

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                               |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                               |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____                                                                                                                      |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report                                                                                                                             |
|                                                                                                          | <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                              |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | ▶ <input type="checkbox"/>                                                                                                                                                                                                    |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program                                                                                          |
|                                                                                                          | <input type="checkbox"/> special extension (enter description)                                                                                                                                                                |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | ▶ <input type="checkbox"/>                                                                                                                                                                                                    |

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/12/2023 | JAMES PETRARCA                                               |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/12/2023 | JAMES PETRARCA                                               |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                        |  |                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                               |  | <b>3b</b> Administrator's EIN                                                                                   |
|                                                                                                                                                                                                                                                                                        |  | <b>3c</b> Administrator's telephone number                                                                      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                |  | <div style="display: flex; justify-content: space-between;"> <span><b>5</b></span> <span>5470</span> </div>     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                       |  |                                                                                                                 |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                |  | <div style="display: flex; justify-content: space-between;"> <span><b>6a(1)</b></span> <span>2960</span> </div> |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      |  | <div style="display: flex; justify-content: space-between;"> <span><b>6a(2)</b></span> <span>2940</span> </div> |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                    |  | <div style="display: flex; justify-content: space-between;"> <span><b>6b</b></span> <span>703</span> </div>     |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                      |  | <div style="display: flex; justify-content: space-between;"> <span><b>6c</b></span> <span>2034</span> </div>    |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                            |  | <div style="display: flex; justify-content: space-between;"> <span><b>6d</b></span> <span>5677</span> </div>    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             |  | <div style="display: flex; justify-content: space-between;"> <span><b>6e</b></span> <span>116</span> </div>     |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                |  | <div style="display: flex; justify-content: space-between;"> <span><b>6f</b></span> <span>5793</span> </div>    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                         |  | <div style="display: flex; justify-content: space-between;"> <span><b>6g</b></span> <span></span> </div>        |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                              |  | <div style="display: flex; justify-content: space-between;"> <span><b>6h</b></span> <span>133</span> </div>     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                   |  | <div style="display: flex; justify-content: space-between;"> <span><b>7</b></span> <span></span> </div>         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><div style="margin-left: 20px;">1C</div>                                                                               |  |                                                                                                                 |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                            |  |                                                                                                                 |

  

|                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                                                                                                          | <b>9b</b> Plan benefit arrangement (check all that apply)                                                                                                                                                                                                                                                          |
| <div style="margin-left: 20px;"> <b>(1)</b> <input type="checkbox"/> Insurance<br/> <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br/> <b>(3)</b> <input checked="" type="checkbox"/> Trust<br/> <b>(4)</b> <input type="checkbox"/> General assets of the sponsor         </div> | <div style="margin-left: 20px;"> <b>(1)</b> <input type="checkbox"/> Insurance<br/> <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br/> <b>(3)</b> <input checked="" type="checkbox"/> Trust<br/> <b>(4)</b> <input type="checkbox"/> General assets of the sponsor         </div> |

  

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>b General Schedules</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <div style="margin-left: 20px;"> <b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br/><br/> <b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br/><br/> <b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary         </div> | <div style="margin-left: 20px;"> <b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br/> <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br/> <b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)<br/> <b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br/> <b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br/> <b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)         </div> |

**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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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.

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

|                                                                                                                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>                                                                                                                               |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                               |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> <u>301160808</u>                                                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>301160808</u>                                                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <u>725</u> <u>50921584</u> <u>50921584</u>                                    |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | <u>1842</u> <u>35465500</u> <u>35465500</u>                                   |
| <b>c</b> For active participants.....                                                                                                                                                                           | <u>3123</u> <u>76479430</u> <u>77245912</u>                                   |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>5690</u> <u>162866514</u> <u>163632996</u>                                 |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                        | <b>4a</b>                                                                     |
| <b>b</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 ..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b> <u>5.56 %</u>                                                        |
| <b>6</b> Target normal cost .....                                                                                                                                                                               |                                                                               |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                       | <b>6a</b> <u>4957973</u>                                                      |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> <u>612000</u>                                                       |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                        | <b>6c</b> <u>5569973</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.

|                                                                                                    |  |                                                               |
|----------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                   |  | <u>10/03/2023</u><br>Date                                     |
| <u>BARON JAMES</u><br>Signature of actuary                                                         |  | <u>23-08664</u><br>Most recent enrollment number              |
| <u>MERCER</u><br>Type or print name of actuary                                                     |  | <u>214-220-3563</u><br>Telephone number (including area code) |
| <u>4400 COMERICA BANK TOWER</u><br><u>1717 MAIN STREET</u><br><u>DALLAS, TX 75201</u><br>Firm name |  |                                                               |
| <u>Address of the firm</u>                                                                         |  |                                                               |

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) 2022  
v. 220413

| Part II Beginning of Year Carryover and Prefunding Balances                                                                                                         |                       |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>22.11</u> % .....                                                                               | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 0                      |
| <b>b(1)</b> 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>5.73</u> %..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 0                     | 0                      |

| Part III Funding Percentages                                                                                                                                              |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 184.04 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 184.04 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 164.30 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %        |

| Part IV Contributions and Liquidity Shortfalls                                           |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 03/10/2023                                                                               | 6000000                           | 0                               |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 6000000                         |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                      |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                                  | <b>19a</b> 0                                                        |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....                                                   | <b>19b</b> 0                                                        |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....              | <b>19c</b> 5626961                                                  |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>c</b> 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:  
5.18 %3rd segment:  
5.92 %☐ 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** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? 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**

5569973

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

5569973

**32** Amortization installments:**a** Net shortfall amortization installment .....

Outstanding Balance

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**

5626961

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

5626961

**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 the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |
| A Name of plan<br>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<br>GREAT DANE LLC                   | D Employer Identification Number (EIN)<br>36-4120610 |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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**(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)

SELECT EQUITY GROUP

46-3465710

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | INBESTMENT ADVISOR                                                                                | 620163                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NEUBERGER BERMAN LLC

02-0654486

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | INVESTMENT ADVISOR                                                                                | 280168                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HARRIS ASSOCIATES LP

36-3484078

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | INVESTMENT ADVISOR                                                                                | 492944                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 15385                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | INVESTMENT ADVISOR                                                                                | 390832                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE NORTHERN TRUST COMPANY

36-1561860

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 27 51 99            | TRUSTEE                                                                                           | 281687                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

BAKER TILLY US, LLP

39-0859910

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | AUDITOR                                                                                           | 29000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 11                            | ACTUARY                                                                                                  | 542725                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

**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<br>(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<br>(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<br>(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 |
|                                                                          |                               |                                                                                     |

|                 |                                                                                                                                 |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b><br>(complete as many entries as needed) |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------|

|                                                         |                                  |
|---------------------------------------------------------|----------------------------------|
| <b>a</b> Name: PRICEWATERHOUSECOOPERS LLP               | <b>b</b> EIN: 13-4008324         |
| <b>c</b> Position: AUDITOR                              |                                  |
| <b>d</b> Address: ONE NORTH WACKER<br>CHICAGO, IL 60606 | <b>e</b> Telephone: 312-298-2000 |

Explanation: COST

|                                                                          |                                  |
|--------------------------------------------------------------------------|----------------------------------|
| <b>a</b> Name: JERED EASLEY                                              | <b>b</b> EIN: 13-2834414         |
| <b>c</b> Position: ENROLLED ACTUARY                                      |                                  |
| <b>d</b> Address: 2405 GRAND BLVD.<br>SUITE 900<br>KANSAS CITY, MO 64018 | <b>e</b> Telephone: 816-556-4865 |

