

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>RETIREMENT PLAN FOR GREAT DANE LLC</u>
1b	Three-digit plan number (PN) ▶ <u>005</u>
	1c Effective date of plan <u>01/01/1986</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT DANE LLC</u> <u>222 N LA SALLE ST STE 920</u> <u>CHICAGO, IL 60601-1010</u>
2b	Employer Identification Number (EIN) <u>36-4120610</u>
2c	Plan Sponsor's telephone number <u>773-254-5533</u>
2d	Business code (see instructions) <u>336210</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2022	JAMES PETRARCA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2022	JAMES PETRARCA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

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 5427
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 3235 6a(2) 2960 6b 616 6c 1800 6d 5376 6e 94 6f 5470 6g 6h 300
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

1C

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)** ☐ **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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

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

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>258067909</u>
b Actuarial value	2b <u>258067909</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>628</u> (2) Vested Funding Target <u>45175388</u> (3) Total Funding Target <u>45175388</u>
b For terminated vested participants.....	<u>1635</u> <u>32916841</u> <u>32916841</u>
c For active participants	<u>3441</u> <u>77792819</u> <u>78978772</u>
d Total.....	<u>5704</u> <u>155885048</u> <u>157071001</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>5.73</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>5050083</u>
b Expected plan-related expenses	6b <u>490000</u>
c Total (line 6a + line 6b)	6c <u>5540083</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/08/2022</u>
Signature of actuary		Date
<u>JERED R. EASLEY</u>		<u>20-07646</u>
Type or print name of actuary		Most recent enrollment number
<u>MERCER</u>		<u>816-556-4842</u>
Firm name		Telephone number (including area code)
<u>2405 GRAND BOULEVARD</u> <u>SUITE 900</u> <u>KANSAS CITY, MO 64108</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>15.87</u> %	0	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		5627593
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>5.55</u> %		312332
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		5939925
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	164.30 %
15 Adjusted funding target attainment percentage	15	155.42 %
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	148.25 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
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 6c)	31a	5540083	
b Excess assets, if applicable, but not greater than line 31a	31b	5540083	
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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan RETIREMENT PLAN FOR GREAT DANE LLC	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT DANE LLC	D Employer Identification Number (EIN) 36-4120610	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NORTHERN TRUST COMPANY
36-1561860

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

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

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	489270	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRICEWATERHOUSE COOPERS LLP

13-4800832

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	41600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 27 51 99	TRUSTEE	97132	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

SILCHESTER INTERNATIONAL INVESTORS

36-7045783

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INVESTMENT ADVISOR	411646	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARRIS ASSOCIATES LP

36-3484078

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INVESTMENT ADVISOR	538533	Yes ☒ No ☐	Yes ☒ No ☐	24409	Yes ☐ No ☒

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

NEUBERGER BERMAN LLC

02-0654486

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INVESTMENT ADVISOR	281057	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SELECT EQUITY GROUP

46-3465710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INVESTMENT ADVISOR	734750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEUTSCHE BANK SECURITIES, INC.

13-2730828

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2021</div> This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLSHRT TRM INVST FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13361701</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SILCHESTER INT VALUE EQUITY TRUST</u>		
b Name of sponsor of entity listed in (a): <u>SILCHESTER INTERNATIONAL INVESTORS, LLP</u>		
c EIN-PN <u>36-7045783-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>50628177</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2021</div> This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan RETIREMENT PLAN FOR GREAT DANE LLC	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT DANE LLC	D Employer Identification Number (EIN) 36-4120610	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6000000	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	264647	150267
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4032569	2368510
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	195079252	234231153
(5) Partnership/joint venture interests	1c(5)	597740	735801
(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)	7943141	13361701
(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)	45365746	50628177
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	259283095	301475609

Liabilities

g Benefit claims payable	1g	219330	314801
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	935781	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1155111	314801

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	258127984	301160808
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	17775	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	158052	
(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)		175827
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	1824999	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1824999
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	95515392	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	61368589	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		34146803
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	19296708	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		19296708

		(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)		
c Other income.....	2c		1079400
d Total income. Add all income amounts in column (b) and enter total.....	2d		56523737
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10901960	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		10901960
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)	530870	
(2) Contract administrator fees.....	2i(2)	76709	
(3) Investment advisory and management fees.....	2i(3)	1981374	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2588953
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		13490913
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		43032824
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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☒ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: PRICEWATERHOUSE COOPERS

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>434203</u> .			

<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>2021</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	85

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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: 95.0 % Investment-Grade Debt: 1.0 % High-Yield Debt: 4.0 % Real Estate: _____ % Other: _____ %

b Provide the average duration of the combined investment-grade and high-yield debt:

☒ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Retirement Plan for Great Dane LLC

**Financial Statements and Supplemental Schedules
December 31, 2021 and 2020**

Retirement Plan for Great Dane LLC

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



Report of Independent Auditors

To the Administrator of
Retirement Plan for Great Dane LLC

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying 2021 financial statements of Retirement Plan for Great Dane LLC (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The 2021 financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended and the statement of accumulated plan benefits as of December 31, 2021 and the related statement of changes in accumulated plan benefits for the year then ended, including the related notes (collectively referred to as the "2021 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Other Matter – 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan, which comprise the statement of net assets available for benefits as of December 31, 2020 and the related statement of changes in net assets available for benefits for the year then ended and the statement of accumulated plan benefits as of December 31, 2019 and the related statement of changes in accumulated plan benefits for the year then ended (not presented herein, other than the statement of net assets available for benefits and the related statement of changes in net assets available for benefits). As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 23, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements, other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.



Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.



