Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PRIEFERT MANUFACTURING CO., INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1969

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

P.O. BOX 1540
MT. PLEASANT, TX 75456-1540

2b Employer Identification Number (EIN) 75-1236931

2c Plan Sponsor's telephone number 903-572-1741

2d Business code (see instructions) 339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/18/2017	BILL PRIEFERT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	1083
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	775
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	805
b	Retired or separated participants receiving benefits	**6b**	12
c	Other retired or separated participants entitled to future benefits	**6c**	310
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1127
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	1127
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1049
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	114
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2J 2K 3D

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan PRIEFERT MANUFACTURING CO., INC. 401(K) PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PRIEFERT MANUFACTURING COMPANY, INC	**D** Employer Identification Number (EIN) 75-1236931

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

GERALD BAKER

75-2527967

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	PLAN INVESTMENT ADVISOR	43503	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GUARANTY BANK AND TRUST

75-0308240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	CUSTODIAN	32218	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RESOURCE BENEFITS ADMINISTRATORS

5400 BOSQUE BLVD.
SUITE 500
WACO, TX 76710

74-2533381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	8675	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
PRIEFERT MANUFACTURING CO., INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRIEFERT MANUFACTURING COMPANY, INC

D Employer Identification Number (EIN)
75-1236931

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	658425	486358
(2) U.S. Government securities	1c(2)	79077	46624
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	30277	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5055764	3677587
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	411958	113898
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10414558	13992216
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	16650059	18316683
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**	41361	61255
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	41361	61255
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	16608698	18255428

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	521321	
	(B) Participants	**2a(1)(B)**	1283858	
	(C) Others (including rollovers)	**2a(1)(C)**	24061	
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		1829240
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	6466	
	(B) U.S. Government securities	**2b(1)(B)**		
	(C) Corporate debt instruments	**2b(1)(C)**		
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**		
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		6466
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**	50438	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	605485	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		655923
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	774035	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	790040	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		-16005
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	567667	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		567667

		(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)		583927
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3627218
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1866066	
(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)		1866066
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	84395	
(4) Other	2i(4)	30027	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		114422
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1980488
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1646730
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) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: MCCLANAHAN AND HOLMES, LLP **(2)** EIN: 75-0946514

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		600000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
PRIEFERT MANUFACTURING CO., INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRIEFERT MANUFACTURING COMPANY, INC

D Employer Identification Number (EIN)
75-1236931

Part I Distributions

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

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

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

EIN(s): 75-6100659

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 0.0 % Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes	☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Current year" ADP test	☐ "Prior year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test	☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes	☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.

PRIEFERT MANUFACTURING CO., INC.
401(k) RETIREMENT TRUST

Financial Statements

December 31, 2016 and 2015

PRIEFERT MANUFACTURING CO., INC.
401(k) RETIREMENT TRUST

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McClanahan and Holmes, LLP

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INDEPENDENT AUDITORS' REPORT

To the Trustees of
Priefert Manufacturing Co., Inc. 401(k) Retirement Trust

We have audited the accompanying financial statements of Priefert Manufacturing Co., Inc. 401(k) Retirement Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

To the Trustees of
Priefert Manufacturing Co., Inc. 401(k) Retirement Trust

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Priefert Manufacturing Co., Inc. 401(k) Retirement Trust as of December 31, 2016 and 2015, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

McClanahan and Holmes, LLP
Certified Public Accountants

Denison, Texas
July 5, 2017

PRIEFERT MANUFACTURING CO., INC. 401(K) RETIREMENT TRUST
Statements of Net Assets Available for Benefits
December 31, 2016 and 2015

	2016	2015
ASSETS		
Cash and Cash Equivalents	$ 486,358	$ 658,425
Investments:		
At Fair Value :		
Level I:		
Shares of Registered Investment Companies	11,527,169	10,414,558
Corporate Stocks-Common	3,677,587	3,030,498
Exchange-Traded Funds	2,465,047	2,025,266
Corporate Bonds and Notes	-	30,277
Government and Agency Obligations	46,624	79,077
Level II:		
Real Estate	113,898	113,898
Level III:		
Real Estate Note Receivable	-	298,060
Total Investments at Fair Value	17,830,325	15,991,634
Total Assets	18,316,683	16,650,059
LIABILITIES		
Employer Contribution Payable	-	1,627
Distributions Payable	389	1,391
Forfeitures Held in Suspense	60,866	38,343
Total Liabilities	61,255	41,361
NET ASSETS		
Net Assets Available for Benefits	$ 18,255,428	$ 16,608,698

The accompanying notes to the financial statements are an integral part of this statement.

