TTM TECHNOLOGIES INC	Common Stock	42,444	47,904
	U S SILICA HLDGS INC	Common Stock	71,845	47,518
	ULTIMATE SOFTWARE GROUP INC	Common Stock	78,043	113,077
	ULTRA CLEAN HLDGS INC	Common Stock	68,458	61,600
	ULTRA PETROLEUM CORP	Common Stock	44,858	24,315
	UNITED COMMUNITY BANKS GA BLAIRSVILLE GA	Common Stock	57,225	100,647
	UNIVAR INC	Common Stock	141,552	169,801
	VAIL RESORTS INC	Common Stock	37,255	78,704
	VENATOR MATLS PLC SHS	Common Stock	51,103	44,321
	VISHAY INTERTECHNOLOGY INC COM	Common Stock	22,289	36,847
	WABASH NATL CORP COM	Common Stock	55,969	55,313
	WATSCO INC COM	Common Stock	38,330	91,390
	WERNER ENTERPRISES INC	Common Stock	53,500	53,509
	WEST AMERICA BANCORP	Common Stock	33,706	41,121
	WESTERN ALLIANCE BANCORP	Common Stock	18,387	81,819
	WEX INC	Common Stock	120,038	133,127
	WNS HOLDINGS LTD ADR	Common Stock	75,405	117,858
	WRIGHT MED GROUP N V ORD SHS	Common Stock	108,237	81,027
	ZENDESK INC	Common Stock	83,044	170,896
			<u>12,587,828</u>	<u>15,568,226</u>
	<u>Common Collective Trusts</u>			
	T ROWE PRICE STRUCTURED RESEARCH	Common Trust	<u>11,169,387</u>	<u>31,836,264</u>

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/18

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
Identity of issuer or similar party	Description of investment	Cost	Current Value	
<u>Equity Security Funds</u>				
AQR LONG-SHORT EQUITY R6	Equity	11,000,000	10,771,863	
BROOKFIELD GLOBAL LISTED REAL ESTATE I	Equity	6,350,760	6,235,600	
COPPER ROCK INTERNATIONAL SMALL CAP FUND	Equity Derivative	9,500,000	11,476,393	
DFA EMERGING MARKETS VALUE #95 (INCOME INVESTMENT)	Equity	14,196	10,614	
DFA EMERGING MARKETS VALUE #95	Equity	7,727,410	8,275,606	
DODGE & COX INTL STOCK FUND	Equity	15,525,676	19,163,770	
EUROPACIFIC GROWTH FD CL F-3	Equity	13,385,135	20,055,794	
MFG NTGI-QM COLTV DAILY S&P 501	Equity	18,743,652	45,967,991	
STERLING CAPITAL TOTAL RETURN R6	Equity	11,772,776	11,464,702	
VANGUARD MIDCAP INDEX FUND-I	Equity	10,368,883	15,545,756	
WELLS FARGO ADV EMERG MKTS EQ R6	Equity	9,853,844	11,670,591	
		<u>114,242,332</u>	<u>160,638,680</u>	
<u>Bond Funds</u>				
BMO TCH CORE PLUS BOND FUND I	Bond	11,775,542	11,526,343	
FEDERATED TOTAL RETURN BOND FUND	Bond	4,434,923	4,284,565	
PIMCO DIVERSIFIED INCOME FD-I	Bond	8,575,755	8,472,081	
VANGUARD L/T INVEST GR RD-AD	Bond	48,786,343	46,891,025	
		<u>73,572,563</u>	<u>71,174,014</u>	
<u>Limited Partnerships</u>				
FUNDS SENT FOR LP PURCHASE	Limited Partnership	644,898	644,898	
KAYNE ANDERSON ENERGY FD V LP	Limited Partnership	277,533	1,191,332	
KAYNE ANDERSON ENERGY FUND VI LP	Limited Partnership	130,160	1,512,643	
NEW BOSTON INSTITUTIONAL FUND LP VII	Limited Partnership	550,504	285,101	
OAKTREE REAL ESTATE OPPORTUNITES FUND VI, L.P.	Limited Partnership	1,523,384	2,540,163	
PORTFOLIO ADVISORS PRIVATE EQUITY FUND V (OFFSHORE) LP	Limited Partnership	683,209	1,229,958	
PORTFOLIO ADVISORS VI	Limited Partnership	338,656	1,770,802	
PORTFOLIO ADVISORS PRIVATE EQUITY FUND VII	Limited Partnership	1,954,488	2,840,519	
		<u>6,102,832</u>	<u>12,015,416</u>	
<u>Fund of Hedge Funds</u>				
WEATHERLOW OFFSHORE FUND II LTD CLASS 1 A	Fund of Hedge Funds	14,500,000	20,504,702	
TOTAL INVESTMENTS		<u>\$ 268,694,892</u>	<u>\$ 348,257,252</u>	

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 34-4412691

PLAN NUMBER: 001

Year Ended March 31, 2018

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease Rental	(f) Expenses incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
* Fifth Third Bank of Western Ohio	Dodge & Cox Income Fund - 1 sale	\$ -	\$ 23,306,104	\$ -	\$ -	\$ 23,182,016	\$ 23,306,104	\$ 124,088
* Fifth Third Bank of Western Ohio	Federated Total Return Bond Fund - 3 sales	-	18,000,000	-	-	18,542,126	18,000,000	(542,126)
* Fifth Third Bank of Western Ohio	Federated Government Obligation Institutional Shares - 75 purchases	70,925,871	-	-	-	70,925,871	70,925,871	-

(1) This schedule reports those assets purchased and/or sold during the current period that are in excess of 5% of the fair market value of assets as required by ERISA Section 2250.103-6 and IRS Form 5500, Schedule H, Line 4j.