Explanation: REASSIGNMENT OF WORK WITHIN MERCER

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection.</b> |
|                                                                                                                                                                           | For calendar plan year 2022 or fiscal plan year beginning <b>01/01/2022</b> and ending <b>12/31/2022</b>                                                                                                                     |                                                                                            |
|                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                            |

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

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

|                                                |                                          |
|------------------------------------------------|------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: | <b>SILCHESTER INT VALUE EQUITY TRUST</b> |
|------------------------------------------------|------------------------------------------|

|                                                   |                                                 |
|---------------------------------------------------|-------------------------------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): | <b>SILCHESTER INTERNATIONAL INVESTORS , LLP</b> |
|---------------------------------------------------|-------------------------------------------------|

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>36-7045783-001</b> | <b>d</b> Entity code <b>E</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>47581360</b> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

|                                                |                               |
|------------------------------------------------|-------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: | <b>COLSHRT TRM INVST FUND</b> |
|------------------------------------------------|-------------------------------|

|                                                   |                                         |
|---------------------------------------------------|-----------------------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): | <b>NORTHERN TRUST INVESTMENTS, INC.</b> |
|---------------------------------------------------|-----------------------------------------|

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>45-6138589-084</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>8188549</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>RETIREMENT PLAN FOR GREAT DANE LLC</u>                                                                                                                                                                                                       | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>005</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>GREAT DANE LLC</u>                                                                                                                                                                                   | <b>D</b> Employer Identification Number (EIN)<br><u>36-4120610</u>                                                                                                                                                                                                           |                                                                                           |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 0                     | 6000000         |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 150267                | 165956          |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> | 2368510               | 1988029         |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> | 234231153             | 187132997       |
| <b>(5)</b> Partnership/joint venture interests.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(5)</b>    | 735801                | 562469          |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 13361701              | 8188549         |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   | 50628177              | 47581360        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 301475609             | 251619360       |

**Liabilities**

|                                                                           |           |        |        |
|---------------------------------------------------------------------------|-----------|--------|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |        |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |        |        |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |        |        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 314801 | 308450 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 314801 | 308450 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 301160808 | 251310910 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 6000000    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 6000000   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 198958     |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 93371      |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 292329    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 2100228    |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 2100228   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 49561274   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 50797446   |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -1236172  |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -42217331  |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | -42217331 |

|                                                                                                 |        | (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     |            | 9870      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -35051076 |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 12161303   |           |
| (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)  |            | 12161303  |
| 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)  | 571725     |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 264636     |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 1801158    |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 2637519   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 14798822  |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -49849898 |
| 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: **BAKER TILLY**

(2) EIN: **39-0859910**

**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>b</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.) |     |    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>c</b> 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.)                                                                                                                             |     |    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>d</b> 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.)                                                                                                                  |     |    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 15000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>g</b> 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?                                                                                                                                       |     |    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>h</b> 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?                                                                                                                             |     |    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |          |
| <b>j</b> 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   |    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  | X   |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     | X  |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     | X  |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>n</b> 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.                                                                                                                        |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |          |

**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 477090.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>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>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>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<br>GREAT DANE LLC                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>36-4120610                                            |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 1                                                                                               |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): _____<br><br>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 27                                                                                            |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: <u>95.0</u> % Investment-Grade Debt: <u>1.0</u> % High-Yield Debt: <u>0.0</u> % Real Estate: _____ % Other: <u>4.0</u> %</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input checked="" type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input checked="" type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                           |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |

# **Retirement Plan for Great Dane LLC**

**Financial Statements and Supplemental Schedules  
December 31, 2022 and 2021**

# Retirement Plan for Great Dane LLC

## Index

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|                                                                                                                                                                                                                                                                                                         | Page(s)     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>Report of Independent Auditors .....</b>                                                                                                                                                                                                                                                             | <b>1- 5</b> |
| Statements of Net Assets Available for Benefits<br>December 31, 2022 and 2021 .....                                                                                                                                                                                                                     | 6           |
| Statements of Changes in Net Assets Available for Benefits<br>Years Ended December 31, 2022 and 2021 .....                                                                                                                                                                                              | 7           |
| Statements of Accumulated Plan Benefits<br>December 31, 2021 .....                                                                                                                                                                                                                                      | 8           |
| Statements of Changes in Accumulated Plan Benefits<br>Year Ended December 31, 2021 .....                                                                                                                                                                                                                | 9           |
| Notes to Financial Statements<br>December 31, 2022 and 2021 .....                                                                                                                                                                                                                                       | 10-20       |
| <b>Supplemental Schedules</b>                                                                                                                                                                                                                                                                           |             |
| Schedule I: Schedule H, Line 4i – Schedule of Assets (Held at End of Year)<br>December 31, 2022 .....                                                                                                                                                                                                   | 21-23       |
| Schedule II: Schedule H, Line 4j – Schedule of Reportable Transactions<br>Year Ended December 31, 2022 .....                                                                                                                                                                                            | 24          |
| <b>Note:</b> 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. |             |

## **Independent Auditors' Report**

To the Plan Administrator of  
Retirement Plan for Great Dane LLC

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements**

We have performed an audit of the 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 financial statements comprise the Statement of Net Assets Available for Benefits as of December 31, 2022 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, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Retirement Plan for Great Dane LLC's 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2022 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

### **Opinion on the 2022 Financial Statements**

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section:

- The amounts and disclosures in the accompanying 2022 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 2022 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 on the 2022 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of Retirement Plan for Great Dane LLC 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 on the 2022 financial statements.

## **Responsibilities of Management for the 2022 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 Retirement Plan for Great Dane LLC's ability to continue as a going concern for at least one year following the date that 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 2022 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements 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 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 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 Retirement Plan for Great Dane LLC'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 Retirement Plan for Great Dane LLC'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 2022 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 2022 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 — Auditors' Report on the 2021 Financial Statements**

The financial statements of the Plan as of December 31, 2021, were audited by a predecessor auditor. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, management, having determined it was permissible in the circumstances, elected to have the audit performed pursuant to ERISA Section 103(a)(3)(C). Accordingly, the audit did 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, as the statements or information regarding assets so held were prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution). The predecessor auditor's report, dated September 28, 2022, indicated that (a) the amounts and disclosures in the 2021 financial statement, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America and (b) the information in the accompanying 2021 financial statement related to assets held by and certified to by a qualified institution agreed to, or was 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).

**Other Matter — 2022 Supplemental Schedules Required by ERISA**

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of and for the year ended December 31, 2022, respectively are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 auditing procedures applied in the audits 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 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 DOL'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 DOL'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).