PRIEFERT MANUFACTURING CO., INC. 401(K) RETIREMENT TRUST
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2016 and 2015

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	2016	2015
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments	$ 1,135,589	$ (711,536)
Interest	6,466	8,172
Dividends and Capital Gains	655,923	718,238
	1,797,978	14,874
Less Investment Expense	(75,720)	(77,877)
Total Investment Income	1,722,258	(63,003)
Contributions:		
Employer	521,321	457,093
Participants	1,283,858	1,133,522
Rollovers	24,061	32,549
Total Contributions	1,829,240	1,623,164
Total Additions	3,551,498	1,560,161
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	1,866,066	1,230,238
Administrative Expenses	8,675	8,077
Forfeitures Held in Suspense	30,027	38,343
Total Deductions	1,904,768	1,276,658
Net Increase	1,646,730	283,503
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	16,608,698	16,325,195
End of Year	$ 18,255,428	$ 16,608,698

The accompanying notes to the financial statements are an integral part of this statement.

PRIEFERT MANUFACTURING CO., INC. 401(k) RETIREMENT TRUST
Notes to the Financial Statements
December 31, 2016

NOTE 1 - SUMMARY OF SIGNIFICANT PLAN PROVISIONS

The following description of the Priefert Manufacturing Co., Inc. (Company) 401(k) Retirement Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established January 1, 1969, and has been subsequently restated as required by regulatory changes and revised reporting requirements, the latest restatement being effective January 1, 2016. The Plan is a defined contribution plan covering all employees of Priefert Mfg. Co., Inc.; Priefert Complex Designs, LLC; PMCI Management I, LC; Priefert Logistics, LP; BENT Properties, LLC; and DFW Steel, LLC (the Employers) who have completed a minimum of six months of service. Participation in the Plan is voluntary. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective January 1, 2016, a Plan amendment allowed DFW Steel, LLC employees to begin participating once eligibility requirements were met.

Recent Accounting Pronouncements

In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part 1) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient.* Part I eliminates the requirements to measure the fair value of the fully benefit-responsive contracts and provide certain disclosures. Contract value is the only required measure for fully-benefit responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation of fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using the fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are also no longer required to disaggregate investments by nature, characteristics, and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. The Plan has elected to adopt Part II of ASU 2015-12 effective with the December 31, 2016 financial statements, with retrospective application to all periods presented. Parts I and III are not applicable to the Plan. The adoption had no effect on the Plan's net assets available for benefits or changes therein.

Contributions

Each year, eligible participants may contribute pre-tax and ROTH post-tax compensation to their accounts, as defined in the Plan, subject to limitations determined by the Internal Revenue Service. Participants may also contribute or rollover amounts representing distributions from other qualified defined benefit or contribution plans. The Employers' contribute on a discretionary basis at the option of their respective governing bodies. Contributions from employees are received from the Employers through payroll deductions of the Plan participants. The Plan contains a traditional automatic enrollment of 3% for eligible employees who have not made an elective deferral election or who have not opted-out of contributing.

Participants Loans

The Plan does not allow for loans to participants or beneficiaries.

NOTE 1 - SUMMARY OF SIGNIFICANT PLAN PROVISIONS (Continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. The Employers' contribution portion of their accounts are fully vested and non-forfeitable upon attainment of age sixty or upon the completion of six years of qualifying service. If an employee terminates because of death or disability, they become 100% vested. If a participant terminates employment other than because of death, disability, or retirement, vesting in the Employers' contributions made for the benefit of the participant accumulates at a rate of 20% after two years of service, 40% after three years, 60% after four years, 80% after five years, and 100% after six or more years.

Forfeited Accounts

The portion of a terminated participant's account to which he or she is not entitled as a result of being less than fully vested is forfeited by the participant and may be used by any permissible method, including restoring forfeitures, reducing Company contributions (or reallocate as Company contributions), or to pay Plan expenses. At December 31, 2016 and 2015, forfeited, non-vested accounts were $60,866 and $38,343, respectively, which are available for future use, subject to reinstatement of the terminated employees' accounts.