Other Matter – Supplemental Schedules Required by ERISA

Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021 and Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2021 ("supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

PricewaterhouseCoopers LLP

Chicago, Illinois
September 28, 2022

Retirement Plan for Great Dane LLC
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	2021	2020
Assets		
Investments, at fair value		
Common stocks	\$ 234,231,154	\$ 195,079,252
Limited partnerships	735,801	597,740
Common and collective trusts	63,989,877	53,308,887
Corporate bonds	<u>2,368,510</u>	<u>4,032,569</u>
Total investments	301,325,342	253,018,448
Receivables		
Employer contributions	-	6,000,000
Investment income receivable	<u>150,267</u>	<u>264,647</u>
Total assets	301,475,609	259,283,095
Liabilities		
Accrued expenses	314,801	219,330
Payable for pending trade purchases	<u>-</u>	<u>935,781</u>
Total liabilities	314,801	1,155,111
Net assets available for benefits	<u><u>\$ 301,160,808</u></u>	<u><u>\$ 258,127,984</u></u>

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

Retirement Plan for Great Dane LLC
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2021 and 2020

	2021	2020
Additions to net assets attributed to		
Interest income	\$ 17,775	\$ 60,090
Investment income	158,052	128,935
Dividend income	1,824,999	1,692,992
Annuity premium refund	1,079,400	-
Net appreciation in fair value of investments	53,443,511	33,064,370
Total investment income	56,523,737	34,946,387
Employer contributions	-	6,000,000
Total additions	56,523,737	40,946,387
Deductions from net assets attributed to		
Benefit payments to participants	10,901,960	7,905,217
Investment management fees	1,981,374	1,465,121
Administrative expenses	607,579	490,994
Total deductions	13,490,913	9,861,332
Net (decrease)/increase	43,032,824	31,085,055
Net assets available for benefits		
Beginning of year	258,127,984	227,042,929
End of year	<u>\$ 301,160,808</u>	<u>\$ 258,127,984</u>

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

Retirement Plan for Great Dane LLC
Statement of Accumulated Plan Benefits
December 31, 2020

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving benefits

\$ 37,014,082

Other participants

94,095,761

Total

131,109,843

Nonvested benefits

1,873,668

Total actuarial present value of accumulated plan benefits

\$ 132,983,511

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

Retirement Plan for Great Dane LLC
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2020

Actuarial present value of accumulated plan benefits

Beginning of year \$ 124,586,335

Increase (decrease) during the year

Benefits paid (7,905,217)

Changes in actuarial assumptions 2,298,928

Increase in interest due to a decrease in the discount period 9,022,826

Benefits accumulated and losses 4,980,639

Net increase 8,397,176

Actuarial present value of accumulated plan benefits

End of year \$ 132,983,511

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

Retirement Plan for Great Dane LLC

Notes to Financial Statements

December 31, 2021 and 2020

1. Description of Plan

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

General

The Plan was adopted effective January 1, 1986 (the Great Dane Limited Partnership Bargaining Unit Pension Plan (the "Bargaining Unit Plan") was adopted effective January 1, 1978), and was amended and restated on December 28, 2001, effective January 1, 2001, to comply with the GUST amendments. The Plan and the Bargaining Unit Plan were amended on December 28, 2005 to reflect the merger of the Bargaining Unit Plan into the Plan and to make certain other changes. The Plan was most recently amended and restated effective January 1, 2015.

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

The Northern Trust Company is the trustee of the Plan.

Participation

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

Funding Policy

The Company makes annual contributions based on the funding recommendations of the Plan's actuary to meet the minimum funding requirements under ERISA. The Plan is in compliance with applicable ERISA funding requirements for 2021 and 2020.

Vesting

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

Retirement Benefit Options

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

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

Retirement Plan for Great Dane LLC

Notes to Financial Statements

December 31, 2021 and 2020

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

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

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

Payment of Benefits

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

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

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

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

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

If a participant terminates their employment with the Company before completing the required years of vesting service, they do not receive Plan benefits. Participants who terminate with vested

Retirement Plan for Great Dane LLC

Notes to Financial Statements

December 31, 2021 and 2020

accumulated Plan benefits that are less than \$5,000 receive their accumulated benefits as a lump-sum distribution.

Administrative Expenses and Investment Management Fees

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

Plan Termination

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

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

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

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Subsequent Events

Events or transactions occurring after the period end through September 28, 2022, the date that the financial statements were available to be issued, have been evaluated in the preparation of the financial statements.

Valuation of Investments and Income Recognition

Investments are valued at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 5 for

Retirement Plan for Great Dane LLC

Notes to Financial Statements

December 31, 2021 and 2020

discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Net Appreciation (Depreciation) in Fair Value of Investments

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

Payment of Benefits

Benefits are recorded when paid.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits payable under all circumstances (i.e., retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

Significant actuarial assumptions used in the valuations as of January 1, 2021 and 2020, are as follows:

Discount rate per ASC 960	7.50% per annum
Mortality	Mercer Modified RP 2014 employee/retiree tables and Mercer Modified MP 2018 projection scale with white and blue adjustments for salaried and hourly employees, respectively. Private sector 2012 generational sex-distinct, separate employee/retiree tables and Mercer Modified MMP 2019 projection scale
Retirement age	Age 55-70, or if older, age on valuation date.

Retirement Plan for Great Dane LLC

Notes to Financial Statements

December 31, 2021 and 2020

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2021. Had the valuations been performed as of December 31, 2020 there would be no material difference. The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

4. Investments

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

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

December 31, 2021		Fair Value	Redemption Frequency	Redemption Notice Period
Northern Trust STIF	(a)	\$ 13,361,701	Daily	None
Silchester	(b)	50,628,176	30 days	30 days
December 31, 2020		Fair Value	Redemption Frequency	Redemption Notice Period
Northern Trust STIF	(a)	\$ 7,943,141	Daily	None
Silchester	(b)	45,365,746	30 days	30 days

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

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

5. Fair Value

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

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

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

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

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

Retirement Plan for Great Dane LLC

Notes to Financial Statements

December 31, 2021 and 2020

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

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

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

The following table presents the Plan's investment assets measured at fair value as of December 31, 2021:

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 234,231,154	\$ -	\$ -	\$ 234,231,154
Limited partnership	735,801	-	-	735,801
Corporate bonds	-	2,368,510	-	2,368,510
Total investment assets in fair value hierarchy	234,966,955	2,368,510	-	237,335,465
Common and collective trusts (a)	-	-	-	63,989,877
Total investment assets at fair value	<u>\$ 234,966,955</u>	<u>\$ 2,368,510</u>	<u>\$ -</u>	<u>\$ 301,325,342</u>

(a) Assets measured at NAV as a practical expedient are excluded from the fair value hierarchy.