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

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

Actuarial Methods for Funding and Present Value of Accrued Benefits

Asset Valuation Method

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

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

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

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

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

Procedures

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

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

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

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

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

***Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
(Continued)*****Actuarial Present Value of Accumulated Plan Benefits (ASC 960)**

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

Method Changes Since Last Year

There were no method changes since the prior valuation.

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

Actuarial Assumptions

Interest Rates		Pre-MAP-21 Segment Rates ¹	25-Year Average Segment Rates	HATFA/BBA Corridor (90%- 110% for 2017)	HATFA/BBA Segment Rates ²																
	Lookback Month	None	N/A	N/A	N/A																
	First Segment Rate	1.65%	4.62%	4.16% - 5.08%	4.16%																
	Second Segment Rate	3.82%	6.35%	5.72% - 6.99%	5.72%																
	Third Segment Rate	4.76%	7.20%	6.48% - 7.92%	6.48%																
	Effective Rate	4.22%	N/A	N/A	5.99%																
	<p>¹ Used for Maximum Deductible, PBGC Method for Variable Rate Premium, ERISA §4010 reporting \$15M underfunded and 80% threshold, and excess assets for §420 transfers.</p> <p>² Used for minimum funding and benefit restrictions</p> <p>ASC 960: 7.50% per annum</p> <p>ASC 715-30: 4.58% per annum at 3/31/2017. 4.77% per annum at 3/31/2016</p>																				
Assumed Earnings Rate (on Market Value of Assets)	<p>7.50%</p> <p>Used in determining the gain or loss on the Market Value of Assets</p>																				
Salary Scale	<p>3.25% per annum</p>																				
Mortality – Healthy Participants	<p>Funding Target: As defined in proposed regulations 1.430(h)(3). This table is based on the RP2000 sex-distinct table that reflects projected mortality improvements 15 years into the future from the valuation date for non-annuitants and seven years into the future for annuitants.</p> <p>ASC 960 and ASC 715-30: Mortality rates based on RP-2014 Employee and Healthy Annuitant mortality tables for males and females with blue collar, using RP-2014 rates published in the final RP-2014 report adjusted to the 2006 base year by factoring out the projection under Scale MP-2014 as described in Section 8.3 of the Society of Actuaries’ Retirement Plans Experience Committee (“RPEC”) Response to Comments on RP-2014 Mortality Tables Exposure Draft, with generational mortality improvements using Scale MP-2016.</p>																				
Mortality – Disabled Participants	<p>Funding Target and ASC 960: Mortality table for disabilities occurring after December 31, 1994 as specified in Revenue Ruling 96-7.</p> <p>ASC 715-30: Same as Funding Target</p>																				
Withdrawal Rates	<p>Sample rates are as follows:</p> <table><thead><tr><th>Age</th><th>Rate</th></tr></thead><tbody><tr><td>25</td><td>15.0%</td></tr><tr><td>30</td><td>12.0%</td></tr><tr><td>35</td><td>8.0%</td></tr><tr><td>40</td><td>5.0%</td></tr><tr><td>45</td><td>3.0%</td></tr><tr><td>50</td><td>1.5%</td></tr><tr><td>55</td><td>0.0%</td></tr></tbody></table>					Age	Rate	25	15.0%	30	12.0%	35	8.0%	40	5.0%	45	3.0%	50	1.5%	55	0.0%
Age	Rate																				
25	15.0%																				
30	12.0%																				
35	8.0%																				
40	5.0%																				
45	3.0%																				
50	1.5%																				
55	0.0%																				

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

Actuarial Assumptions

Retirement Age	Annual probabilities of retirement are as follows:		
	<u>Age</u>	<u>Rate</u>	
	61	5.0%	
	62	5.0%	
	63	5.0%	
	64	10.0%	
	65	30.0%	
	66	30.0%	
	67	30.0%	
	68	15.0%	
	69	15.0%	
	70	100.0%	
Disability	Percent expected to become <u>disabled at each age</u>		
	<u>Current Age</u>	<u>Male</u>	<u>Female</u>
	50	0%	0%
	55	1.0%	1.0%
	60	1.4%	1.0%
	The retirement disability benefit is assumed to be eliminated by the LTD plan benefits for salaried employees.		
Expenses	\$3,171,471 included in Target Normal Cost based on prior year expenses: \$2,489,496 in PBGC premiums plus \$681,975 other.		
Percentage of Married	80% of males and 50% of females are assumed to be married. Husbands are assumed to be 3 years older than wives. Actual spousal data is used for retirees.		
Social Security Taxable Wage Base Projection	3.25%		
Expected Long-Term Rate of Return for Expense	7.5% per annum		
Assumption Changes Since Last Year	Funding Target: The discount rates and mortality table were updated per IRS requirements and HATFA/BBA funding relief ASC 960 and ASC 715-30: The mortality projection scale was changed from adjusted MP-2014 to MP-2016. ASC 715-30: The discount rate was changed from 4.77% to 4.58%.		