Payment of Benefits

Benefits are recorded when paid. On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments, if the vested benefit exceeds $5,000. Vested Benefits not exceeding $5,000 must be distributed as soon as practicable following death, disability, or retirement. For termination of service due to other reasons, a participant may receive the employee portion (salary deferral or 401(k) portion) of his or her account as a lump-sum distribution. The vested portion of the Employer contribution (Company match) will be distributed five years following termination.

Unless a participant elects otherwise, payment of benefits must begin no later than sixty days after the close of the Plan year in which the participant attains the age of 60, or the termination of service, whichever is later. Distributions must begin no later than April 1 following the calendar year in which the participant attains the age of 70 1/2 for 5% owners and 70 1/2 or retirement for less than 5% owners.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Employers' contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan. Amounts forfeited by prior participants of their non-vested Employer contributions are available to be used by any permissible method, including restoring forfeitures, reducing Company contributions (or reallocate as Company contributions), or to pay Plan expenses.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements were prepared on the accrual basis of accounting.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Valuation of Investments

In accordance with generally accepted accounting principles, investments in financial and nonfinancial assets are reported in a three-tiered hierarchy as follows:

Level I – Assets are based on quoted prices or unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access at the Plan's year end.

Level II – Assets are based on other than quoted prices or adjusted quoted prices of similar assets or liabilities in markets that are not active.

Level III – Assets are based on unobservable inputs, which shall reflect the Plan's own assumptions about the assets or liabilities.

This fair value hierarchy gives the highest priority to Level I assets and the lowest priority to Level III assets.

The Plan's investments are stated at fair value. Many factors are considered in arriving at fair value. In general, Level I investments are securities traded on a national securities exchange which are valued at the closing price on the last business day of the Plan year, except for Guaranty Bancshares, Inc. which is valued based on a combination of recent transaction prices and regular periodic independent appraisals. The Level II investment in real estate is shown at appraised value which is determined by an independent appraisal performed every three years. The Level III investment is a note receivable from an LLC that is developing three residential/office suite properties in Santa Fe, New Mexico. The maximum return on the note receivable investment is 18% per year simple interest. The ultimate return will not be determined until the last property unit is sold. Factors affecting the return include the future direction of mortgage interest rates, changes in the local Santa Fe real estate market, increases in estimated development costs, and increases in the holding period costs prior to sale. In April 2016, the note receivable was paid in full in the amount of $298,060. Therefore, management elected to reflect the fair market value at the notes final value of $298,060 at December 31, 2015.

The Plan's investments, stated at fair value, consist primarily of shares in registered investment companies, equity securities, corporate and government bonds, real estate note receivable, and undeveloped land.

Administrative Expenses

All expenses incurred in the administration of the Plan are paid by the Trust.

Use of Estimates

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

Reclassifications

Certain amounts relating to the prior year have been reclassified to conform to the current year presentation. The reclassifications have no effect on the previously reported net assets.

NOTE 3 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will immediately become fully vested in their individual account.

NOTE 4 – INVESTMENTS

The following table presents investments at December 31, 2016 and 2015:

		Fair Value Measurements at Reporting Date Using:		
	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level I)	Significant Other Observable Inputs (Level II)	Significant Unobservable Inputs (Level III)
December 31, 2016				
Shares of Registered Investment Companies	$ 11,527,169	$ 11,527,169	$ -	$ -
Common Stocks	3,677,587	3,677,587	-	-
Exchange-Traded Funds	2,465,047	2,465,047	-	-
Government and Agency Obligations	46,624	46,624	-	-
Real Estate	113,898	-	113,898	-
Total Assets at Fair Value	$ 17,830,325	$ 17,716,427	$ 113,898	$ -

		Fair Value Measurements at Reporting Date Using:		
	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level I)	Significant Other Observable Inputs (Level II)	Significant Unobservable Inputs (Level III)
December 31, 2015				
Shares of Registered Investment Companies	$ 10,414,558	$ 10,414,558	$ -	$ -
Common Stocks	3,030,498	3,030,498	-	-
Exchange-Traded Funds	2,025,266	2,025,266	-	-
Corporate Bonds and Notes	30,277	30,277	-	-
Government and Agency Obligations	79,077	79,077	-	-
Real Estate	113,898	-	113,898	-
Real Estate Note Receivable	298,060	-	-	298,060
Total Assets at Fair Value	$ 15,991,634	$ 15,579,676	$ 113,898	$ 298,060