*Baker Tilly US, LLP*

Chicago, Illinois  
October 11, 2023

**Retirement Plan for Great Dane LLC**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2022 and 2021**

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|                                   | 2022                  | 2021                  |
|-----------------------------------|-----------------------|-----------------------|
| <b>Assets</b>                     |                       |                       |
| Investments, at fair value        |                       |                       |
| Common stocks                     | \$ 187,132,997        | \$ 234,231,154        |
| Limited partnerships              | 562,469               | 735,801               |
| Common and collective trusts      | 55,769,909            | 63,989,877            |
| Corporate bonds                   | <u>1,988,029</u>      | <u>2,368,510</u>      |
| Total investments                 | 245,453,404           | 301,325,342           |
| Receivables                       |                       |                       |
| Employer contributions            | 6,000,000             | -                     |
| Investment income receivable      | <u>165,956</u>        | <u>150,267</u>        |
| Total assets                      | 251,619,360           | 301,475,609           |
| <b>Liabilities</b>                |                       |                       |
| Accrued expenses                  | <u>308,450</u>        | <u>314,801</u>        |
| Total liabilities                 | 308,450               | 314,801               |
| Net assets available for benefits | <u>\$ 251,310,910</u> | <u>\$ 301,160,808</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, 2022 and 2021**

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|                                                 | 2022                  | 2021                  |
|-------------------------------------------------|-----------------------|-----------------------|
| <b>Additions to net assets attributed to</b>    |                       |                       |
| Interest income                                 | \$ 198,958            | \$ 17,775             |
| Investment income                               | 93,371                | 158,052               |
| Dividend income                                 | 2,100,228             | 1,824,999             |
| Annuity premium refund                          | -                     | 1,079,400             |
| Miscellaneous cash receipts                     | 9,870                 | -                     |
| Net appreciation in fair value of investments   | <u>(43,453,503)</u>   | <u>53,443,511</u>     |
| Total investment income                         | (41,051,076)          | 56,523,737            |
| Employer contributions                          | <u>6,000,000</u>      | <u>-</u>              |
| Total additions                                 | (35,051,076)          | 56,523,737            |
| <b>Deductions from net assets attributed to</b> |                       |                       |
| Benefit payments to participants                | 12,161,303            | 10,901,960            |
| Investment management fees                      | 1,801,158             | 1,981,374             |
| Administrative expenses                         | <u>836,361</u>        | <u>607,579</u>        |
| Total deductions                                | <u>14,798,822</u>     | <u>13,490,913</u>     |
| Net (decrease)/increase                         | (49,849,898)          | 43,032,824            |
| <b>Net assets available for benefits</b>        |                       |                       |
| Beginning of year                               | <u>301,160,808</u>    | <u>258,127,984</u>    |
| End of year                                     | <u>\$ 251,310,910</u> | <u>\$ 301,160,808</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, 2021**

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**Actuarial present value of accumulated plan benefits**

Vested benefits

Participants currently receiving benefits

\$ 42,669,266

Other participants

93,835,127

Total

136,504,393

Nonvested benefits

1,424,104

Total actuarial present value of accumulated plan benefits

\$ 137,928,497

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

**Retirement Plan for Great Dane LLC**  
**Statement of Changes in Accumulated Plan Benefits**  
**December 31, 2021**

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**Actuarial present value of accumulated plan benefits**

|                                                                                   |                       |
|-----------------------------------------------------------------------------------|-----------------------|
| Actuarial present value of the accumulated plan benefits ,at<br>beginning of year | \$ 132,983,511        |
| Increase (decrease) during the year attributable to:                              |                       |
| Benefits paid                                                                     | (9,822,560)           |
| Changes in actuarial assumptions                                                  | 3,589,176             |
| Increase in interest due to a decrease in the discount period                     | 9,574,722             |
| Benefits accumulated                                                              | <u>1,603,648</u>      |
| Net increase                                                                      | <u>4,944,986</u>      |
| Actuarial present value of accumulated plan benefits, at<br>end of year           | <u>\$ 137,928,497</u> |

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

# **Retirement Plan for Great Dane LLC**

## **Notes to Financial Statements**

### **December 31, 2022**

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#### **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 Sponsor”). 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 Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. In March 2023, the Company made a contribution of \$6.0 million for the 2022 Plan year. Participant contributions are not permitted. The minimum funding requirements of ERISA were met for 2022 and 2021.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

##### **Vesting**

Participants become fully vested upon completion of three years of service. Former Bargaining Unit Plan participants vest upon completing three or more years of credited service and normal retirement age is 65. Vesting service is credited to a participant for any calendar month in which a participant is credited with one hour of service.

# **Retirement Plan for Great Dane LLC**

## **Notes to Financial Statements**

### **December 31, 2022**

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#### **Retirement Benefit Options**

Participants, 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).
- 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. 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.

# Retirement Plan for Great Dane LLC

## Notes to Financial Statements

### December 31, 2022

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

#### **Administrative Expenses and Investment Management Fees**

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits.

## **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.

#### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

# **Retirement Plan for Great Dane LLC**

## **Notes to Financial Statements**

### **December 31, 2022**

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#### **Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note 4 for a 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 includes the gains and losses on investments bought and sold as well as held during the year.

#### **Subsequent Events**

The Plan has evaluated subsequent events for recognition or disclosure through October 11, 2023, the date the financial statements were available to be issued.

The Secure 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management is evaluating the impact of the adoption and implementation of this legislation on the Plan.

### **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 (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation and years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances such as retirement, death, disability and termination of employment are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary 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 the payment.

# Retirement Plan for Great Dane LLC

## Notes to Financial Statements

### December 31, 2022

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The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2022. Had the valuation been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuation were:

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Discount rate        | 7.25% for 2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Healthy Participants | Private Sector 2012 generational sex-distinct, separate employee and retiree tables with contingent survivor adjustments for existing survivors and the MP-2021 projection scale, with white collar adjustments for salaried employees and blue collar adjustments for hourly employees.                                                                                                                                                                                                                                     |
| Mortality            | Private Sector 2012 generational sex-distinct, separate employee and retiree tables with contingent survivor adjustments, and white/blue collar adjustment, as published by the Society of Actuaries (SOA). The plan is not large enough to have credible experience, but is not expected to have mortality significantly different from that included in the SOA's study: accordingly, the most recently published mortality tables were selected. Mortality improvement is assumed to follow the MP-2021 projection scale. |
| Retirement age       | Age 55-70, or if older, age on valuation date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

The foregoing 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.

The assumed rate of interest used to value the present value of accumulated plan benefits changed from 7.50% to 7.25% resulting in an increase of \$4,944,986 in actuarial present value of accumulated benefits for the year ended December 31, 2021.

#### 4. 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 (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

# Retirement Plan for Great Dane LLC

## Notes to Financial Statements

### December 31, 2022

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The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary 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.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2022. Had the valuation been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuation were:

#### 5. Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

# Retirement Plan for Great Dane LLC

## Notes to Financial Statements

### December 31, 2022

The following is a description of the valuation methodologies used for assets measured at the fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

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, 2022:

| Assets at Fair Value as of December 31, 2022    |                       |                     |             |                       |
|-------------------------------------------------|-----------------------|---------------------|-------------|-----------------------|
|                                                 | Level 1               | Level 2             | Level 3     | Total                 |
| Common stocks                                   | \$ 187,132,997        | \$ -                | \$ -        | \$ 187,132,997        |
| Limited partnership                             | 562,469               | -                   | -           | 562,469               |
| Corporate bonds                                 | -                     | 1,988,029           | -           | 1,988,029             |
| Total investment assets in fair value hierarchy | 187,695,466           | 1,988,029           | -           | 189,683,495           |
| Common and collective trusts (a)                | -                     | -                   | -           | 55,769,909            |
| Total investment assets at fair value           | <u>\$ 187,695,466</u> | <u>\$ 1,988,029</u> | <u>\$ -</u> | <u>\$ 245,453,404</u> |

- (a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

# Retirement Plan for Great Dane LLC

## Notes to Financial Statements

### December 31, 2022

For comparative purposes, 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) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

#### Investments Measured Using NAV per Share Practical Expedient

The following table summarizes investments for which fair value is measured using NAV per share practical expedient as of December 31, 2022 and 2021. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

|                        | December 31, 2022 |                      |                                              |                          |
|------------------------|-------------------|----------------------|----------------------------------------------|--------------------------|
|                        | Fair Value        | Unfunded Commitments | Redemption Frequency (if currently eligible) | Redemption Notice Period |
| Collective trust funds | 55,769,909        | N/A                  | Daily                                        | 30 days                  |
|                        | December 31, 2021 |                      |                                              |                          |
|                        | Fair Value        | Unfunded Commitments | Redemption Frequency (if currently eligible) | Redemption Notice Period |
| Collective trust funds | \$ 63,989,877     | N/A                  | Daily                                        | 30 days                  |

# **Retirement Plan for Great Dane LLC**

## **Notes to Financial Statements**

### **December 31, 2022**

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#### **6. Plan Termination**

Although the Company has not expressed any intent to terminate the Plan, it may do so at anytime subject to the provisions of ERISA. In the event the Plan terminates, the net 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) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
- c) All other vested benefits (that is, vested benefits not insured by PBGC).

