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
BERRIDGE MANUFACTURING 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1998

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)
BERRIDGE MANUFACTURING COMPANY

6515 FRATT RD.
SAN ANTONIO, TX 78218

2b Employer Identification Number (EIN) 74-2125639

2c Plan Sponsor's telephone number 210-650-3050

2d Business code (see instructions) 332900

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.	10/05/2017	JOEL LEE-ERIC JESSE
	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**	160
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)**	142
a(2) Total number of active participants at the end of the plan year	**6a(2)**	129
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	19
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	149
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	149
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	119
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

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

OMB No. 1210-0110

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
BERRIDGE MANUFACTURING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-2125639

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

1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	370511-01	33	01/01/2016	12/31/2016

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1136	0

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

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

MORGAN STANLEY SMITH BARNEY LLC
301 CONGRESS AVE STE 1400
AUSTIN, TX 78701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1136	0	COMMISSIONS PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	352293
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	135198
c	Additions: (1) Contributions deposited during the year	7c(1)	13087		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	2818		
	(4) Transferred from separate account	7c(4)	199223		
	(5) Other (specify below)	7c(5)	5052		
	▶ FORFEITURES				
	(6)Total additions			7c(6)	220180
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	355378
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2199		
	(2) Administration charge made by carrier	7e(2)	119		
	(3) Transferred to separate account	7e(3)	767		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	3085
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	352293

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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 BERRIDGE MANUFACTURING 401(K) PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BERRIDGE MANUFACTURING COMPANY	**D** Employer Identification Number (EIN) 74-2125639

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)

GREAT-WEST LIFE& ANNUITY INS

84-0467907

(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?
64	RECORDKEEPER	17996	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(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?
55	BROKER/ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	12594	Yes [ ] No [X]

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

LOREN D. STARK COMPANY

74-1537058

(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?
13	CONTRACT ADMIN	900	Yes [X] No [ ]	Yes [ ] No [X]	4108	Yes [ ] No [X]

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)

ADVISED ASSET GROUP

84-1532243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MNGMT	1082	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN STANLEY INSURANCE SVCS, INC.

51-0116113

(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?
55	BROKER/ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	768	Yes [ ] No [X]

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

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

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

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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
BERRIDGE MANUFACTURING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-2125639

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	3823284	4143258
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	132166	352292
(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	3955450	4495550
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3955450	4495550

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)	124876	
	(B) Participants	2a(1)(B)	298719	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		423595
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	171823	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		171823
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		208807
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		804225
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	237326	
(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)		237326
f Corrective distributions (see instructions)	2f		8095
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)	18704	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		18704
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		264125
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		540100
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: BRIGGS & VESELKA CO **(2)** EIN: 74-1769118

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		400000
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		X	
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
BERRIDGE MANUFACTURING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-2125639

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): 84-0467907

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: _____% 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 ☐ "Prior year" ADP test ☐ "Current 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 _____/_____/_____.

Berridge Manufacturing 401(k) Plan

Financial Statements and Supplemental Schedule
As of December 31, 2016 and 2015,
and for the Year Ended December 31, 2016

CONTENTS

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Independent Auditors' Report	1
Statements of Net Assets Available for Benefits as of December 31, 2016 and 2015	3
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2016	4
Notes to Financial Statements	5
Supplemental Schedule	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	10

Schedules other than those listed above are omitted because of the conditions under which they are required.

Briggs & Veselka Co.
A PROFESSIONAL CORPORATION
Certified Public Accountants and Business Advisors

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Berridge Manufacturing 401(k) Plan
San Antonio, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Berridge Manufacturing 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in *Note 4*, which was certified by Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC, the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodians as of and for the years ended December 31, 2016 and 2015, that the information provided to the plan administrator by the custodians is complete and accurate.

To the Plan Administrator of
Berridge Manufacturing 401(k) Plan
Re: Independent Auditors' Report

Disclaimer of Opinion

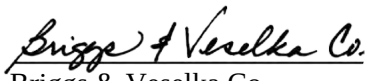
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2016 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Briggs & Veselka Co.
Houston, Texas

October 5, 2017

BERRIDGE MANUFACTURING 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2016 AND 2015

	2016	2015
ASSETS		
Investments at fair value	**$ 4,495,550**	$ 3,955,450
LIABILITIES		
Excess participant contributions payable	**7,526**	5,578
NET ASSETS AVAILABLE FOR BENEFITS	**$ 4,488,024**	$ 3,949,872