For comparative purposes, the following table presents the Plan's investment assets measured at fair value as of December 31, 2020:

Retirement Plan for Great Dane LLC

Notes to Financial Statements

December 31, 2021 and 2020

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 195,079,252	\$ -	\$ -	\$ 195,079,252
Limited partnership	597,740	-	-	597,740
Corporate bonds	-	4,032,569	-	4,032,569
Total investment assets in fair value hierarchy	195,676,992	4,032,569	-	199,709,561
Common and collective trusts (a)	-	-	-	53,308,887
Total investment assets at fair value	\$ 195,676,992	\$ 4,032,569	\$ -	\$ 253,018,448

(a) Assets measured at NAV as a practical expedient are excluded from the fair value hierarchy.

6. Information Certified by Trustee

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

- Investments, at fair value (except for third party information related to Silchester amounting to \$50,628,176 and \$45,365,746 as of December 31, 2021 and 2020, respectively,) and investment income receivable as shown in the Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020.
- Payable for pending trade purchases as shown in the Statement of Net Assets Available for Benefits as of December 31, 2021 and 2020, respectively.
- Interest income, investment income, dividend income, net appreciation (depreciation) in fair value of investments and investment management fees (except for third party information related to Silchester amounting to \$5,262,430 and (\$317,892) for the years ended December 31, 2021 and 2020, respectively, as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2021 and 2020.
- Schedule I, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021 (except for third party information related to Silchester).
- Schedule II, Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2021.

7. Income Tax Status

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

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained

Retirement Plan for Great Dane LLC

Notes to Financial Statements

December 31, 2021 and 2020

upon examination by the IRS. There are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements as of December 31, 2021 and 2020. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is no longer subject to income tax examinations for years prior to 2018.

8. Risks and Uncertainties

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

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

9. Related-Party Transactions

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

SUPPLEMENTAL SCHEDULES

Retirement Plan for Great Dane LLC
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

Schedule I

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current value (e)
	Investments			
	Common stocks			
	Activision Blizzard, Inc.	Common Stock	669,036	668,627
	Adobe Systems, Inc.	Common Stock	617,322	1,091,590
	Air Products & Chemicals Inc.	Common Stock	525,196	798,683
	Alcon, Inc.	Common Stock	3,693,127	5,154,192
	Alibaba Group Holding Limited	Common Stock	4,569,831	2,824,102
	Alphabet, Inc.	Common Stock	2,216,268	8,680,770
	Alphabet, Inc.	Common Stock	657,704	2,085,869
	Amazon, Inc.	Common Stock	618,466	1,016,974
	American International Group, Inc.	Common Stock	3,118,371	4,833,100
	Analog Devices Inc.	Common Stock	776,110	755,811
	Anaplan, Inc.	Common Stock	493,236	473,401
	Apple Inc.	Common Stock	590,421	2,108,644
	Apollo Global Mgmt.	Common Stock	7,161,630	7,288,993
	Ashland Global Holdings, Inc.	Common Stock	686,045	1,067,449
	Autodesk, Inc.	Common Stock	1,479,705	1,698,106
	BlackRock, Inc.	Common Stock	356,002	686,670
	Blackstone Group Inc.	Common Stock	97,895	293,327
	Booking Holdings, Inc.	Common Stock	2,974,721	4,318,614
	Brookfield Asset Management, Inc.	Common Stock	427,949	1,043,789
	Borg Warner, Inc.	Common Stock	3,389,742	3,966,160
	CBRE Group, Inc.	Common Stock	1,711,548	7,053,150
	CDW Corporation	Common Stock	279,587	901,032
	Charter Communications, Inc.	Common Stock	1,616,419	4,563,790
	Citigroup Inc.	Common Stock	4,835,867	4,770,810
	CME Group Inc.	Common Stock	712,116	974,382
	CVS Health Corporation	Common Stock	3,569,332	5,880,120
	Danaher Corporation	Common Stock	2,301,006	5,254,948
	Envista Holdings Corporation	Common Stock	2,410,612	4,956,600
	Equifax Inc.	Common Stock	443,917	1,061,364
	Equinix Inc.	Common Stock	551,924	1,184,176
	Equitable Holdings Inc.	Common Stock	883,069	893,527
	Everbridge Inc.	Common Stock	199,148	216,399
	Expedia Group Inc.	Common Stock	819,706	1,115,946
	Fiserv Inc.	Common Stock	4,804,794	4,878,130
	Flowserve Corporation	Common Stock	2,898,724	3,060,000
	Fortive Corporation	Common Stock	6,453,423	7,611,987
	General Motors Company	Common Stock	3,017,911	5,863,000
	Global Payments Inc.	Common Stock	4,155,880	4,150,026
	GoHealth Inc.	Common Stock	3,990,378	1,326,500

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

Retirement Plan for Great Dane LLC
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