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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 for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

#### **7. Related-Party and Party in Interest Transactions**

The Plan's investments are administered under a contract with The Northern Trust, the trustee of the Plan (the Trustee). Certain Plan Investments are managed by the Northern Trust Company and qualify as party-in-interest transactions. Contributions are held and managed by the Trustee, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

#### **8. Tax Status**

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated July 11, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

# **Retirement Plan for Great Dane LLC**

## **Notes to Financial Statements**

### **December 31, 2022**

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GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### **9. Risks and Uncertainties**

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

As of December 31, 2022 and 2021, the Plan had investments of \$245,453,404 and \$301,325,342, respectively, that were concentrated in 5 funds.

In addition, the Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

# **Retirement Plan for Great Dane LLC**

## **Notes to Financial Statements**

### **December 31, 2022**

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#### **10. Information Certified by Trustee**

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2022 and 2021. Accordingly, The Northern Trust, the Trustee of the Plan has certified to the completeness and accuracy of all investments and payables and receivables for pending trade purchases and sales reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021 with the exception of third party information related to Silchester investments amounting to \$47,581,360 and \$50,628,176 as of December 31, 2022 and 2021, respectively, and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2022 and 2021 with the exception of third party information related to Silchester investments amounting to (\$3,046,816) and \$5,262,430 amounting and the information reported in the supplemental Schedule H, Line 4(j) -Schedule of Reportable Transactions for the year ended December 31, 2022.

## **SUPPLEMENTAL SCHEDULES**

**Retirement Plan for Great Dane LLC**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2022**

**Schedule I**

| <b>(a)</b> | <b>Identity of issue,<br/>borrower, lessor<br/>or similar party<br/>(b)</b> | <b>Description of investment including<br/>maturity date, rate of interest,<br/>collateral, par or maturity value<br/>(c)</b> | <b>Cost<br/>(d)</b> | <b>Current<br/>value<br/>(e)</b> |
|------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------|
|            | Investments                                                                 |                                                                                                                               |                     |                                  |
|            | Common stocks                                                               |                                                                                                                               |                     |                                  |
|            | Adobe Systems, Inc.                                                         | Common Stock                                                                                                                  | \$ 787,388          | \$ 849,738                       |
|            | Air Products & Chemicals Inc.                                               | Common Stock                                                                                                                  | 345,129             | 531,749                          |
|            | Alcon, Inc.                                                                 | Common Stock                                                                                                                  | 3,260,442           | 3,574,874                        |
|            | Alphabet, Inc.                                                              | Common Stock                                                                                                                  | 5,203,259           | 7,899,898                        |
|            | Alphabet, Inc.                                                              | Common Stock                                                                                                                  | 657,704             | 1,270,512                        |
|            | Amazon, Inc.                                                                | Common Stock                                                                                                                  | 2,089,858           | 1,537,200                        |
|            | American International Group, Inc.                                          | Common Stock                                                                                                                  | 2,568,070           | 4,426,800                        |
|            | Analog Devices Inc.                                                         | Common Stock                                                                                                                  | 776,110             | 705,329                          |
|            | Apollo Global Mgmt.                                                         | Common Stock                                                                                                                  | 12,167,842          | 11,803,319                       |
|            | Apple Inc.                                                                  | Common Stock                                                                                                                  | 590,421             | 1,542,919                        |
|            | Ashland Global Holdings, Inc.                                               | Common Stock                                                                                                                  | 686,045             | 1,066,160                        |
|            | Autodesk, Inc.                                                              | Common Stock                                                                                                                  | 677,246             | 657,782                          |
|            | BlackRock, Inc.                                                             | Common Stock                                                                                                                  | 356,002             | 531,473                          |
|            | Blackstone Group Inc.                                                       | Common Stock                                                                                                                  | 94,613              | 162,550                          |
|            | Booking Holdings, Inc.                                                      | Common Stock                                                                                                                  | 2,974,721           | 3,627,504                        |
|            | Brookfield Asset Management, Inc.                                           | Common Stock                                                                                                                  | 347,843             | 543,849                          |
|            | Borg Warner, Inc.                                                           | Common Stock                                                                                                                  | 3,389,742           | 3,542,000                        |
|            | Boston Scientific Corporation                                               | Common Stock                                                                                                                  | 645,356             | 707,931                          |
|            | CBRE Group, Inc.                                                            | Common Stock                                                                                                                  | 1,711,548           | 5,002,400                        |
|            | CDW Corporation                                                             | Common Stock                                                                                                                  | 279,587             | 785,752                          |
|            | Charter Communications, Inc.                                                | Common Stock                                                                                                                  | 1,616,419           | 2,373,700                        |
|            | Citigroup Inc.                                                              | Common Stock                                                                                                                  | 2,947,645           | 2,261,500                        |
|            | CME Group Inc.                                                              | Common Stock                                                                                                                  | 818,684             | 818,098                          |
|            | CVS Health Corporation                                                      | Common Stock                                                                                                                  | 3,569,332           | 5,311,830                        |
|            | Danaher Corporation                                                         | Common Stock                                                                                                                  | 3,622,536           | 5,450,400                        |
|            | DocuSign, Inc.                                                              | Common Stock                                                                                                                  | 755,954             | 674,406                          |
|            | Dollar Tree, Inc.                                                           | Common Stock                                                                                                                  | 792,013             | 763,776                          |
|            | Envista Holdings Corporation                                                | Common Stock                                                                                                                  | 1,753,173           | 2,693,600                        |
|            | Equifax Inc.                                                                | Common Stock                                                                                                                  | 443,917             | 704,555                          |
|            | Equinix Inc.                                                                | Common Stock                                                                                                                  | 551,924             | 917,042                          |
|            | Fidelity National Information Services, Inc.                                | Common Stock                                                                                                                  | 862,812             | 844,733                          |
|            | Fiserv Inc.                                                                 | Common Stock                                                                                                                  | 4,026,288           | 4,042,800                        |
|            | Flowserve Corporation                                                       | Common Stock                                                                                                                  | 2,898,724           | 3,068,000                        |
|            | Fortive Corporation                                                         | Common Stock                                                                                                                  | 5,124,608           | 5,100,743                        |
|            | General Motors Company                                                      | Common Stock                                                                                                                  | 3,017,911           | 3,364,000                        |
|            | Global Payments Inc.                                                        | Common Stock                                                                                                                  | 4,155,880           | 3,049,124                        |
|            | HCA Healthcare, Inc.                                                        | Common Stock                                                                                                                  | 1,883,661           | 6,118,980                        |
|            | Home Depot, Inc.                                                            | Common Stock                                                                                                                  | 636,408             | 876,512                          |
|            | Humana Inc.                                                                 | Common Stock                                                                                                                  | 2,093,717           | 3,841,425                        |

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**Retirement Plan for Great Dane LLC**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2022**