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

BERRIDGE MANUFACTURING 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2016

ADDITIONS	
Investment income:	
Net appreciation in fair value of investments	$ 208,807
Dividends	171,823
Total investment income	380,630
Contributions:	
Participants	291,193
Employer	124,876
Total contributions	416,069
Total additions	796,699
DEDUCTIONS	
Benefits paid to participants	239,843
Administrative expenses	18,704
Total deductions	258,547
Net increase	538,152
Net assets available for benefits, beginning of year	3,949,872
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 4,488,024

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

NOTE 1 – DESCRIPTION OF PLAN

Berridge Manufacturing 401(k) Plan (the Plan) is a qualified retirement plan adopted by Berridge Manufacturing Company (the Company) on July 1, 1998, to provide eligible employees with the opportunity to save for retirement on a tax-advantaged basis. The amended and restated provision of the Plan became effective January 1, 2014, to conform the Plan to new tax laws and regulations. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The following description of the Plan provides only general information. Participants should refer to the legal plan document for a more complete description of the Plan's provisions.

Eligibility – All employees of the Company are eligible to participate in the Plan after attainment of age 21 and completion of one period of service. An employee's entry date will be the first day of the Plan year or the first day of the seventh month of the Plan year coinciding with or next following the date the employee satisfies the eligibility requirements.

Contributions – Participants may elect to reduce their compensation by a specific percentage or dollar amount and have that amount contributed to the Plan as salary deferral. There are two types of salary deferrals: pre-tax 401(k) deferrals and Roth 401(k) deferrals. Total deferrals in any taxable year may not exceed a dollar limit which is set by law. Participants who are at least age 50 or will attain age 50 before the end of a calendar year may make additional catch-up contributions. Participants may revoke their salary deferral elections at any time. Participants may make any other modification to their salary deferral elections on the first day of the Plan year or the first day of the seventh month of the Plan year.

The Company may make a discretionary matching contribution equal to a uniform percentage of participants' salary deferrals. For 2016, the Company made a matching contribution equal to 50% of participants' elective deferral contributions, limited to 6% of a participant's compensation.

Participants are also permitted to deposit into the Plan distributions they have received from other retirement plans and certain IRAs as rollover contributions.

Participant Accounts – Each participant's account is credited with the participant's contributions, employer contributions, rollovers and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are always 100% vested in their salary deferrals, rollover contributions, and actual earnings thereon. A participant's vested percentage for employer contributions is based on vesting periods of service. A participant is 100% vested after five periods of service.

Investment Options – Participants direct the investment of their entire interest in the Plan into various investment securities offered by the Plan. The Plan currently offers mutual funds and a fixed annuity as investment elections for participants. Participants may exchange or transfer money between investment securities at any time.

Payment of Benefits – Participants may receive a distribution of the vested portion of some or all of their accounts in the Plan for the following reasons: termination of employment, early retirement, normal retirement, disability or death. Benefits under the Plan will be paid to participants in cash. If the vested account balance does not exceed $5,000, then the vested account balance may only be distributed to a participant in a single lump-sum payment. If the vested account balance exceeds $5,000, then the participant may elect to receive a distribution of their vested account balance in a single lump-sum payment or installments.

Participants may also receive a distribution form the Plan from certain accounts prior to termination of employment provided they have attained age 59½. Participants may withdraw money for financial hardship to satisfy certain immediate and heavy financial needs.

Forfeited Accounts – The non-vested portion of a terminated participant's account balance remains in the Plan and is called a forfeiture. The Company may use forfeitures to pay Plan expenses or reduce employer contributions. At December 31, 2016 and 2015, forfeited non-vested accounts totaled $8,152 and $3,032, respectively.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires the Company to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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. See *Note 3* for a discussion of fair value measurements.

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

Excess Participant Contributions Payable – Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Services (IRS) are recorded as a liability with a corresponding reduction to contributions.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent Events – The Plan has evaluated subsequent events through October 5, 2017, the date the financial statements were available to be issued.

Recent Accounting Pronouncements – In May 2015, FASB issued ASU No. 2015-07, *Fair Value Measurement (Topic 820) – Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)*. ASU No. 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using net asset value (NAV) per share as a practical expedient and also removes the requirement to make certain disclosures. This update is effective for fiscal years beginning after December 15, 2015 (public entities) and 2016 (other entities) and must be applied retrospectively, with early adoption permitted. The Company has elected to early adopt the guidance applicable for the year ended December 31, 2016, and applied the changes retrospectively to the year ended December 31, 2015.