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions Summary

Effective Date of the Plan	The Plan was effective on April 1, 1992. The Plan was restated as of April 1, 2013.
Plan Year	The 12 month period commencing each April 1.
Eligibility for Participation	Participation begins on April 1 or October 1 following the employees' date of hire. As of December 31, 2005 employees were given the choice to remain part of this plan or to begin participation in the Retirement Savings Plan. All employees hired on or after October 1, 2005 will participate in the Retirement Savings Plan.
Contributions	The employer contributes the total cost of the Plan.
Credited Service	One year of credited service is earned for 1,000 hours in a plan year with pro-rata reduction in the initial and final year of employment. The credited service of those who chose to participate in the Retirement Savings Plan was frozen as of December 31, 2005. No participant earned a year of credited service during the 4/1/2009 - 3/31/2010 and the 4/1/2010 - 3/31/2011 plan years.
Vesting Service	A year of vesting service is earned for each plan year in which a minimum of 1,000 hours are worked.
Vesting Schedule	100% vesting occurs after completion of 5 years of vesting service.
Final Average Earnings	Final Average Earnings are the average of the highest five consecutive calendar years of pensionable earnings during the last 10 consecutive calendar years in which pensionable earnings are highest. Beginning in the 2002 plan year, "Pensionable Earnings" are limited to \$200,000 annually, retroactive for all prior years. This amount is indexed for inflation going forward. For the 2017 plan year, the limit is \$265,000. Earnings after 2005 will not be considered for participants of the Retirement Savings Plan.
Social Security Covered Compensation	35-year average of the Social Security Taxable Wage Bases in effect at the beginning of each calendar year and ending with the calendar year of attaining Social Security Retirement Age. (The Social Security Covered Compensation table applicable for 2015 plan year terminations follows the summary of plan provisions.)
Normal Retirement Date	The later of the participant's 65th birthday and completion of five years of vesting service.
Normal Retirement Benefit	Normal retirement benefit is a life annuity calculated as the sum of (a) and (b), but not less than (c): a. 1.0% of Final Average Earnings, times Years of Credited Service up to 35. b. 0.65% of Final Average Earnings in excess of Social Security Covered Compensation, times Years of Credited Service up to 35 years. c. \$28 times years of Credited Service. * Hourly employees of Kinston Neuse are not eligible for (a), (b) or (c) and receive a normal retirement benefit of \$21 times years of Credited Service.

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

Plan Provisions Summary

Accrued Benefit	The Accrued Benefit is the Normal Retirement Benefit based on Years of Credited Service and Final Average Earnings at date of calculation.
Early Retirement Eligibility	Age 55 and 5 Years of Vesting Service.
Early Retirement Benefit	Accrued Benefit, reduced if payments commence before Normal Retirement Date. The benefit will be reduced by 8% for each year payments start before age 65 and 4% per year for each year payments begin before age 62.
Postponed Retirement Income	Greater of: 1) Accrued Benefit using Years of Credited Service and Final Average Earnings as of the Postponed Retirement Date. 2) Accrued benefit as measured at Normal Retirement Date, with actuarial increase to Benefit Commencement Date.
Pre-Retirement Death Eligibility	5 Years of Vesting Service
Pre-retirement Death Benefit	50% of the accrued benefit at the later of employee's earliest retirement age or date of death assuming the participant had elected to retire and had elected the 50% joint and survivor form of benefit at the time that the benefit starts.
Disability Retirement Eligibility	Age 55 and 15 Years of Credited Service
Disability Retirement Benefit	Upon total and permanent disability after age 55 and 15 Years of Vesting Service, Disability Retirement benefits are payable immediately. This benefit is offset by any LTD benefits.
Normal Form of Payment	For unmarried participants, the normal form is a life annuity. For married participants, the normal form is an actuarially reduced 50% joint-and- survivor annuity.
Changes in the Plan from Prior Valuation	There were no provision changes since the prior valuation.

**CROWN EQUIPMENT CORPORATION
RETIREMENT PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

Years Ended March 31, 2018 and 2017

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BRADY WARE
& SCHOENFELD

INDEPENDENT AUDITORS' REPORT

Plan Administrator
Crown Equipment Corporation Retirement Plan
New Bremen, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **Crown Equipment Corporation Retirement Plan** (the "Plan"), which comprise the statements of net assets available for benefits as of March 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fifth Third Bank, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended March 31, 2018 and 2017, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

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INDEPENDENT AUDITORS' REPORT

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of and for the year ended March 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules 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 schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Dayton, Ohio
January 11, 2019

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS****March 31, 2018 and 2017**

	2018	2017
	<u> </u>	<u> </u>
ASSETS		
Investments at fair value		
Money market funds	\$ 36,519,950	\$ 2,514,231
Common stocks	15,568,226	16,049,771
Common collective trusts	31,836,264	32,664,426
Equity security funds	160,638,680	136,537,616
Bond funds	71,174,014	87,278,372
Limited partnerships	12,015,416	28,378,513
Fund of hedge funds	20,504,702	14,395,762
	<u> </u>	<u> </u>
Total investments at fair value	348,257,252	317,818,691
	<u> </u>	<u> </u>
Receivables		
Employer contribution	33,000,000	33,000,000
Interest and dividends	77,129	12,186
	<u> </u>	<u> </u>
Total receivables	33,077,129	33,012,186
	<u> </u>	<u> </u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ 381,334,381	\$ 350,830,877
	<u> </u>	<u> </u>