**Schedule I**

| <b>(a)</b> | <b>Identity of issue,<br/>borrower, lessor<br/>or similar party<br/>(b)</b> | <b>Description of investment including<br/>maturity date, rate of interest,<br/>collateral, par or maturity value<br/>(c)</b> | <b>Cost<br/>(d)</b> | <b>Current<br/>value<br/>(e)</b> |
|------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------|
|            | Common stocks - continued                                                   |                                                                                                                               |                     |                                  |
|            | Illumina Inc..                                                              | Common Stock                                                                                                                  | 14,248,629          | 9,488,033                        |
|            | Interactive Brokers Group, Inc.                                             | Common Stock                                                                                                                  | 4,972,389           | 6,298,574                        |
|            | Johnson & Johnson                                                           | Common Stock                                                                                                                  | 938,809             | 971,575                          |
|            | Johnson Controls International plc                                          | Common Stock                                                                                                                  | 2,179,679           | 3,840,000                        |
|            | J P Morgan Chase and Company                                                | Common Stock                                                                                                                  | 791,061             | 901,823                          |
|            | Keurig Dr Pepper, Inc.                                                      | Common Stock                                                                                                                  | 2,861,896           | 3,426,926                        |
|            | Lear Corporation                                                            | Common Stock                                                                                                                  | 4,062,470           | 3,286,530                        |
|            | Lithia Motors, Inc.                                                         | Common Stock                                                                                                                  | 2,313,050           | 2,252,140                        |
|            | McDonald's Corporation                                                      | Common Stock                                                                                                                  | 690,148             | 1,080,473                        |
|            | Meta Platforms Inc.                                                         | Common Stock                                                                                                                  | 1,116,254           | 647,790                          |
|            | Microsoft Corporation                                                       | Common Stock                                                                                                                  | 1,255,332           | 1,882,587                        |
|            | Mondelez International, Inc.                                                | Common Stock                                                                                                                  | 675,107             | 853,120                          |
|            | Moody's Corporation                                                         | Common Stock                                                                                                                  | 1,452,799           | 3,622,060                        |
|            | Neogen Cprporation                                                          | Common Stock                                                                                                                  | 635,584             | 735,350                          |
|            | NextEra Energy, Inc.                                                        | Common Stock                                                                                                                  | 650,517             | 1,304,160                        |
|            | NOV Inc.                                                                    | Common Stock                                                                                                                  | 5,046,666           | 4,178,000                        |
|            | Proctor & Gamble Company                                                    | Common Stock                                                                                                                  | 908,086             | 985,140                          |
|            | Reinsurance Group of America, Inc.                                          | Common Stock                                                                                                                  | 2,879,659           | 4,973,150                        |
|            | S&P Global Inc.                                                             | Common Stock                                                                                                                  | 911,012             | 1,147,169                        |
|            | Salesforce.com., Inc.                                                       | Common Stock                                                                                                                  | 1,035,575           | 794,877                          |
|            | SBA Communications Corporation                                              | Common Stock                                                                                                                  | 757,551             | 861,953                          |
|            | Sealed Air Corporation                                                      | Common Stock                                                                                                                  | 2,078,114           | 2,843,160                        |
|            | Servicenow Inc.                                                             | Common Stock                                                                                                                  | 378,422             | 572,698                          |
|            | TE Connectivity Limited                                                     | Common Stock                                                                                                                  | 1,021,196           | 906,920                          |
|            | Thermo Fisher Corporation                                                   | Common Stock                                                                                                                  | 4,060,440           | 6,541,096                        |
|            | TJX Companies, Inc.                                                         | Common Stock                                                                                                                  | 1,229,189           | 1,424,840                        |
|            | Union Pacific Corporation                                                   | Common Stock                                                                                                                  | 829,256             | 1,097,471                        |
|            | United Health Group Inc.                                                    | Common Stock                                                                                                                  | 590,333             | 1,325,450                        |
|            | Visa Inc.                                                                   | Common Stock                                                                                                                  | 10,560,483          | 10,363,484                       |
|            | Walmart, Inc.                                                               | Common Stock                                                                                                                  | 574,254             | 659,323                          |
|            | Waste Management, Inc.                                                      | Common Stock                                                                                                                  | 672,969             | 1,066,784                        |
|            | Workday Inc.                                                                | Common Stock                                                                                                                  | 1,039,162           | 907,765                          |
|            | Zoetis, Inc.                                                                | Common Stock                                                                                                                  | 2,803,571           | 2,847,613                        |
|            |                                                                             | Total common stocks                                                                                                           | 157,400,194         | 187,132,997                      |

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**Retirement Plan for Great Dane LLC**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2022**

**Schedule I**

| <b>(a)</b> | <b>Identity of issue,<br/>borrower, lessor<br/>or similar party<br/>(b)</b> | <b>Description of investment including<br/>maturity date, rate of interest,<br/>collateral, par or maturity value<br/>(c)</b> | <b>Cost<br/>(d)</b>   | <b>Current<br/>value<br/>(e)</b> |
|------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
|            | Limited Partnership                                                         |                                                                                                                               |                       |                                  |
|            | Brookfield Infrastructure Partners, L.P.                                    | Limited Partnership                                                                                                           | 354,095               | 562,469                          |
|            |                                                                             | Total limited partnership                                                                                                     | 354,095               | 562,469                          |
|            | Common and collective trusts                                                |                                                                                                                               |                       |                                  |
| *          | Northern Trust STIF                                                         | Common and Collective Trust                                                                                                   | 8,188,548             | 8,188,549                        |
|            | Silchester Int'l Value Equity Grp Trust                                     | Common and Collective Trust                                                                                                   | 18,309,445            | 47,581,360                       |
|            |                                                                             | Total common and collective trusts                                                                                            | 26,497,993            | 55,769,909                       |
|            | Corporate bonds                                                             |                                                                                                                               |                       |                                  |
|            | Activision                                                                  | Corporate Bond                                                                                                                | 430,557               | 423,990                          |
|            | Live Nation Entertainment                                                   | Corporate Bond                                                                                                                | 555,656               | 535,062                          |
|            | Mileage Plus Holdings, LLC                                                  | Corporate Bond                                                                                                                | 494,548               | 492,162                          |
|            | SkyMiles IP LTD & Delta Air Lines, Inc.                                     | Corporate Bond                                                                                                                | 561,444               | 536,815                          |
|            |                                                                             | Total corporate bonds                                                                                                         | 2,042,205             | 1,988,029                        |
|            |                                                                             | Total investments                                                                                                             | <u>\$ 186,294,487</u> | <u>\$ 245,453,404</u>            |

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

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**Retirement Plan for Great Dane LLC**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Year Ended December 31, 2022**

**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                                      | 109                    | \$ 22,715,275      | \$ -              | \$ 22,715,275     | \$ 22,715,275                                  | \$ -                 |
| *                                             | Northern Trust STIF                                      | 43                     | -                  | 30,141,306        | 30,141,306        | 30,141,306                                     | -                    |
|                                               | Illumina Inc.                                            | 132                    | 27,156,530         |                   | 27,156,530        | 27,156,530                                     | -                    |
|                                               | Illumina Inc.                                            | 51                     |                    | 18,696,385        | 18,696,385        | 18,696,385                                     | -                    |
| * Represents a party-in-interest to the Plan. |                                                          |                        |                    |                   |                   |                                                |                      |