In July 2015, FASB issued ASU No. 2015-12, *Plan Accounting.* This three-part ASU simplifies current benefit plan accounting and, among other things, calls for plans to (i) disaggregate their investments measured using fair value by general type; (ii) present the net appreciation or depreciation in investments for the period to be presented in the aggregate rather than by general type; and (iii) removes certain disclosure requirements relevant to individual investments that represent 5% or more of net assets available for benefits. The standard is effective retrospectively for fiscal years beginning after December 15, 2015. The Company has adopted the guidance applicable for the year ended December 31, 2016, and applied the changes retrospectively to the year ended December 31, 2015.

NOTE 3 – 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 FASB ASC 820 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 to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; or 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 observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Fixed Annuities – Valued daily based on the valuation method disclosed in the annuity contract, as calculated by the custodians. The Company evaluates the general financial conditions of the custodians as a component of validating whether the calculated fair value of the guaranteed contract is an accurate value. All of these inputs are generally considered obtainable/observable through the review of existing contracts and readily available financial information. The calculated fair value is published and is the basis for current transactions.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	**$ 4,143,258**	**$ -**	**$ -**	**$ 4,143,258**
Fixed annuities	**-**	**352,292**	**-**	**352,292**
Investments at fair value	**$ 4,143,258**	**$ 352,292**	**$ -**	**$ 4,495,550**

	2015			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 3,823,284	$ -	$ -	$ 3,823,284
Fixed annuities	-	132,166	-	132,166
Investments at fair value	$ 3,823,284	$ 132,166	$ -	$ 3,955,450

NOTE 4 – CERTIFIED INVESTMENTS

The Company 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. Accordingly, certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2016 and 2015, and net appreciation in fair value of investments and dividends for the year ended December 31, 2016, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC, the custodians of the Plan.

NOTE 5 – RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by Great-West Life & Annuity Insurance Company and/or Great-West Trust Company, LLC. Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC are the custodians and recordkeepers for the Plan and, therefore, these transactions qualify as party in interest transactions.

NOTE 6 – RISKS AND UNCERTAINTIES

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

NOTE 7 – PLAN TERMINATION

Although the Company intends to maintain the Plan indefinitely, the Company reserves the right to terminate the Plan at any time. Upon termination, no further contributions will be made to the Plan and all amounts credited to participants' accounts will become 100% vested. The Company will direct the distribution of participants' accounts in a manner permitted by the Plan as soon as practicable.

NOTE 8 – TAX STATUS

The Company has adopted a volume submitter profit sharing plan with CODA sponsored by Loren D Stark Company. The volume submitter plan obtained its latest opinion letter on March 31, 2014, in which the IRS stated that the form of the volume submitter plan was acceptable under section 401 of the Internal Revenue Code (IRC) for use by employers for the benefit of their employees. Although the Plan has been amended since receiving the opinion letter, the Company believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and tax-exempt.

GAAP requires the Company 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.

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2016 and 2015, to Form 5500:

	2016	2015
Net assets available for benefits per the financial statements	**$ 4,488,024**	$ 3,949,872
Excess participant contributions payable	**7,526**	5,578
Net assets available for benefits per the Form 5500	**$ 4,495,550**	$ 3,955,450

The following is a reconciliation of participants contributions per the financial statements for the year ended December 31, 2016, to Form 5500:

Participants contributions per the financial statements	$ 291,193
Add: excess participant contributions payable at December 31, 2016	7,526
Participants contributions per Form 5500	$ 298,719

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2016, to Form 5500:

Benefits paid to participants per the financial statements	$ 239,843
Add: excess participant contributions payable at December 31, 2015	5,578
Total benefit payments and corrective distributions per Form 5500	$ 245,421

BERRIDGE MANUFACTURING 401(K) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2016