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS****Years Ended March 31, 2018 and 2017**

	<u>2018</u>	<u>2017</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	\$ 28,705,074	\$ 28,968,741
Interest and dividends	7,749,804	5,329,555
Total investment income	36,454,878	34,298,296
Contributions		
Employer	33,000,000	37,000,000
Total additions	69,454,878	71,298,296
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	11,808,869	9,494,152
Payments to insurance carriers for annuities	24,464,000	-
Administrative expenses	2,678,505	3,189,272
Total deductions	38,951,374	12,683,424
NET INCREASE	30,503,504	58,614,872
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	350,830,877	292,216,005
End of year	\$ 381,334,381	\$ 350,830,877

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

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

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

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

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

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

Annuity Purchase - An annuity was purchased during the current year in the amount of \$24,464,000. The annuity covers a group of 618 retirees that were receiving low monthly benefit payments from the Plan. The purchase was made on March 29, 2018 and is treated similar to a distribution from the Plan. A second annuity, in the amount of \$23,099,000, was purchased on April 1, 2018.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

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

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

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

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

Payment of Benefits - Benefits are recorded when paid.

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

Reclassifications - Certain amounts in the 2017 financial statements have been reclassified to conform to the 2018 financial statement presentation.

Subsequent Events - In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through January 11, 2019, the date the financial statements were available to be issued.

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

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

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

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

The actuarial present value of accumulated plan benefits as of April 1, 2018 and 2017 are summarized as follows:

	2018	2017
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits		
Participants currently receiving benefit payments	\$ 83,312,271	\$ 93,361,731
Other participants	175,222,409	168,052,887
	258,534,680	261,414,618
Non-vested benefits	7,983,540	8,711,776
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	\$ 266,518,220	\$ 270,126,394

The changes in actuarial present value of accumulated plan benefits for the years ended April 1, 2018 and 2017 were as follows:

	2018	2017
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	\$ 270,126,394	\$ 253,460,970
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTED TO		
Benefits accumulated including changes due to plan experience	16,373,810	7,554,014
Benefits paid	(36,272,869)	(9,494,152)
Interest	18,923,838	18,659,978
Change in actuarial assumptions	(2,632,953)	(54,416)
NET INCREASE (DECREASE)	(3,608,174)	16,665,424
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	\$ 266,518,220	\$ 270,126,394

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

- Investment return at an average rate of 7.50% as of April 1, 2018 and 2017
- Discount rate of 4.37% and 4.58% as of April 1, 2018 and 2017
- Life expectancy of participants using the modified RP-2014 Employee and Healthy Annuitant mortality tables for males and females with Blue Collar adjustment, using the RP-2014 rates published in the final RP-2014 report adjusted to the 2006 base year by factoring out the projection under Scale MP-2014, with generational mortality improvements using Scale MP-2018 as of April 1, 2018 and with generational mortality improvements using Scale MP-2016 as of April 1, 2017.

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

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

- Average rate of future salary increases of 3.25% as of April 1, 2018 and 2017
- Normal retirement age of 65, using a tiered retirement age scale based on reasonable estimates and experience of the Plan

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

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

NOTE 4 - SUMMARY OF INFORMATION CERTIFIED BY PLAN TRUSTEE

The fair value of investments held by the Trustee at March 31, 2018 and 2017 was \$348,257,252 and \$317,818,691. The Trustee of the Plan has supplied the Plan Administrator with a certification as to the completeness and accuracy of the following information at March 31, 2018 and 2017:

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

The amounts certified by the Trustee for the limited partnerships and fund of hedge funds were not reported at fair value. The fair values recorded in the accompanying financial statements for these assets were provided by the external investment agencies/managers. The difference between the fair value and the Trustee-certified values were not material to the financial statements as of March 31, 2018 and 2017.

NOTE 5 - FAIR VALUE MEASUREMENTS

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

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

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

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 5 - FAIR VALUE MEASUREMENTS - CONTINUED

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2018.

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

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

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

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

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

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

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 5 - FAIR VALUE MEASUREMENTS - CONTINUED

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2018:

	Level 1	Level 2	Level 3	Fair Value
Money market funds	\$ 36,519,950	\$ -	\$ -	\$ 36,519,950
Common stocks	15,568,226	-	-	15,568,226
Common collective trusts	-	31,836,264	-	31,836,264
Equity security funds	114,670,690	45,967,990	-	160,638,680
Bond funds	71,174,014	-	-	71,174,014
Total assets in the fair value hierarchy	237,932,880	77,804,254	-	315,737,134
Alternative investments, NAV as a practical expedient ^(a)				
Limited partnerships	-	-	-	12,015,416
Fund of hedge funds	-	-	-	20,504,702
Investments at fair value	\$ 237,932,880	\$ 77,804,254	\$ -	\$ 348,257,252

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

	Level 1	Level 2	Level 3	Fair Value
Money market funds	\$ 2,514,231	\$ -	\$ -	\$ 2,514,231
Common stocks	16,049,771	-	-	16,049,771
Common collective trusts	-	32,664,426	-	32,664,426
Equity security funds	82,510,713	54,026,903	-	136,537,616
Bond funds	87,278,372	-	-	87,278,372
Bond funds	188,353,087	86,691,329	-	275,044,416
Alternative investments, NAV as a practical expedient ^(a)				
Limited partnerships	-	-	-	28,378,513
Fund of hedge funds	-	-	-	14,395,762
	\$ 188,353,087	\$ 86,691,329	\$ -	\$ 317,818,691

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

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 6 - RELATED PARTY TRANSACTIONS

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

The Plan uses multiple investment advisors, and each advisor qualifies as a party-in-interest. Fees paid by the Plan for advisory services for the years 2018 and 2017 totaled \$431,647 and \$407,037.