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|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                  |                                                                                                                                                         |
| ► <b>Round off amounts to nearest dollar.</b>                                                                                             |                                                                                                                                                         |
| ► <b>Caution:</b> A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                         |
| <b>A</b> Name of plan<br>Retirement Plan for Great Dane LLC                                                                               | <b>B</b> Three-digit plan number (PN) <span style="float: right;">005</span>                                                                            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Great Dane LLC                                                | <b>D</b> Employer Identification Number (EIN)<br>36-4120610                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                          |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                          |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>                                                                                                                        |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                         |                            |                           |                          |
| a Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 301,160,808               |                          |
| b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 301,160,808               |                          |
| <b>3</b> 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 .....                                                                                                                                     | 725                        | 50,921,584                | 50,921,584               |
| b For terminated vested participants .....                                                                                                                                                               | 1,842                      | 35,465,500                | 35,465,500               |
| c For active participants .....                                                                                                                                                                          | 3,123                      | 76,479,430                | 77,245,912               |
| d Total .....                                                                                                                                                                                            | 5,690                      | 162,866,514               | 163,632,996              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                    |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| 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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                   | <b>5</b>                   | 5.56%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                        |                            |                           |                          |
| a Present value of current plan year accruals .....                                                                                                                                                      | <b>6a</b>                  | 4,957,973                 |                          |
| b Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b>                  | 612,000                   |                          |
| c Total (line 6a + line 6b) .....                                                                                                                                                                        | <b>6c</b>                  | 5,569,973                 |                          |

**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.

|                                                                                                                            |                                                                              |                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                           | <br>Signature of actuary<br><br>Baron James<br>Type or print name of actuary | <u>10/3/23</u><br>Date<br>2308664<br>Most recent enrollment number<br>214-220-3563<br>Telephone number (including area code) |
| MERCER (US) LLC<br>Firm name<br><br>4400 Comerica Bank Tower<br>1717 Main Street<br>Dallas TX 75201<br>Address of the firm |                                                                              |                                                                                                                              |

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>22.11</u> % .....                                                                                | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> 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>5.73</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 184.04 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 184.04 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 164.30 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls**

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 03/10/2023               | 6,000,000                         | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 6,000,000                         | <b>18(c)</b>                    |
|                          |                                   |                                 |                          |                                   | 0                               |

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

|                                                                                                                         |            |           |
|-------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 5,626,961 |

**20** Quarterly contributions and liquidity shortfalls:

|                                                                                                                         |                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>c</b> 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**

|                                                 |                                                |                                                           |                                     |                                                     |
|-------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                |                                                           |                                     |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                         | 2nd segment:<br>5.18 %                                    | 3rd segment:<br>5.92 %              | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                                                |                                                           |                                     | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age ..... |                                                |                                                           |                                     | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                       |                                         |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                         |                                         |                                        |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment .....                            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                      | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   | <b>27</b>                               |                                        |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          | <b>31a</b>          | 5,569,973          |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 5,569,973          |               |
| <b>32</b> Amortization installments:                                                                                                                                                 |                     |                    |               |
|                                                                                                                                                                                      | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 5,626,961          |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 5,626,961          |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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)<br>Retirement age | (B)<br>Retirement<br>Percent | (C)<br>Lx | (D)<br>Number of employees<br>expected to retire<br>(B) x (C) | (E)<br>(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, 2022 funding valuation**

| Discount rate sponsor elections             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |              |                  |         |       |         |       |         |       |         |       |         |       |         |       |         |       |         |       |         |       |              |       |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|------------------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|--------------|-------|
| Segment rates or full yield curve           | Segment                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |              |                  |         |       |         |       |         |       |         |       |         |       |         |       |         |       |         |       |         |       |              |       |
| Look-back months                            | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |              |                  |         |       |         |       |         |       |         |       |         |       |         |       |         |       |         |       |         |       |              |       |
|                                             | Stabilized                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Nonstabilized |              |                  |         |       |         |       |         |       |         |       |         |       |         |       |         |       |         |       |         |       |              |       |
| First 5 years                               | 4.75%                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.88%         |              |                  |         |       |         |       |         |       |         |       |         |       |         |       |         |       |         |       |         |       |              |       |
| Next 15 years                               | 5.18%                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2.61%         |              |                  |         |       |         |       |         |       |         |       |         |       |         |       |         |       |         |       |         |       |              |       |
| Over 20 years                               | 5.92%                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3.27%         |              |                  |         |       |         |       |         |       |         |       |         |       |         |       |         |       |         |       |         |       |              |       |
| 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 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                                    | \$612,000 added to current year normal cost                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |              |                  |         |       |         |       |         |       |         |       |         |       |         |       |         |       |         |       |         |       |              |       |

**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.

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

- 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%      |
| 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 2022 is equal to [(a) – (b) + (c) – (d) + (e)] multiplied by the salary scale: (a) 2021 actual pension compensation, (annual base pay for rehires and new hires during 2021); (b) actual bonus during 2021; |                            |                     |          |

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

(c) an assumed bonus equal to an individual's target bonus percent multiplied by their base compensation for 2021; (d) 2021 actual commissions; and (e) average of commissions for the prior 3 years.

**Table of sample rates**

| Attained age | Withdrawal and Disability Percentages             |                                            |                                                   |                                            |                      |
|--------------|---------------------------------------------------|--------------------------------------------|---------------------------------------------------|--------------------------------------------|----------------------|
|              | Withdrawal                                        |                                            |                                                   |                                            | Disability Incidence |
|              | 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.
- 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.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****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 2021 to 2022 in accordance with PPA.
- The expense component of normal cost increased from \$490,000 to \$612,000 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     | 3                         | 118     | 11     |         |         |         |         |         |         |         | 132    |
|              |                           | 54,290  |        |         |         |         |         |         |         |         |        |
| 25–29        | 3                         | 195     | 109    | 4       |         |         |         |         |         |         | 311    |
|              |                           | 64,839  | 70,660 |         |         |         |         |         |         |         |        |
| 30–34        | 5                         | 197     | 137    | 41      | 2       |         |         |         |         |         | 382    |
|              |                           | 69,430  | 69,704 | 76,672  |         |         |         |         |         |         |        |
| 35–39        | 4                         | 152     | 118    | 55      | 34      |         |         |         |         |         | 363    |
|              |                           | 81,896  | 81,966 | 85,065  | 78,027  |         |         |         |         |         |        |
| 40–44        | 2                         | 132     | 93     | 55      | 56      | 20      |         |         |         |         | 358    |
|              |                           | 70,496  | 77,561 | 65,008  | 81,353  | 147,755 |         |         |         |         |        |
| 45–49        | 4                         | 87      | 91     | 60      | 44      | 26      | 39      | 6       |         |         | 357    |
|              |                           | 112,345 | 74,975 | 68,720  | 98,122  | 102,989 | 105,407 |         |         |         |        |
| 50–54        | 1                         | 110     | 86     | 42      | 42      | 32      | 45      | 23      | 4       |         | 385    |
|              |                           | 112,326 | 84,475 | 67,729  | 76,566  | 111,324 | 94,082  | 99,995  |         |         |        |
| 55–59        | 2                         | 83      | 78     | 48      | 44      | 31      | 44      | 35      | 32      | 2       | 399    |
|              |                           | 75,544  | 97,711 | 149,160 | 119,132 | 86,570  | 94,178  | 118,023 | 94,254  |         |        |
| 60–64        | 1                         | 60      | 59     | 50      | 38      | 30      | 21      | 24      | 26      | 43      | 352    |
|              |                           | 92,737  | 95,787 | 89,988  | 74,421  | 123,986 | 109,231 | 132,297 | 107,062 | 112,938 |        |
| 65–69        |                           | 12      | 14     | 10      | 5       | 6       | 4       | 5       | 3       | 8       | 67     |
|              |                           |         |        |         |         |         |         |         |         |         |        |
| 70 & up      |                           | 3       | 2      | 5       | 3       | 2       | 1       |         |         | 1       | 17     |
|              |                           |         |        |         |         |         |         |         |         |         |        |
| Total        | 25                        | 1,149   | 798    | 370     | 268     | 147     | 154     | 93      | 65      | 54      | 3,123  |
|              |                           |         |        |         |         |         |         |         |         |         | 88,970 |