NOTE 4 – INVESTMENTS (Continued)

The following is a schedule of net appreciation in the fair value of investments by investment type for the years ending December 31, 2016 and 2015:

	2016	2015
Net Change in Fair Value:		
Level I – Investment at Fair Value as		
Determined by Quoted Market Price:		
Shares of Registered Investment Companies	$ 345,968	$ (533,444)
Common Stocks	569,432	(30,705)
Exchange-Traded Funds	222,919	(190,210)
Corporate Bonds and Notes	(277)	(1,329)
Government and Agency Obligations	(2,453)	(3,908)
Total Level I – Investment Change	1,135,589	(759,596)
Level II – Investments at Estimated Fair Value		
Based on Current Valuations and Appraisals:		
Real Estate	-	-
Total Level II – Investment Change	-	-
Level III – Investments at Cost Estimated to		
Be Fair Value Based on Original Face Value:		
Real Estate Note Receivable	-	48,060
Net Change in Fair Value Increase (Decrease)	$1,135,589	$ (711,536)

The following tables reconcile the beginning and ending balances of fair value measurements using significant other observable inputs (Levels II) and significant unobservable inputs (Level III) for the years ended December 31, 2016 and 2015.

	2016	2015
Changes in Level II Investments		
Beginning Balance	$ 113,898	$ 113,898
Total Gain (Loss) Included in Changes in		
Net Assets Available for Benefits	-	-
Purchases, Sales:		
Purchases	-	-
Sales	-	-
Ending Balance	$ 113,898	$ 113,898

	2016	2015
Changes in Level III Investments		
Beginning Balance	$ 298,060	$ 250,000
Total Gain (Loss) Included in Changes in		
Net Assets Available for Benefits	-	48,060
Purchases, Sales:		
Purchases	-	-
Sales	(298,060)	-
Ending Balance	$ -	$ 298,060

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds which are managed by Baker Financial Services, Inc. or Guaranty Bank & Trust Wealth Management Group, who are the investment managers as defined by the Plan; therefore, these transactions are deemed to be party-in-interest transactions as defined by ERISA Title I, Section 406. Fees paid by the Plan for investment management services amounted to $75,720 and $77,877 for the years ended December 31, 2016 and 2015, respectively.

The Plan holds investment assets that include 96,996 shares of common stock of Guaranty Bancshares, Inc. Guaranty Bancshares, Inc., through their trust department, serves as an investment advisor to the Plan. Since Bill Priefert, a trustee of the Plan, is also a member of the Board of Directors of Guaranty Bancshares, Inc. as well as the principal shareholder of the Plan Sponsor, any transactions between the Plan and Guaranty Bancshares, Inc. are considered to be with a party-in-interest.

NOTE 6 – INCOME TAX STATUS

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

NOTE 7 - COMMITMENTS

At December 31, 2016 and 2015, $1,616,872 and $1,852,872, respectively, were due to former employees or their beneficiaries who had retired, terminated employment, or were deceased. These obligations will not be reported as deductions from net assets until payment is made.

NOTE 8 – NONEXEMPT TRANSACTION WITH A PARTY-IN-INTEREST

During 2010, the Plan purchased 250 member units of Santa Fe Group, LLC, a real estate development company, at a cost of $1,000 per unit. This investment was represented by a $298,060 note receivable which is collateralized by a second lien on the real estate as of December 31, 2015. In 2016, the balance of the real estate note receivable was paid in full, plus earnings, in the amount of $298,060. The general manager and part owner of Santa Fe Group, LLC is also an investment advisor and custodian of the plan. Due to this relationship, the transaction was reported as a nonexempt transaction with a party-in-interest.

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities which are inherently exposed to various risks such as interest rate fluctuations and market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

NOTE 10 – SUBSEQUENT EVENTS

Management has evaluated subsequent events through July 5, 2017, the date on which the financial statements were available to be issued.

On February 9, 2017, The Plan purchased real estate with a purchase price and closing costs totaling $282,444.