Brady, Ware & Schoenfeld, Inc., as auditors, qualifies as a party-in-interest. Audit fees paid by the Plan for the years 2018 and 2017 totaled \$14,600 and \$11,700.

Deloitte, as actuaries, qualifies as a party-in-interest. Actuarial fees paid by the Plan for the years 2018 and 2017 totaled \$161,800 and \$168,100.

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

NOTE 7 - PLAN TERMINATION

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

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

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

NOTE 8 - TAX STATUS

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

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 8 - TAX STATUS - CONTINUED

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2015.

NOTE 9 - RISKS AND UNCERTAINTIES

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

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

NOTE 10 - FUNDING POLICY

There are no employee contributions under the Plan. Employer contributions are made to the Plan by the Company in amounts that meet or exceed those actuarially determined to be necessary to provide benefits to participants under the Plan using the projected unit credit method, and includes normal cost and the amortization of past service costs. The March 31, 2018 and 2017 contributions, as detailed in the actuary's report, met the minimum funding requirements of ERISA.

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

For the years 2018 and 2017, there were no differences between the financial statements and the Form 5500.

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/18

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
Money Market Funds				
	FEDERATED GOVERNMENT OBLIGATION INSTITUTIONAL SHARES	Money Market	\$ 36,519,950	\$ 36,519,950
Common Stocks				
	8X8 INC NEW	Common Stock	41,406	40,284
	ACCELERON PHARMA INC	Common Stock	87,827	112,999
	ACLARIS THERAPEUTICS INC	Common Stock	71,783	49,406
	ADTALEM GLOBAL ED INC	Common Stock	15,564	69,328
	AEROJET ROCKETDYNE HLDGS INC	Common Stock	32,446	44,332
	AIR TRANSPORT SERVICES GRP INC	Common Stock	47,467	48,109
	ALLEGHNEY TECHNOLOGIES INC	Common Stock	51,343	71,040
	ALLETE INC	Common Stock	53,881	74,129
	AMC ENTERTAINMENT HOLDINGS	Common Stock	59,252	54,767
	AMERICAN AXLE & MFG HOLDINGS	Common Stock	42,147	37,030
	AMERICAN EAGLE OUTFITTERS INC	Common Stock	123,104	146,107
	AMERICAN EQUITY INVT LIFE HLDG	Common Stock	53,283	69,055
	ASBURY AUTOMOTIVE GROUP	Common Stock	43,233	39,083
	AVEXIS INC	Common Stock	29,128	40,781
	AXALTA COATING SYS LTD	Common Stock	120,709	116,232
	BANC CALIF INC	Common Stock	86,850	82,411
	BANCORPSOUTH BK TUPELO MISS	Common Stock	51,719	70,055
	BANK OF NT BUTTERFIELD & SON LTD	Common Stock	96,822	130,152
	BANKUNITED INC	Common Stock	82,020	94,313
	BANNER CORP	Common Stock	35,747	60,429
	BENCHMARK ELECTRS INC	Common Stock	43,054	52,596
	BERRY GLOBAL GROUP, INC	Common Stock	111,983	173,748
	BIO-RAD LABS INC CL A	Common Stock	106,097	107,534
	BLACK HILLS CORP	Common Stock	67,976	72,925
	BMC STK HLDGS INC	Common Stock	151,483	133,781
	BOTTOMLINE TECHNOLOGIES	Common Stock	71,309	91,450
	BRIGHT HORIZONS FAMILY	Common Stock	37,327	95,731
	BUCKLE INC	Common Stock	31,223	43,082
	CACI INTL INC	Common Stock	50,601	77,643
	CALAVO GROWERS INC	Common Stock	45,546	48,405
	CALERES INC	Common Stock	69,077	91,190
	CALLON PETE CO DEL COM	Common Stock	84,114	88,907
	CAMDEN PPTY TR	Common Stock	100,441	90,073
	CANTEL INDS INC	Common Stock	111,756	131,464
	CARDIOME PHARMA CORP	Common Stock	121,138	42,038
	CARPENTER TECHNOLOGY CORP	Common Stock	41,908	42,532
	CASEYS GEN STORES INC	Common Stock	30,290	37,102
	CAVIUM INC	Common Stock	14,254	19,051