Schedule I

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current value (e)
	Common stocks - continued			
	HCA Healthcare, Inc.	Common Stock	1,883,661	6,551,460
	Home Depot, Inc.	Common Stock	636,408	1,151,653
	Humana Inc.	Common Stock	3,191,541	5,369,179
	Illumina Inc..	Common Stock	9,590,269	9,831,711
	Interactive Brokers Group, Inc.	Common Stock	7,743,602	10,802,470
	Johnson Controls International plc	Common Stock	2,179,679	4,878,600
	J P Morgan Chase and Company	Common Stock	700,388	969,894
	Keurig Dr Pepper, Inc.	Common Stock	3,743,629	4,633,302
	Lamb Weston Holdings Inc.	Common Stock	757,317	719,363
	Lear Corporation	Common Stock	4,062,470	4,848,175
	McDonald's Corporation	Common Stock	690,148	1,099,087
	Medtronic PLC	Common Stock	794,700	853,462
	Meta Platforms Inc.	Common Stock	876,000	1,336,655
	Microsoft Corporation	Common Stock	636,891	1,883,392
	Mondelez International, Inc.	Common Stock	675,107	848,768
	Moody's Corporation	Common Stock	1,452,799	5,077,540
	NextEra Energy, Inc.	Common Stock	517,334	1,437,744
	NOV Inc.	Common Stock	5,046,666	2,710,000
	PayPal Holdings Inc.	Common Stock	393,528	366,034
	Regeneron Pharmaceuticals, Inc.	Common Stock	3,062,518	5,052,160
	Reinsurance Group of America, Inc.	Common Stock	2,879,659	3,832,150
	S&P Global Inc.	Common Stock	911,012	1,616,360
	Salesforce.com., Inc.	Common Stock	566,008	819,569
	SBA Communications Corporation	Common Stock	757,551	1,196,237
	Sealed Air Corporation	Common Stock	2,442,696	4,520,490
	Servicenow Inc.	Common Stock	378,422	957,437
	Shiseido Company Limited	Common Stock	5,134,228	4,332,256
	Spotify Technology S.A.	Common Stock	287,631	432,955
	TE Connectivity Limited	Common Stock	1,021,196	1,274,586
	Thermo Fisher Corporation	Common Stock	3,534,431	7,397,023
	TJX Companies, Inc.	Common Stock	1,126,166	1,222,312
	Union Pacific Corporation	Common Stock	829,256	1,335,229
	United Health Group Inc.	Common Stock	590,333	1,255,350
	Visa Inc.	Common Stock	11,159,860	11,355,171
	Walmart, Inc.	Common Stock	944,740	1,106,879
	Waste Management, Inc.	Common Stock	672,969	1,134,920
	Waters Corporation	Common Stock	655,973	1,203,498
	WEX, Inc.	Common Stock	756,225	682,295
	WIX Consulting Limited	Common Stock	719,466	465,481
	Workday Inc.	Common Stock	812,837	1,099,549
		Total common stocks	165,589,452	234,231,154

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

Retirement Plan for Great Dane LLC
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

Schedule I

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current value (e)
	Limited Partnership			
	Brookfield Infrastructure Partners, L.P.	Limited Partnership	354,095	735,801
		Total limited partnership	354,095	735,801
	Common and collective trusts			
*	Northern Trust STIF	Common and Collective Trust	13,361,701	13,361,701
	Silchester Int'l Value Equity Grp Trust	Common and Collective Trust	18,463,559	50,628,176
		Total common and collective trusts	31,825,260	63,989,877
	Corporate bonds			
	Enterprise Products	Corporate Bond	76,250	112,656
	Enterprise Products	Corporate Bond	48,000	74,998
	Live Nation Entertainment	Corporate Bond	555,656	616,500
	Mileage Plus Holdings, LLC	Corporate Bond	549,462	587,125
	SkyMiles IP LTD & Delta Air Lines, Inc.	Corporate Bond	561,444	578,231
	Rockpoint Gas Storage Canada, Ltd.	Corporate Bond	389,472	399,000
		Total corporate bonds	2,180,284	2,368,510
		Total investments	<u>\$ 199,949,091</u>	<u>\$ 301,325,342</u>

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

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

Retirement Plan for Great Dane LLC
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2021

Schedule II

(a)	Identity of party involved/description of investment (b)	Transaction Aggregate			Cost of asset (g)	Current value of asset on transaction date (h)	Net gain/ (loss) (i)
		Number of transactions	Purchase price (c)	Selling price (d)			
Series of Transactions in excess of 5%							
*	Northern Trust STIF	206	\$ 38,451,302	\$ -	\$ 38,451,302	\$ 38,451,302	\$ -
*	Northern Trust STIF	109	-	37,530,550	37,530,550	37,530,550	-
	Illumina Inc.	26	9,079,287		9,079,287	9,079,287	-
	Illumina Inc.	40		7,109,955	5,045,263	7,109,955	2,064,692

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

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

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2021**This Form is Open to Public
Inspection**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>			
2 Assets:			
a Market value	2a	258,067,909	
b Actuarial value	2b	258,067,909	
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	628	45,175,388	45,175,388
b For terminated vested participants	1,635	32,916,841	32,916,841
c For active participants	3,441	77,792,819	78,978,772
d Total	5,704	155,885,048	157,071,001
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	5.73%	
6 Target normal cost			
a Present value of current plan year accruals	6a	5,050,083	
b Expected plan-related expenses	6b	490,000	
c Total (line 6a + line 6b)	6c	5,540,083	

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**

J.R.E.