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 salaried participants, 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<br>Restated plan: January 1, 2022<br>Last amended: January 1, 2022<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Definitions</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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.<br>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.<br>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.                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Normal Retirement Date                           | The first of the month coincident with or next following age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Normal retirement</b>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Eligibility                                      | Age 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

**Schedule SB, Part V — Summary of Plan Provisions**

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit                              | <p><b>Past Service Benefit</b></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><b>Future Service Benefit</b></p> <p><b>Hourly:</b></p> <p>\$25 per completed month of Benefit Service earned after January 15, 2012, payable as an annuity.</p> <p><b>Salaried:</b></p> <p>0.75% of Compensation earned after January 15, 2012, payable as an annuity</p>                                                                                                               |
| <b>Early retirement</b>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 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).                                                                                                                                                                                                                                                                      |
| <b>Termination Benefits</b>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 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.                                                                                                                                                                                                                                |
| <b>Deferred Retirement Benefits</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Eligibility                          | Retirement after Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Benefit                              | Normal Retirement Benefit based on service and pay at late retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Pre-retirement Death Benefits</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Eligibility                          | 3 years of Vesting Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Benefit                              | <p>If death occurs while the participant is an active employee, the beneficiary receives 50% of the participant's Past Service Components reduced for the 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> |

**Schedule SB, Part V — Summary of Plan Provisions**

|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Disability Benefits</b>                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 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. |
| <b>Form of benefits</b>                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Automatic form for unmarried participants                                       | Life annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Automatic form for married participants                                         | A reduced, Qualified 50% Joint and Survivor Annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Optional forms                                                                  | For benefits earned prior to January 15, 2012:<br>Actuarially equivalent Qualified Joint and 50%, 75% or 100% Survivor Annuity. Lump-sum payments are available at early and normal retirement only.<br><br>Benefits earned after January 15, 2012 are available as actuarially equivalent Life, Qualified Joint and 50%, 75% or 100% Survivor Annuity form only.                                                                                                                                                                                           |
| Actuarial Equivalence for Optional form conversion factors and Early Retirement | 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.<br>6% interest and RP2000 mortality projected to 2015 (healthy, 50% male / 50% female, no collar adjustment) for benefits accrued after January 15, 2012.                                                         |
| <b>Miscellaneous</b>                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 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 2022, the limit is \$305,000.                                                                                                                                                                                                                                                                                                    |
| Maximum benefits                                                                | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2022, the limit is \$245,000.                                                                                                                                                                                                                                                                                                                                                                                                                             |

**Benefits included or excluded**

Unless noted below, all benefits provided by the plan, as restated effective January 1, 2022, are included in this valuation:

- **Most recent plan amendments included:** None
- **Plan amendments excluded:** None
- **Late retirement increases:**

**Schedule SB, Part V — Summary of Plan Provisions**

- **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**

Plan document was restated effective January 1, 2022.

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2021 to 2022.

**Retirement Plan for Great Dane LLC**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2022**

**Schedule I**

| (a) | Identity of issue,<br>borrower, lessor<br>or similar party<br>(b) | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value<br>(c) | Cost<br>(d) | Current<br>value<br>(e) |
|-----|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | Investments                                                       |                                                                                                                     |             |                         |
|     | Common stocks                                                     |                                                                                                                     |             |                         |
|     | Adobe Systems, Inc.                                               | Common Stock                                                                                                        | \$ 787,388  | \$ 849,738              |
|     | Air Products & Chemicals Inc.                                     | Common Stock                                                                                                        | 345,129     | 531,749                 |
|     | Alcon, Inc.                                                       | Common Stock                                                                                                        | 3,260,442   | 3,574,874               |
|     | Alphabet, Inc.                                                    | Common Stock                                                                                                        | 5,203,259   | 7,899,898               |
|     | Alphabet, Inc.                                                    | Common Stock                                                                                                        | 657,704     | 1,270,512               |
|     | Amazon, Inc.                                                      | Common Stock                                                                                                        | 2,089,858   | 1,537,200               |
|     | American International Group, Inc.                                | Common Stock                                                                                                        | 2,568,070   | 4,426,800               |
|     | Analog Devices Inc.                                               | Common Stock                                                                                                        | 776,110     | 705,329                 |
|     | Apollo Global Mgmt.                                               | Common Stock                                                                                                        | 12,167,842  | 11,803,319              |
|     | Apple Inc.                                                        | Common Stock                                                                                                        | 590,421     | 1,542,919               |
|     | Ashland Global Holdings, Inc.                                     | Common Stock                                                                                                        | 686,045     | 1,066,160               |
|     | Autodesk, Inc.                                                    | Common Stock                                                                                                        | 677,246     | 657,782                 |
|     | BlackRock, Inc.                                                   | Common Stock                                                                                                        | 356,002     | 531,473                 |
|     | Blackstone Group Inc.                                             | Common Stock                                                                                                        | 94,613      | 162,550                 |
|     | Booking Holdings, Inc.                                            | Common Stock                                                                                                        | 2,974,721   | 3,627,504               |
|     | Brookfield Asset Management, Inc.                                 | Common Stock                                                                                                        | 347,843     | 543,849                 |
|     | Borg Warner, Inc.                                                 | Common Stock                                                                                                        | 3,389,742   | 3,542,000               |
|     | Boston Scientific Corporation                                     | Common Stock                                                                                                        | 645,356     | 707,931                 |
|     | CBRE Group, Inc.                                                  | Common Stock                                                                                                        | 1,711,548   | 5,002,400               |
|     | CDW Corporation                                                   | Common Stock                                                                                                        | 279,587     | 785,752                 |
|     | Charter Communications, Inc.                                      | Common Stock                                                                                                        | 1,616,419   | 2,373,700               |
|     | Citigroup Inc.                                                    | Common Stock                                                                                                        | 2,947,645   | 2,261,500               |
|     | CME Group Inc.                                                    | Common Stock                                                                                                        | 818,684     | 818,098                 |
|     | CVS Health Corporation                                            | Common Stock                                                                                                        | 3,569,332   | 5,311,830               |
|     | Danaher Corporation                                               | Common Stock                                                                                                        | 3,622,536   | 5,450,400               |
|     | DocuSign, Inc.                                                    | Common Stock                                                                                                        | 755,954     | 674,406                 |
|     | Dollar Tree, Inc.                                                 | Common Stock                                                                                                        | 792,013     | 763,776                 |
|     | Envista Holdings Corporation                                      | Common Stock                                                                                                        | 1,753,173   | 2,693,600               |
|     | Equifax Inc.                                                      | Common Stock                                                                                                        | 443,917     | 704,555                 |
|     | Equinix Inc.                                                      | Common Stock                                                                                                        | 551,924     | 917,042                 |
|     | Fidelity National Information Services, Inc.                      | Common Stock                                                                                                        | 862,812     | 844,733                 |
|     | Fiserv Inc.                                                       | Common Stock                                                                                                        | 4,026,288   | 4,042,800               |
|     | Flowserve Corporation                                             | Common Stock                                                                                                        | 2,898,724   | 3,068,000               |
|     | Fortive Corporation                                               | Common Stock                                                                                                        | 5,124,608   | 5,100,743               |
|     | General Motors Company                                            | Common Stock                                                                                                        | 3,017,911   | 3,364,000               |
|     | Global Payments Inc.                                              | Common Stock                                                                                                        | 4,155,880   | 3,049,124               |
|     | HCA Healthcare, Inc.                                              | Common Stock                                                                                                        | 1,883,661   | 6,118,980               |
|     | Home Depot, Inc.                                                  | Common Stock                                                                                                        | 636,408     | 876,512                 |
|     | Humana Inc.                                                       | Common Stock                                                                                                        | 2,093,717   | 3,841,425               |