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/18

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	CENTERSTATE BANK CORPORATION	Common Stock	52,935	51,389
	CENTRAL PAC FINL CORP COMMON	Common Stock	27,836	56,721
	CHARLES RIVER LABORATORIES	Common Stock	32,708	65,538
	CHART INDUSTRIES INC	Common Stock	31,326	38,133
	CHEGG INC	Common Stock	40,060	64,666
	CIENA CORP	Common Stock	117,306	130,510
	CLOVIS ONCOLOGY INC	Common Stock	103,638	76,032
	CNO FINL GROUP INC	Common Stock	53,933	57,165
	COMMVault SYSTEMS	Common Stock	84,227	101,244
	CONMED CORP	Common Stock	52,788	77,263
	COSTAR GROUP INC	Common Stock	59,994	154,864
	COTT CORP QUE	Common Stock	40,294	55,730
	COUSINS PPTYS INC COM	Common Stock	67,542	62,218
	CREE INC	Common Stock	33,412	48,291
	CYPRESS SEMICONDUCTOR CORP	Common Stock	32,512	49,947
	DANA INCORPORATED	Common Stock	43,487	57,599
	DDR CORP	Common Stock	80,307	56,104
	DELEK US HLDGS INC	Common Stock	41,184	46,357
	DIAMONDROCK HOSPITALITY CO	Common Stock	47,331	52,043
	DIODES INC	Common Stock	41,489	59,275
	EDUCATION RLT TR INC	Common Stock	52,204	46,276
	ELDORADO RESORTS INC	Common Stock	98,346	172,986
	EMCOR GROUP INC	Common Stock	48,992	81,047
	ENGILITY HLDGS INC NEW	Common Stock	47,279	43,359
	ENTEGRIS INC	Common Stock	14,274	37,932
	ESTERLINE TECHNOLOGIES CORP	Common Stock	54,720	54,058
	FERRO CORP	Common Stock	40,474	42,562
	FIRST COMWLTH FINL CORP PA	Common Stock	26,377	44,283
	FIRST FINL BANCORP OHIO	Common Stock	43,532	82,063
	FIRST HORIZON NATL CORP	Common Stock	60,984	98,236
	FIRST INDL RLTY TR INC	Common Stock	53,740	63,751
	FLOWSERVE CORP	Common Stock	107,394	104,425
	FORMFACTOR INC	Common Stock	36,198	40,035
	FORTINET INC	Common Stock	59,371	118,144
	FULLER H B CO	Common Stock	132,840	123,828
	FULTON FINL CORP PA	Common Stock	65,484	64,344
	GENESCO INC	Common Stock	40,339	41,493
	GENESEE & WYO INC	Common Stock	43,711	46,014
	G-III APPAREL GROUP LTD	Common Stock	44,440	67,560
	GRAY TELEVISION INC	Common Stock	55,305	54,521
	GREEN DOT CORP	Common Stock	42,705	40,421
	GREENBRIER COS INC	Common Stock	44,639	59,044

See independent auditors' report.

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/18

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	HAEMONETICS CORP MASS	Common Stock	40,008	79,013
	HAMILTON LANE INC	Common Stock	40,375	43,187
	HANCOCK HLDG CO	Common Stock	45,166	65,866
	HANOVER INS GROUP INC	Common Stock	49,701	55,055
	HARSCO CORP	Common Stock	44,174	48,713
	HAWAIIAN HLDGS INC	Common Stock	29,284	34,714
	HEICO CORP NEW CL A	Common Stock	90,815	97,202
	HOMESTREET INC	Common Stock	32,974	34,609
	HOSTESS BRANDS INC CL A	Common Stock	52,494	50,020
	IBERIABANK CORP	Common Stock	123,894	127,374
	ICON PLC SHS	Common Stock	39,228	124,047
	ILG INC	Common Stock	40,267	68,131
	INFINERA CORP	Common Stock	45,493	46,416
	INSTALLED BLDG PRODS INC	Common Stock	74,912	168,741
	INTEGRA LIFESCIENCES HOLDINGS CORP	Common Stock	111,013	168,787
	INTEGRATED DEVICE TECHNOLOGY	Common Stock	69,410	86,790
	INTERNATIONAL BANCSHARES CORP	Common Stock	46,456	68,386
	INTERXION HOLDING N.V.	Common Stock	56,402	109,314
	ITT INC	Common Stock	45,812	59,903
	JOHN BEAN TECHNOLOGIES CORP	Common Stock	94,767	214,326
	KEMPER CORP DEL	Common Stock	52,662	58,824
	KITE REALTY GROUP TRUST	Common Stock	74,169	50,777
	KLX INC	Common Stock	162,302	218,865
	LIONS GATE ENTERTAINMENT CORP SEDOL	Common Stock	112,770	106,698
	LITHIA MOTORS INC	Common Stock	78,671	73,380
	LPL FINL HLDGS INC	Common Stock	115,648	145,774
	MACK-KALI REALTY	Common Stock	48,559	39,051
	MADISON SQUARE GARDEN CO	Common Stock	96,548	138,877
	MAGELLAN HEALTH, INC	Common Stock	41,806	81,289
	MANITOWOC CO INC	Common Stock	41,583	41,352
	MASIMO CORP	Common Stock	131,881	177,659
	MASTEC INC COM	Common Stock	45,547	49,073
	MEDICINES COMPANY COM	Common Stock	143,321	106,396
	MERCURY SYSTEMS, INC	Common Stock	108,097	111,136
	MERITOR INC	Common Stock	42,633	65,648
	MGIC INVT CORP WIS	Common Stock	101,091	153,231
	MILACRON HLDGS CORP	Common Stock	129,401	150,244
	MOLINA HEALTHCARE INC	Common Stock	39,707	64,132
	MONOLITHIC PWR SYS INC	Common Stock	23,552	52,097
	NABORS INDUSTRIES LTD	Common Stock	51,097	41,185
	NATIONAL VISION HLDGS INC	Common Stock	37,934	48,142
	NCS MULTISTAGE HLDGS INC	Common Stock	20,415	14,400

See independent auditors' report.