Signature of actuary

JERED R. EASLEY

Type or print name of actuary

MERCER

Firm name

2405 GRAND BOULEVARD
SUITE 900
KANSAS CITY MO 64108

Address of the firm

9/8/2022

Date

2007646

Most recent enrollment number

816-556-4842

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2021
v. 201209**

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
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 6c)	31a	5,540,083	
b Excess assets, if applicable, but not greater than line 31a	31b	5,540,083	
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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5.0%	10,000	500	27,500
56	5.0%	9,500	475	26,600
57	5.0%	9,025	451	25,707
58	5.0%	8,574	429	24,882
59	5.0%	8,145	407	24,013
60	5.0%	7,738	387	23,220
61	15.0%	7,351	1,103	67,283
62	25.0%	6,248	1,562	96,844
63	15.0%	4,686	703	44,289
64	30.0%	3,983	1,195	76,480
65	40.0%	2,788	1,115	72,475
66	35.0%	1,673	586	38,676
67	30.0%	1,087	326	21,842
68	30.0%	761	228	15,504
69	30.0%	533	160	11,040
70	100.0%	373	373	26,110
Total			10,000.00	622,465
Average				62.2

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for January 1, 2021 funding valuation**

Discount rate sponsor elections																								
• Segment rates or full yield curve	Segment																							
• Look-back months	0																							
	Stabilized	Nonstabilized																						
• First 5 years	4.75%	1.75%																						
• Next 15 years	5.36%	3.04%																						
• Over 20 years	6.11%	3.65%																						
Mortality sponsor elections																								
• Healthy participants	PPA separate generational annuitant and nonannuitant mortality table																							
417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and the current year static combined unisex mortality table under PPA. For individuals with lump sum payments made on the valuation date, the liability is set equal to the actual lump sum payment.																							
Other economic assumptions																								
• Salary increases	N/A – benefit formula is not pay-related																							
— Hourly																								
— Salaried	<table><tr><th>Attained age</th><th>Salary Increases</th></tr><tr><td>25 – 29</td><td>7.00%</td></tr><tr><td>30 – 34</td><td>7.00%</td></tr><tr><td>35 – 39</td><td>6.00%</td></tr><tr><td>40 – 44</td><td>6.00%</td></tr><tr><td>45 – 49</td><td>5.00%</td></tr><tr><td>50 – 54</td><td>4.50%</td></tr><tr><td>55 – 59</td><td>4.50%</td></tr><tr><td>60 – 64</td><td>3.50%</td></tr><tr><td>65 – 69</td><td>3.00%</td></tr><tr><td>70 and above</td><td>3.00%</td></tr></table>		Attained age	Salary Increases	25 – 29	7.00%	30 – 34	7.00%	35 – 39	6.00%	40 – 44	6.00%	45 – 49	5.00%	50 – 54	4.50%	55 – 59	4.50%	60 – 64	3.50%	65 – 69	3.00%	70 and above	3.00%
Attained age	Salary Increases																							
25 – 29	7.00%																							
30 – 34	7.00%																							
35 – 39	6.00%																							
40 – 44	6.00%																							
45 – 49	5.00%																							
50 – 54	4.50%																							
55 – 59	4.50%																							
60 – 64	3.50%																							
65 – 69	3.00%																							
70 and above	3.00%																							
• Flat-dollar benefit increases	N/A																							
• Social Security taxable wage base increases	N/A																							
• Inflation	2.20% per year																							
• Expenses	\$490,000 added to current year normal cost																							

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Rationale for economic assumptions**

- Discount rate – The discount rate is prescribed by the plan sponsor through an election from allowable alternatives under IRS regulations
- Salary increases – The salary scale assumption is based on an experience study covering the period January 1, 2013 to January 1, 2018, adjusted to reflect management's expectations for wage changes in the future.
- Expenses – Assumed plan-paid expenses for the upcoming year are based on prior year experience, adjusted (if material for the purpose) for expected changes in the upcoming year, rounded to the nearest \$1,000.

Demographic assumptions				
• Withdrawal	See table of sample rates.			
• Disability incidence	See table of sample rates.			
• Retirement age	Attained age	Percentage		
	Under 55	0%		
	55-60	5%		
	61	15%		
	62	25%		
	63	15%		
	64	30%		
	65	40%		
	66	35%		
	67-69	30%		
	70 and above	100%		
• Benefit commencement age for				
— Future vested deferred	65			
— Current vested deferred	65			
— Future disabled	Immediate if age 55 with 10 years of service, else deferred to 65			
• Spouse assumptions	Male participants	Female participants		
— Percentage married	90%	90%		
— Spouse age difference	3 years younger	3 years older		
Form of payment				
For benefits earned prior to January 1, 2012:				
	Lump sum	Single life	50% J&S	100% J&S
• Active retirements	70%	12%	0%	18%
• Future vested deferred	0%	45%	0%	55%
• Future disabilities – deferred	0%	45%	0%	55%
• Future disabilities – immediate	0%	40%	0%	60%
• Future deaths	0%	0%	100%	0%
• Current vested deferred	0%	45%	0%	55%

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

For benefits earned after January 1, 2012:

	Lump sum	Single life	50% J&S	100% J&S
• Active retirements	0%	40%	0%	60%
• Future vested deferred	0%	45%	0%	55%
• Future disabilities – deferred	0%	45%	0%	55%
• Future disabilities – immediate	0%	40%	0%	60%
• Future deaths	0%	0%	100%	0%
• Current vested deferred	0%	45%	0%	55%

Valuation Pay

Valuation pay for 2021 is equal to [(a) – (b) + (c) – (d) + (e)] multiplied by the salary scale: (a) 2020 actual pension compensation, (annual base pay for rehires and new hires during 2020); (b) actual bonus during 2020; (c) an assumed bonus equal to an individual's target bonus percent multiplied by their base compensation for 2020; (d) 2020 actual commissions; and (e) average of commissions for the prior 3 years.

Table of sample rates

	Withdrawal and Disability Percentages				
	Withdrawal				
	Hourly		Salaried		
	Less than or equal to 5 years of service (select)	Greater than 5 years of service (ultimate)	Less than or equal to 5 years of service (select)	Greater than 5 years of service (ultimate)	
20	43.90%	25.40%	24.80%	13.70%	0.04%
25	38.10%	18.40%	24.80%	10.20%	0.07%
30	33.00%	12.20%	22.80%	7.10%	0.10%
35	31.00%	10.00%	17.30%	5.00%	0.14%
40	29.40%	9.00%	18.10%	4.50%	0.22%
45	27.70%	8.00%	19.60%	4.00%	0.34%
50	26.10%	6.50%	21.10%	4.50%	0.61%
55	24.80%	8.00%	15.40%	4.00%	1.11%
60	24.80%	8.00%	15.40%	4.00%	1.60%

Rationale for demographic assumptions

- Mortality – Prescribed assumption and based on plan sponsor's PPA election.
- Withdrawal – The withdrawal rates are based on an experience study covering the period from January 1, 2013 to January 1, 2018.
- Retirement age – The retirement rates are based on an experience study covering the period from January 1, 2013 to January 1, 2018.
- Form of payment – The form of payment assumption is based on an experience study covering the period from January 1, 2013 to January 1, 2018.