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**Retirement Plan for Great Dane LLC**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2022**

**Schedule I**

| (a) | Identity of issue,<br>borrower, lessor<br>or similar party<br>(b) | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value<br>(c) | Cost<br>(d) | Current<br>value<br>(e) |
|-----|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | Common stocks - continued                                         |                                                                                                                     |             |                         |
|     | Illumina Inc..                                                    | Common Stock                                                                                                        | 14,248,629  | 9,488,033               |
|     | Interactive Brokers Group, Inc.                                   | Common Stock                                                                                                        | 4,972,389   | 6,298,574               |
|     | Johnson & Johnson                                                 | Common Stock                                                                                                        | 938,809     | 971,575                 |
|     | Johnson Controls International plc                                | Common Stock                                                                                                        | 2,179,679   | 3,840,000               |
|     | J P Morgan Chase and Company                                      | Common Stock                                                                                                        | 791,061     | 901,823                 |
|     | Keurig Dr Pepper, Inc.                                            | Common Stock                                                                                                        | 2,861,896   | 3,426,926               |
|     | Lear Corporation                                                  | Common Stock                                                                                                        | 4,062,470   | 3,286,530               |
|     | Lithia Motors, Inc.                                               | Common Stock                                                                                                        | 2,313,050   | 2,252,140               |
|     | McDonald's Corporation                                            | Common Stock                                                                                                        | 690,148     | 1,080,473               |
|     | Meta Platforms Inc.                                               | Common Stock                                                                                                        | 1,116,254   | 647,790                 |
|     | Microsoft Corporation                                             | Common Stock                                                                                                        | 1,255,332   | 1,882,587               |
|     | Mondelez International, Inc.                                      | Common Stock                                                                                                        | 675,107     | 853,120                 |
|     | Moody's Corporation                                               | Common Stock                                                                                                        | 1,452,799   | 3,622,060               |
|     | Neogen Cprporation                                                | Common Stock                                                                                                        | 635,584     | 735,350                 |
|     | NextEra Energy, Inc.                                              | Common Stock                                                                                                        | 650,517     | 1,304,160               |
|     | NOV Inc.                                                          | Common Stock                                                                                                        | 5,046,666   | 4,178,000               |
|     | Proctor & Gamble Company                                          | Common Stock                                                                                                        | 908,086     | 985,140                 |
|     | Reinsurance Group of America, Inc.                                | Common Stock                                                                                                        | 2,879,659   | 4,973,150               |
|     | S&P Global Inc.                                                   | Common Stock                                                                                                        | 911,012     | 1,147,169               |
|     | Salesforce.com., Inc.                                             | Common Stock                                                                                                        | 1,035,575   | 794,877                 |
|     | SBA Communications Corporation                                    | Common Stock                                                                                                        | 757,551     | 861,953                 |
|     | Sealed Air Corporation                                            | Common Stock                                                                                                        | 2,078,114   | 2,843,160               |
|     | Servicenow Inc.                                                   | Common Stock                                                                                                        | 378,422     | 572,698                 |
|     | TE Connectivity Limited                                           | Common Stock                                                                                                        | 1,021,196   | 906,920                 |
|     | Thermo Fisher Corporation                                         | Common Stock                                                                                                        | 4,060,440   | 6,541,096               |
|     | TJX Companies, Inc.                                               | Common Stock                                                                                                        | 1,229,189   | 1,424,840               |
|     | Union Pacific Corporation                                         | Common Stock                                                                                                        | 829,256     | 1,097,471               |
|     | United Health Group Inc.                                          | Common Stock                                                                                                        | 590,333     | 1,325,450               |
|     | Visa Inc.                                                         | Common Stock                                                                                                        | 10,560,483  | 10,363,484              |
|     | Walmart, Inc.                                                     | Common Stock                                                                                                        | 574,254     | 659,323                 |
|     | Waste Management, Inc.                                            | Common Stock                                                                                                        | 672,969     | 1,066,784               |
|     | Workday Inc.                                                      | Common Stock                                                                                                        | 1,039,162   | 907,765                 |
|     | Zoetis, Inc.                                                      | Common Stock                                                                                                        | 2,803,571   | 2,847,613               |
|     | Total common stocks                                               |                                                                                                                     | 157,400,194 | 187,132,997             |

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**Retirement Plan for Great Dane LLC**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2022**

**Schedule I**

| <b>(a)</b> | <b>Identity of issue,<br/>borrower, lessor<br/>or similar party<br/>(b)</b> | <b>Description of investment including<br/>maturity date, rate of interest,<br/>collateral, par or maturity value<br/>(c)</b> | <b>Cost<br/>(d)</b>   | <b>Current<br/>value<br/>(e)</b> |
|------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
|            | Limited Partnership                                                         |                                                                                                                               |                       |                                  |
|            | Brookfield Infrastructure Partners, L.P.                                    | Limited Partnership                                                                                                           | 354,095               | 562,469                          |
|            |                                                                             | Total limited partnership                                                                                                     | 354,095               | 562,469                          |
|            | Common and collective trusts                                                |                                                                                                                               |                       |                                  |
| *          | Northern Trust STIF                                                         | Common and Collective Trust                                                                                                   | 8,188,548             | 8,188,549                        |
|            | Silchester Int'l Value Equity Grp Trust                                     | Common and Collective Trust                                                                                                   | 18,309,445            | 47,581,360                       |
|            |                                                                             | Total common and collective trusts                                                                                            | 26,497,993            | 55,769,909                       |
|            | Corporate bonds                                                             |                                                                                                                               |                       |                                  |
|            | Activision                                                                  | Corporate Bond                                                                                                                | 430,557               | 423,990                          |
|            | Live Nation Entertainment                                                   | Corporate Bond                                                                                                                | 555,656               | 535,062                          |
|            | Mileage Plus Holdings, LLC                                                  | Corporate Bond                                                                                                                | 494,548               | 492,162                          |
|            | SkyMiles IP LTD & Delta Air Lines, Inc.                                     | Corporate Bond                                                                                                                | 561,444               | 536,815                          |
|            |                                                                             | Total corporate bonds                                                                                                         | 2,042,205             | 1,988,029                        |
|            |                                                                             | Total investments                                                                                                             | <u>\$ 186,294,487</u> | <u>\$ 245,453,404</u>            |

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

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**Retirement Plan for Great Dane LLC**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Year Ended December 31, 2022**

**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                                      | 109                    | \$ 22,715,275      | \$ -              | \$ 22,715,275     | \$ 22,715,275                                  | \$ -                 |
| *   | Northern Trust STIF                                      | 43                     | -                  | 30,141,306        | 30,141,306        | 30,141,306                                     | -                    |
|     | Illumina Inc.                                            | 132                    | 27,156,530         |                   | 27,156,530        | 27,156,530                                     | -                    |
|     | Illumina Inc.                                            | 51                     |                    | 18,696,385        | 18,696,385        | 18,696,385                                     | -                    |

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

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