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/18

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	NEKTAR THERAPEUTICS	Common Stock	35,208	238,022
	NEW JERSEY RES CORP COM	Common Stock	38,303	45,393
	NEXSTAR MEDIA GROUP, INC.	Common Stock	87,433	103,075
	NICE LTD ADR	Common Stock	67,540	92,051
	NOVOCURE LTD	Common Stock	39,286	41,420
	OASIS PETE INC	Common Stock	80,141	75,095
	OCEANFIRST FINL CORP	Common Stock	47,223	46,625
	OMNICELL INC	Common Stock	90,430	105,461
	ONE GAS, INC	Common Stock	47,450	46,148
	ORBOTECH LTD	Common Stock	20,138	33,577
	PACIFIC PREMIER BANCORP	Common Stock	153,940	166,589
	PACIRA PHARMACEUTICALS INC	Common Stock	107,002	65,415
	PACWEST BANCORP DEL	Common Stock	49,101	54,830
	PARTY CITY HOLDCO INC	Common Stock	83,059	86,268
	PENN NATIONAL GAMING INC	Common Stock	42,817	68,854
	PENNSYLVANIA REAL ESTATE INVT	Common Stock	54,475	31,710
	PHYSICIANS RLTY TR	Common Stock	49,933	44,234
	PINNACLE FINL PARTNERS INC	Common Stock	77,484	75,114
	PLATFORM SPECIALTY PRODS CORP	Common Stock	62,806	54,775
	PLEXUS CORP	Common Stock	24,251	43,185
	PNM RES INC	Common Stock	38,828	61,621
	PRIMERICA INC	Common Stock	34,556	55,835
	PROOFPOINT INC	Common Stock	104,948	175,020
	PROPETRO HLDG CORP	Common Stock	56,418	60,573
	PROTHENA CORP PLC SHS	Common Stock	60,991	44,052
	RESOLUTE ENERGY CORP	Common Stock	48,917	53,015
	RLI CORP	Common Stock	29,693	47,859
	RPC ENERGY SVCS INC	Common Stock	52,569	43,452
	RSP PERMIAN INC	Common Stock	155,755	211,429
	RUSH ENTERPRISES INC	Common Stock	97,740	129,170
	RYDER SYS INC	Common Stock	130,767	134,662
	SAIA INC	Common Stock	30,593	79,434
	SALLY BEAUTY CO INC	Common Stock	45,742	39,184
	SANDERSON FARMS INC	Common Stock	41,435	46,537
	SANMINA CORP	Common Stock	53,114	50,025
	SANTANDER CONSUMER USA HLDGS	Common Stock	54,306	51,345
	SELECT MED HLDGS CORP	Common Stock	46,363	54,769
	SKYWEST INC COM	Common Stock	32,287	77,030
	SMART SAND INC	Common Stock	18,310	8,986
	SOLARIS OILFIELD INFRASTRUCTURE INC CL A	Common Stock	30,857	32,093
	SOUTHWEST GAS HOLDINGS, INC.	Common Stock	72,393	72,635
	STAG INDL INC	Common Stock	59,483	59,800

See independent auditors' report.

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/18

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	STATE BK FINL CORP	Common Stock	41,411	55,579
	STERLING BANCORP DEL	Common Stock	44,356	55,045
	STIFEL FINL CORP	Common Stock	56,501	104,541
	SUMMIT HOTEL PPTYS INC	Common Stock	47,230	42,395
	SUMMIT MATLS INC	Common Stock	165,471	181,317
	SUNSTONE HOTEL INVESTORS INC	Common Stock	32,006	59,038
	SYNOVUS FINL CORP	Common Stock	48,895	117,858
	TABLEAU SOFTWARE INC CL A	Common Stock	72,232	117,189
	TEAM INC	Common Stock	33,844	26,510
	TECH DATA CORP	Common Stock	71,615	78,745
	TEGNA INC	Common Stock	88,727	69,775
	TERADATA CORP DEL	Common Stock	45,273	58,156
	TEXAS ROADHOUSE INC	Common Stock	101,751	102,848
	TIMKEN CO	Common Stock	53,194	54,674
	TRI POINTE GROUP INC	Common Stock	43,439	55,106
	TRINSEO S A SHS	Common Stock	171,506	191,122
	TRIUMPH GROUP INC NEW	Common Stock	29,600	25,578
	TTM TECHNOLOGIES INC	Common Stock	42,444	47,904
	U S SILICA HLDGS INC	Common Stock	71,845	47,518
	ULTIMATE SOFTWARE GROUP INC	Common Stock	78,043	113,077
	ULTRA CLEAN HLDGS INC	Common Stock	68,458	61,600
	ULTRA PETROLEUM CORP	Common Stock	44,858	24,315
	UNITED COMMUNITY BANKS GA BLAIRSVILLE GA	Common Stock	57,225	100,647
	UNIVAR INC	Common Stock	141,552	169,801
	VAIL RESORTS INC	Common Stock	37,255	78,704
	VENATOR MATLS PLC SHS	Common Stock	51,103	44,321
	VISHAY INTERTECHNOLOGY INC COM	Common Stock	22,289	36,847
	WABASH NATL CORP COM	Common Stock	55,969	55,313
	WATSCO INC COM	Common Stock	38,330	91,390
	WERNER ENTERPRISES INC	Common Stock	53,500	53,509
	WEST AMERICA BANCORP	Common Stock	33,706	41,121
	WESTERN ALLIANCE BANCORP	Common Stock	18,387	81,819
	WEX INC	Common Stock	120,038	133,127
	WNS HOLDINGS LTD ADR	Common Stock	75,405	117,858
	WRIGHT MED GROUP N V ORD SHS	Common Stock	108,237	81,027
	ZENDESK INC	Common Stock	83,044	170,896
			<u>12,587,828</u>	<u>15,568,226</u>
	<u>Common Collective Trusts</u>			
	T ROWE PRICE STRUCTURED RESEARCH	Common Trust	<u>11,169,387</u>	<u>31,836,264</u>