On May 9, 2017, Guaranty Bancshares, Inc. completed an initial public offering of Guaranty common stock. The stock is now publicly traded on the NASDAQ stock exchange under the "GNTY" trading symbol. The IPO was priced at $27.00 per share.

In November 2016, the plan was amended with an effective date of January 1, 2017, to increase the automatic enrollment percentage to 4%.

Effective January 1, 2017, a plan amendment allowed NW Steel, LLC employees to begin participating once eligibility requirements were met.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ___

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶ ☐

D Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PRIEFERT MANUFACTURING CO., INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1969

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

P.O. BOX 1540

MT. PLEASANT TX 75456-1540

2b Employer Identification Number (EIN) 75-1236931

2c Plan Sponsor's telephone number 903-572-1741

2d Business code (see instructions) 339900

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

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

SIGN HERE	Bill Priefert	7-18-2017	Bill Priefert
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Bill Priefert	7-18-2017	Bill Priefert
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	B		
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	3b	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	4b	EIN
a	Sponsor's name	4c	PN
5	Total number of participants at the beginning of the plan year	5	1,083
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1)	Total number of active participants at the beginning of the plan year	6a(1)	775
a(2)	Total number of active participants at the end of the plan year	6a(2)	805
b	Retired or separated participants receiving benefits	6b	12
c	Other retired or separated participants entitled to future benefits	6c	310
d	Subtotal. Add lines 6a(2), 6b, and 6c	6d	1,127
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f	Total. Add lines 6d and 6e	6f	1,127
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	1,049
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	114
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2J 2K 3D

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

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

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

a Pension Schedules

(1) [X] R (Retirement Plan Information)

(2) [ ] MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] H (Financial Information)

(2) [ ] I (Financial Information – Small Plan)

(3) [ ] A (Insurance Information)

(4) [X] C (Service Provider Information)

(5) [ ] D (DFE/Participating Plan Information)

(6) [ ] G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

PRIEFERT MANUFACTURING CO., INC. 401(K) RETIREMENT TRUST
Form 5500 Schedule H, Part IV, Item 4i
Schedule of Assets (Held at End of Year)
December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Asset Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Capital World Growth and Income Fund CL A	Mutual Fund 7,701.347 shares	$ 334,020	$ 336,857
*	Growth Fund of America CL A	Mutual Fund 8,253.420 shares	339,464	344,745
*	Investment Company of America CL A	Mutual Fund 12,178.479 shares	407,310	440,252
*	New Perspective Fund CL A	Mutual Fund 11,855.334 shares	424,405	416,478
*	EuroPacific Growth Fund CL F1	Mutual Fund 6,577.809 shares	296,726	295,409
*	Baron Growth Fund	Mutual Fund 4,941.352 shares	310,718	293,961
*	Columbia Seligman Comm & Info CL A	Mutual Fund 9,885.048 shares	546,332	579,659
*	Northern High Yield Fixed Income Fund	Mutual Fund 28,819.465 shares	186,868	195,684
*	Pioneer Strategic Income Fund CL A	Mutual Fund 79,142.373 shares	808,863	840,492
*	ProShares S&P 500 Dividend Aristocrats	Mutual Fund 4,965.2176 shares	252,885	267,675
*	Artisan Midcap Value Fund	Mutual Fund 16,219.338 shares	305,083	362,502
*	Janus Flexible Bond Fund I	Mutual Fund 15,321.903 shares	157,816	157,662
*	Fidelity Advisor New Insight Fund I	Mutual Fund 14,363.512 shares	382,457	387,097
*	Harbor International Fund	Mutual Fund 2,335.060 shares	138,773	136,391
*	Loomis Sayles GLB Bond Fund Inst	Mutual Fund 1,433.511 shares	21,274	21,947
*	Nuveen Real Estate Class I Fund	Mutual Fund 8,651.980 shares	198,028	190,949
*	Oppenheiner Intl Growth Fund	Mutual Fund 2,793.483 shares	104,309	96,878
*	PIMCO Short Term Fund Inst	Mutual Fund 8,251.610 shares	80,288	80,866
*	JPMorgan Core Bond A	Mutual Fund 35,601.484 shares	411,377	409,061
*	Sterling Cap Funds Stratton Small Cap	Mutual Fund 4,752.150 shares	335,344	396,092
*	T Rowe Price Equity Income Fund	Mutual Fund 11,534.586 shares	330,314	363,109
*	T Rowe Price Growth Fund	Mutual Fund 11,724.656 shares	629,184	624,338
*	T Rowe Price Midcap Growth Fund	Mutual Fund 11,035.031 shares	810,148	831,710

* Party-in-interest
The independent auditors' report and the notes to the financial statements are an integral part of the statement.