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

- **Benefit commencement age** – The benefit commencement age is based on an experience study undertaken in 2010. An experience study in 2018 found that benefit commencement age experience was in line with expectations so the commencement age was not changed.
- The percent married and spouse age difference assumptions were also reviewed during the experience study in 2018 and it was found that experience was in line with expectations so the assumptions were not changed.

Actuarial methods for funding**Asset methods**

The asset valuation method is the fair market value.

Participant methods

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

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

Minimum funding methods

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

A detailed description of the calculation follows:

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

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- Interest discounts and mortality rates were updated from 2020 to 2021 in accordance with PPA.
- The expense component of normal cost decreased from \$574,000 to \$490,000 to reflect our expectations for the current plan year.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25		168 59,014	6								174
25–29	8	273 63,278	118 70,768	4							403
30–34	3	209 83,766	153 70,420	20 100,481	3						388
35–39	2	184 67,458	107 107,875	48 76,099	36 66,855						377
40–44	1	170 75,751	103 77,558	44 83,624	47 85,164	24 114,873	2				391
45–49	3	135 83,282	121 86,420	36 83,616	45 102,027	30 108,807	43 109,203	4			417
50–54		137 116,526	94 84,450	41 126,670	41 84,393	30 126,722	42 126,902	18	2		405
55–59		109 104,368	86 123,554	43 125,125	63 81,957	30 126,512	38 89,745	34 105,891	38 77,931	2	443
60–64		74 82,562	61 84,259	42 76,836	42 82,394	18	17	25 124,053	19	61 112,722	359
65–69		8	17	7	11	5	3	6	3	9	69
70 & up		2	5	2	2	1			2	1	15
Total	17	1,469	871	287	290	138	145	87	64	73	3,441

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average current year valuation pay for participants in the salaried plan, as defined in the assumptions, limited in accordance with IRC Section 417(a)(17) for salaried participants. Average pay is not shown for cells with fewer than 20 participants.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: January 1, 1986 Restated plan: January 1, 2015 Last amended: October 1, 2019 Plan year: The calendar year
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None
Definitions	
• Participation	Employees are eligible on the January 1st or July 1st coincident with or next following the anniversary of their employment commencement date following completion of one year of eligibility service and attainment of age 21. Former participants of the Pines Trailer Target Benefit Plan and Trust became participants on January 1, 1998. Former participants of the Great Dane Limited Partnership Bargaining Unit Plan became participants on January 1, 2006. Employees of the Johnson Truck Bodies became participants beginning on January 15, 2012.
• Employee contributions	Contributions are neither permitted nor required.
• Vesting service	Service prior to January 1, 1998 is determined under the terms of the prior plans. On or after January 1, 1998, and prior to January 15, 2012, vesting service is determined as years and completed months of employment with the Company. On or after January 15, 2012, vesting service is determined as years and months in which one has worked for more than one hour of credited service with the Company.
• Benefit service	Service prior to January 1, 1998 is determined under the terms of the prior plans. On or after January 1, 1998, and prior to January 15, 2012, benefit service is determined as years and completed months of employment with the Company. On or after January 15, 2012, benefit service is determined as years and months in which one has worked for more than one hour of credited service with the Company.
• Compensation	Total earnings from the Employer, as reported on Form W-2 including the amount of any authorized reductions pursuant to a salary reduction agreement under Section 401(k) or Section 125 of the Code, but excluding certain non-income related items such as moving expenses and fringe benefits.
• Average Monthly Compensation	Compensation received during the highest five consecutive completed calendar years within the last 10 calendar years of service prior to January 15, 2012. If a participant has less than five calendar years of service, the average monthly compensation received in all full consecutive completed calendar years of service prior to January 15, 2012.
• Prior Plan Accrued benefit	The accrued benefit as of December 31, 1985, payable at age 65 for which an annuity has been purchased from Travelers.

Schedule SB, Part V — Summary of Plan Provisions

• Normal Retirement Date	The first of the month coincident with or next following age 65.
Normal retirement	
• Eligibility	Age 65
• Benefit	<p>Past Service Benefit</p> <p>Frozen Accrued Benefit as of December 31, 1997 earned under the provisions of the prior Great Dane plan, payable as an annuity or converted to a lump sum.</p> <p>10% of Average Monthly Compensation for each year of Benefit Service earned after December 31, 1997 through January 15, 2012, payable as a lump sum or converted to an annuity.</p> <p>Future Service Benefit</p> <p>Hourly:</p> <p>\$25 per completed month of Benefit Service earned after January 15, 2012, payable as an annuity.</p> <p>Salaried:</p> <p>0.75% of Compensation earned after January 15, 2012, payable as an annuity</p>
Early retirement	
• Eligibility	Attainment of age 55 and 10 years of Vesting Service.
• Benefit	The Future Service Component is reduced according to the actuarial equivalence definition in effect after January 15, 2012. The Past Service Benefits described above are reduced as follows: The Past Service Component earned after December 31, 1997 and prior to January 15, 2012 is reduced 5% for each year retirement precedes age 65. The Past Service Component earned prior to December 31, 1997 is reduced according to the prior early retirement reduction factors (6% from 60-65 and 3% from 55-60).
Termination Benefits	
• Eligibility	3 years of Vesting Service
• Benefit	An amount equal to 100% of the sum of the Past and Future Service Benefits as of date of termination payable as an annuity only. The benefit payment date is deferred to the Normal Retirement Date. Participants with 10 years of Vesting Service at severance of employment may elect a reduced annuity commencing as early as age 55. The Past Service Component earned prior to January 15, 2012 and the Future Service Component are reduced for early retirement based on actuarial equivalent factors in effect at the time accruals were earned.
Deferred Retirement Benefits	
• Eligibility	Retirement after Normal Retirement Date.
• Benefit	Normal Retirement Benefit based on service and pay at late retirement date.
Pre-retirement Death Benefits	
• Eligibility	3 years of Vesting Service.
• Benefit	If death occurs while the participant is an active employee, the beneficiary receives 50% of the participant's Past Service Components reduced for the