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

EIN: #34-4412691 PN: #001 PYE: 3/31/18

Schedule of Assets (Held at End of Year)

Attachment to Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current Value
	<u>Equity Security Funds</u>			
	AQR LONG-SHORT EQUITY R6	Equity	11,000,000	10,771,863
	BROOKFIELD GLOBAL LISTED REAL ESTATE I	Equity	6,350,760	6,235,600
	COPPER ROCK INTERNATIONAL SMALL CAP FUND	Equity Derivative	9,500,000	11,476,393
	DFA EMERGING MARKETS VALUE #95 (INCOME INVESTMENT)	Equity	14,196	10,614
	DFA EMERGING MARKETS VALUE #95	Equity	7,727,410	8,275,606
	DODGE & COX INTL STOCK FUND	Equity	15,525,676	19,163,770
	EUROPACIFIC GROWTH FD CL F-3	Equity	13,385,135	20,055,794
	MFG NTGI-QM COLTV DAILY S&P 501	Equity	18,743,652	45,967,991
	STERLING CAPITAL TOTAL RETURN R6	Equity	11,772,776	11,464,702
	VANGUARD MIDCAP INDEX FUND-I	Equity	10,368,883	15,545,756
	WELLS FARGO ADV EMERG MKTS EQ R6	Equity	9,853,844	11,670,591
			<u>114,242,332</u>	<u>160,638,680</u>
	<u>Bond Funds</u>			
	BMO TCH CORE PLUS BOND FUND I	Bond	11,775,542	11,526,343
	FEDERATED TOTAL RETURN BOND FUND	Bond	4,434,923	4,284,565
	PIMCO DIVERSIFIED INCOME FD-I	Bond	8,575,755	8,472,081
	VANGUARD L/T INVEST GR RD-AD	Bond	48,786,343	46,891,025
			<u>73,572,563</u>	<u>71,174,014</u>
	<u>Limited Partnerships</u>			
	FUNDS SENT FOR LP PURCHASE	Limited Partnership	644,898	644,898
	KAYNE ANDERSON ENERGY FD V LP	Limited Partnership	277,533	1,191,332
	KAYNE ANDERSON ENERGY FUND VI LP	Limited Partnership	130,160	1,512,643
	NEW BOSTON INSTITUTIONAL FUND LP VII	Limited Partnership	550,504	285,101
	OAKTREE REAL ESTATE OPPORTUNITES FUND VI, L.P.	Limited Partnership	1,523,384	2,540,163
	PORTFOLIO ADVISORS PRIVATE EQUITY FUND V (OFFSHORE) LP	Limited Partnership	683,209	1,229,958
	PORTFOLIO ADVISORS VI	Limited Partnership	338,656	1,770,802
	PORTFOLIO ADVISORS PRIVATE EQUITY FUND VII	Limited Partnership	1,954,488	2,840,519
			<u>6,102,832</u>	<u>12,015,416</u>
	<u>Fund of Hedge Funds</u>			
	WEATHERLOW OFFSHORE FUND II LTD CLASS 1 A	Fund of Hedge Funds	14,500,000	20,504,702
	TOTAL INVESTMENTS		<u>\$ 268,694,892</u>	<u>\$ 348,257,252</u>

CROWN EQUIPMENT CORPORATION RETIREMENT PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 34-4412691

PLAN NUMBER: 001

Year Ended March 31, 2018

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease Rental	(f) Expenses incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
* Fifth Third Bank of Western Ohio	Dodge & Cox Income Fund - 1 sale	\$ -	\$ 23,306,104	\$ -	\$ -	\$ 23,182,016	\$ 23,306,104	\$ 124,088
* Fifth Third Bank of Western Ohio	Federated Total Return Bond Fund - 3 sales	-	18,000,000	-	-	18,542,126	18,000,000	(542,126)
* Fifth Third Bank of Western Ohio	Federated Government Obligation Institutional Shares - 75 purchases	70,925,871	-	-	-	70,925,871	70,925,871	-

(1) This schedule reports those assets purchased and/or sold during the current period that are in excess of 5% of the fair market value of assets as required by ERISA Section 2250.103-6 and IRS Form 5500, Schedule H, Line 4j.

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

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

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

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