PRIEFERT MANUFACTURING CO., INC. 401(K) RETIREMENT TRUST
Form 5500 Schedule H, Part IV, Item 4i
Schedule of Assets (Held at End of Year) (Continued)
December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Asset Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	T Rowe Price Health Sciences Fund	Mutual Fund 1,470.062 shares	$ 100,659	$ 86,851
*	Templeton Global Bond Adv	Mutual Fund 1,200.580 shares	13,843	14,359
*	Tweedy Brown Global Value Fund	Mutual Fund 6,547.295 shares	160,209	163,944
*	Vanguard Equity Income Fund	Mutual Fund 6,106.216 shares	180,708	199,185
*	Vanguard GNMA Fund	Mutual Fund 6,485.011 shares	69,121	68,352
*	Weitz Short Intermediate Income Fund	Mutual Fund 17,747.187 shares	216,519	217,935
*	First Eagle Funds Global Fund CL C	Mutual Fund 11,936.019 shares	614,511	647,648
*	AMG Yacktman FD SVC	Mutual Fund 17,457.856 shares	367,833	373,424
*	JP Mid Cap Value A	Mutual Fund 9,046.200 shares	302,977	322,407
*	Thornburg Invt Income	Mutual Fund 19,621.186 shares	369,634	391,639
*	Thornburg LTD Term Inc	Mutual Fund 20,408.620 shares	270,690	272,251
*	Vanguard Interm Term B	Mutual Fund 25,680.110 shares	289,393	288,645
*	Vanguard Wellesley AS	Mutual Fund 6,656.647 shares	398,077	410,715
		Total Mutual Funds	11,166,160	11,527,169

* Party-in-interest

PRIEFERT MANUFACTURING CO., INC. 401(K) RETIREMENT TRUST
Form 5500 Schedule H, Part IV, Item 4i
Schedule of Assets (Held at End of Year) (Continued)
December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Asset Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	National Retail Properties, Inc.	Common Stock 11,321.654 shares	$ 455,887	$ 500,417
*	Orexigen Therapeutics, Inc.	Common Stock 2,010.00 shares	34,572	3,498
*	Chevron Corporation	Common Stock 1,423.396 shares	128,821	167,534
*	US Silica Holdings, Inc.	Common Stock 8,543.444 shares	160,971	484,242
*	Guaranty Bank & Trust	Common Stock 96,996.000 shares	2,327,904	2,521,896
		Total Common Stock	3,108,155	3,677,587
*	Alps Trust EFT Alerian MLP	Exchange-Traded Fund 24,280.259 shares	291,046	305,931
*	IShares US Technology	Exchange-Traded Fund 1,947.573 shares	208,549	234,196
*	IShares Tr US Energy ETF	Exchange-Traded Fund 5,857.572 shares	198,873	243,324
*	Ishares US Financials	Exchange-Traded Fund 1,176.386 shares	101,548	119,356
*	IShares Tr US Healthcare ETF	Exchange-Traded Fund 2,489.785 shares	373,211	358,853
*	IShares Tr S&P Midcap 400 Index Fund ETF	Exchange-Traded Fund 1,584.702 shares	221,126	262,015
*	Powershares Trust QQQ	Exchange-Traded Fund 1,951.844 shares	218,322	231,254
*	Vanguard Dividend Appreciation ETF	Exchange-Traded Fund 6,631.206 shares	516,331	564,846
*	Vanguard Energy ETF	Exchange-Traded Fund 1,387.777 shares	113,122	145,272
		Total Exchange-Traded Funds	2,242,128	2,465,047
*	Federal Home Loan Banks 5.375% Due: 8/15/2018	Government Obligation	16,537	15,992
*	Federal Farm Credit Banks 5.55% Due: 6/6/2017	Government Obligation	31,852	30,632
		Total Government Obligation	48,389	46,624
*	Land 0.701 acres Mt. Pleasant, Texas	Undeveloped Land	113,898	113,898
			$ 16,678,730	$ 17,830,325

* Party-in-interest