Schedule SB, Part V — Summary of Plan Provisions

	<p>50% joint and survivor form, but not reduced for early retirement, payable beginning on the participant's earliest retirement date. Future Service Components earned after January 15, 2012 are reduced for the 50% joint and survivor form and for early retirement.</p> <p>If death occurs while the participant is no longer employed, 50% of the participant's accrued benefit, reduced for the 50% joint and survivor form, payable at the participant's normal retirement date or reduced according to the applicable early retirement factors if benefits begin prior to the participant's normal retirement date.</p>
Disability Benefits	
• Eligibility	3 years of Vesting Service.
• Benefit	An amount equal to 100% of the sum of the Past and Future Service Benefits as of the date of disability payable as an annuity only. The benefit payment date is deferred to the Normal Retirement Date. Participants with 10 years of Vesting Service at severance of employment may elect a reduced annuity commencing as early as age 55. The Past Service Component earned prior to January 15, 2012 and the Future Service Component are reduced for early retirement based on actuarial equivalent factors in effect at the time accruals were earned.
Form of benefits	
• Automatic form for unmarried participants	Life annuity.
• Automatic form for married participants	A reduced, Qualified 50% Joint and Survivor Annuity.
• Optional forms	<p>For benefits earned prior to January 15, 2012:</p> <p>Actuarially equivalent Qualified Joint and 50%, 75% or 100% Survivor Annuity. Lump-sum payments are available at early and normal retirement only.</p> <p>Benefits earned after January 15, 2012 are available as actuarially equivalent Life, Qualified Joint and 50%, 75% or 100% Survivor Annuity form only.</p>
• Actuarial Equivalence for Optional form conversion factors and Early Retirement	<p>Valuation assumptions for benefits accrued prior to January 15, 2012. The applicable first, second, and third segment rates under Code Section 417(e)(3)(C) for the month of September preceding the first day of the applicable plan year and mortality prescribed under Section 417(e)(3)(B) as in effect for the applicable plan year.</p> <p>6% interest and RP2000 mortality projected to 2015 (healthy, 50% male / 50% female, no collar adjustment) for benefits accrued after January 15, 2012.</p>
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2021, the limit is \$290,000.

Schedule SB, Part V — Summary of Plan Provisions

-
- **Maximum benefits** Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2021, the limit is \$230,000.
-

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated effective January 1, 2015 and amended through Amendment #7, are included in this valuation:

- **Most recent plan amendments included:** The Seventh Amendment effective January 1, 2020, to the January 1, 2015 restated plan are reflected in this valuation.
- **Plan amendments excluded:** None
- **Late retirement increases:**
 - *Active participants:* Current active participants over normal retirement age are valued using their accrued benefit at the valuation date. The plan sponsor issues suspension of benefit notices to participants who work beyond normal retirement date, so actuarial increases do not apply.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase using the plan's definition of actuarial equivalence. The age 75 late retirement actuarial increase factor is applied to deferred vested participants who are over age 75 as of the valuation date.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding**Additional benefits included or excluded**

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

Plan provision changes since prior valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2020 to 2021.

Retirement Plan for Great Dane LLC
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

Schedule I

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current value (e)
	Investments			
	Common stocks			
	Activision Blizzard, Inc.	Common Stock	669,036	668,627
	Adobe Systems, Inc.	Common Stock	617,322	1,091,590
	Air Products & Chemicals Inc.	Common Stock	525,196	798,683
	Alcon, Inc.	Common Stock	3,693,127	5,154,192
	Alibaba Group Holding Limited	Common Stock	4,569,831	2,824,102
	Alphabet, Inc.	Common Stock	2,216,268	8,680,770
	Alphabet, Inc.	Common Stock	657,704	2,085,869
	Amazon, Inc.	Common Stock	618,466	1,016,974
	American International Group, Inc.	Common Stock	3,118,371	4,833,100
	Analog Devices Inc.	Common Stock	776,110	755,811
	Anaplan, Inc.	Common Stock	493,236	473,401
	Apple Inc.	Common Stock	590,421	2,108,644
	Apollo Global Mgmt.	Common Stock	7,161,630	7,288,993
	Ashland Global Holdings, Inc.	Common Stock	686,045	1,067,449
	Autodesk, Inc.	Common Stock	1,479,705	1,698,106
	BlackRock, Inc.	Common Stock	356,002	686,670
	Blackstone Group Inc.	Common Stock	97,895	293,327
	Booking Holdings, Inc.	Common Stock	2,974,721	4,318,614
	Brookfield Asset Management, Inc.	Common Stock	427,949	1,043,789
	Borg Warner, Inc.	Common Stock	3,389,742	3,966,160
	CBRE Group, Inc.	Common Stock	1,711,548	7,053,150
	CDW Corporation	Common Stock	279,587	901,032
	Charter Communications, Inc.	Common Stock	1,616,419	4,563,790
	Citigroup Inc.	Common Stock	4,835,867	4,770,810
	CME Group Inc.	Common Stock	712,116	974,382
	CVS Health Corporation	Common Stock	3,569,332	5,880,120
	Danaher Corporation	Common Stock	2,301,006	5,254,948
	Envista Holdings Corporation	Common Stock	2,410,612	4,956,600
	Equifax Inc.	Common Stock	443,917	1,061,364
	Equinix Inc.	Common Stock	551,924	1,184,176
	Equitable Holdings Inc.	Common Stock	883,069	893,527
	Everbridge Inc.	Common Stock	199,148	216,399
	Expedia Group Inc.	Common Stock	819,706	1,115,946
	Fiserv Inc.	Common Stock	4,804,794	4,878,130
	Flowserve Corporation	Common Stock	2,898,724	3,060,000
	Fortive Corporation	Common Stock	6,453,423	7,611,987
	General Motors Company	Common Stock	3,017,911	5,863,000
	Global Payments Inc.	Common Stock	4,155,880	4,150,026
	GoHealth Inc.	Common Stock	3,990,378	1,326,500

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

Retirement Plan for Great Dane LLC
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

Schedule I

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current value (e)
	Common stocks - continued			
	HCA Healthcare, Inc.	Common Stock	1,883,661	6,551,460
	Home Depot, Inc.	Common Stock	636,408	1,151,653
	Humana Inc.	Common Stock	3,191,541	5,369,179
	Illumina Inc..	Common Stock	9,590,269	9,831,711
	Interactive Brokers Group, Inc.	Common Stock	7,743,602	10,802,470
	Johnson Controls International plc	Common Stock	2,179,679	4,878,600
	J P Morgan Chase and Company	Common Stock	700,388	969,894
	Keurig Dr Pepper, Inc.	Common Stock	3,743,629	4,633,302
	Lamb Weston Holdings Inc.	Common Stock	757,317	719,363
	Lear Corporation	Common Stock	4,062,470	4,848,175
	McDonald's Corporation	Common Stock	690,148	1,099,087
	Medtronic PLC	Common Stock	794,700	853,462
	Meta Platforms Inc.	Common Stock	876,000	1,336,655
	Microsoft Corporation	Common Stock	636,891	1,883,392
	Mondelez International, Inc.	Common Stock	675,107	848,768
	Moody's Corporation	Common Stock	1,452,799	5,077,540
	NextEra Energy, Inc.	Common Stock	517,334	1,437,744
	NOV Inc.	Common Stock	5,046,666	2,710,000
	PayPal Holdings Inc.	Common Stock	393,528	366,034
	Regeneron Pharmaceuticals, Inc.	Common Stock	3,062,518	5,052,160
	Reinsurance Group of America, Inc.	Common Stock	2,879,659	3,832,150
	S&P Global Inc.	Common Stock	911,012	1,616,360
	Salesforce.com., Inc.	Common Stock	566,008	819,569
	SBA Communications Corporation	Common Stock	757,551	1,196,237
	Sealed Air Corporation	Common Stock	2,442,696	4,520,490
	Servicenow Inc.	Common Stock	378,422	957,437
	Shiseido Company Limited	Common Stock	5,134,228	4,332,256
	Spotify Technology S.A.	Common Stock	287,631	432,955
	TE Connectivity Limited	Common Stock	1,021,196	1,274,586
	Thermo Fisher Corporation	Common Stock	3,534,431	7,397,023
	TJX Companies, Inc.	Common Stock	1,126,166	1,222,312
	Union Pacific Corporation	Common Stock	829,256	1,335,229
	United Health Group Inc.	Common Stock	590,333	1,255,350
	Visa Inc.	Common Stock	11,159,860	11,355,171
	Walmart, Inc.	Common Stock	944,740	1,106,879
	Waste Management, Inc.	Common Stock	672,969	1,134,920
	Waters Corporation	Common Stock	655,973	1,203,498
	WEX, Inc.	Common Stock	756,225	682,295
	WIX Consulting Limited	Common Stock	719,466	465,481
	Workday Inc.	Common Stock	812,837	1,099,549
	Total common stocks		165,589,452	234,231,154

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

Retirement Plan for Great Dane LLC
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

Schedule I

<u>(a)</u>	<u>Identity of issue, borrower, lessor or similar party (b)</u>	<u>Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)</u>	<u>Cost (d)</u>	<u>Current value (e)</u>
	Limited Partnership			
	Brookfield Infrastructure Partners, L.P.	Limited Partnership	354,095	735,801
		Total limited partnership	354,095	735,801
	Common and collective trusts			
*	Northern Trust STIF	Common and Collective Trust	13,361,701	13,361,701
	Silchester Int'l Value Equity Grp Trust	Common and Collective Trust	18,463,559	50,628,176
		Total common and collective trusts	31,825,260	63,989,877
	Corporate bonds			
	Enterprise Products	Corporate Bond	76,250	112,656
	Enterprise Products	Corporate Bond	48,000	74,998
	Live Nation Entertainment	Corporate Bond	555,656	616,500
	Mileage Plus Holdings, LLC	Corporate Bond	549,462	587,125
	SkyMiles IP LTD & Delta Air Lines, Inc.	Corporate Bond	561,444	578,231
	Rockpoint Gas Storage Canada, Ltd.	Corporate Bond	389,472	399,000
		Total corporate bonds	2,180,284	2,368,510
		Total investments	<u>\$ 199,949,091</u>	<u>\$ 301,325,342</u>

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

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

Retirement Plan for Great Dane LLC
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2021

Schedule II

(a)	Identity of party involved/description of investment (b)	Transaction Aggregate			Cost of asset (g)	Current value of asset on transaction date (h)	Net gain/ (loss) (i)
		Number of transactions	Purchase price (c)	Selling price (d)			
	Series of Transactions in excess of 5%						
*	Northern Trust STIF	206	\$ 38,451,302	\$ -	\$ 38,451,302	\$ 38,451,302	\$ -
*	Northern Trust STIF	109	-	37,530,550	37,530,550	37,530,550	-
	Illumina Inc.	26	9,079,287		9,079,287	9,079,287	-
	Illumina Inc.	40		7,109,955	5,045,263	7,109,955	2,064,692

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

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