EIN: 74-2125639
Plan No. 001

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	American Funds AMCAP Fund	Mutual funds	**	$ 36,892
	American Funds American Balanced Fund	Mutual funds	**	141,609
	American Funds Capital Income Builder	Mutual funds	**	7,085
	American Funds Capital World Growth and Income Fund	Mutual funds	**	472,739
	American Funds EuroPacific Growth Fund	Mutual funds	**	25,602
	American Funds The Growth Fund of America	Mutual funds	**	3,575
	American Funds SMALLCAP World Fund	Mutual funds	**	309
	BlackRock Equity Dividend Fund	Mutual funds	**	54,014
	BlackRock Global Allocation Fund	Mutual funds	**	3,800
	Columbia Mid Cap Index Fund	Mutual funds	**	237,932
	Columbia Small Cap Index Fund	Mutual funds	**	558,282
	David Financial Fund	Mutual funds	**	45,399
	Harbor International Fund	Mutual funds	**	24,598
	Invesco Equity and Income Fund	Mutual funds	**	28,177
	Invesco Global Real Estate Income Fund	Mutual funds	**	33,447
	Invesco Gold & Precious Metals Fund	Mutual funds	**	9,044
	JPMorgan Government Bond Fund	Mutual funds	**	224,197
	KEELEY Small-Mid Cap Value Fund	Mutual funds	**	12,703
	MFS Blended Research Core Equity Fund	Mutual funds	**	2,692
	MFS Growth Allocation Fund	Mutual funds	**	2,798
	MFS Utilities Fund	Mutual funds	**	10,648
	MFS Conservative Allocation Fund	Mutual funds	**	7,440
	Oakmark Global Fund	Mutual funds	**	1
	Oppenheimer Global Opportunities Fund	Mutual funds	**	851
	PIMCO Investment Grade Corporate Bond Fund	Mutual funds	**	63,577
	PIMCO StocksPLUS Small Fund	Mutual funds	**	880
	PRIMECAP Odyssey Growth Fund	Mutual funds	**	5,264
	Prudential High Yield Fund	Mutual funds	**	159,250
	T. Rowe Price Health Sciences Fund	Mutual funds	**	17,071
	T. Rowe Price Retirement 2010 Fund	Mutual funds	**	1,008
	T. Rowe Price Retirement 2015 Fund	Mutual funds	**	1,266
	T. Rowe Price Retirement 2020 Fund	Mutual funds	**	487,529
	T. Rowe Price Retirement 2025 Fund	Mutual funds	**	6,383
	T. Rowe Price Retirement 2030 Fund	Mutual funds	**	324,213
	T. Rowe Price Retirement 2040 Fund	Mutual funds	**	153,666
	T. Rowe Price Retirement 2050 Fund	Mutual funds	**	85,942
	T. Rowe Price Retirement 2055 Fund	Mutual funds	**	453
	T. Rowe Price Balanced Fund	Mutual funds	**	1,450
	Thornburg Developing World Fund	Mutual funds	**	45,393
	Vanguard 500 Index Fund	Mutual funds	**	169,604
	Vanguard Mid Cap Index Fund	Mutual funds	**	203,517
	Vanguard Small-Cap Index Fund	Mutual funds	**	175,770
	Vanguard Total Bond Market Index Fund	Mutual funds	**	265,539
	Vanguard Total International Stock Index Fund	Mutual funds	**	24,630
	Virtus Vontobel Emerging Markets Opportunities Fund	Mutual funds	**	7,019
*	Key Guaranteed Portfolio Fund	Fixed annuities	**	352,292
	Total assets held for investment			$ 4,495,550

* Indicates party in interest as defined by ERISA
** All investment transactions are participant-directed, therefore, information is not required

See independent auditors' report.

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
Berridge Manufacturing 401(k) Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1998

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)
Berridge Manufacturing Company

6515 Fratt Rd.

San Antonio TX 78218

2b Employer Identification Number (EIN)
74-2125639

2c Plan Sponsor's telephone number
210-650-3050

2d Business code (see instructions)
332900

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	Joel Lee · Eric Jesse Signature of plan administrator	10/05/17 Date	Joel Lee - Eric Jesse Enter name of individual signing as plan administrator
SIGN HERE	Joel Lee · Eric Jesse Signature of employer/plan sponsor	10/05/17 Date	Joel Lee - Eric Jesse 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**	160
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)**	142
a(2) Total number of active participants at the end of the plan year	**6a(2)**	129
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	19
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	149
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	149
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	119
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

a Pension Schedules

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

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

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

b General Schedules

(1) [X] **H** (Financial Information)

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

(3) [X] **A** (Insurance Information) — 1

(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_____

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Berridge Manufacturing Co- 401K Plan
01-JAN-16 to 31-DEC-16

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3KGPF	5,051.53	0.000000	30	0.00	0.000000	0	0.00	SERIES
1MACNX	7,489.13	514.260894	304	(11.97)	(0.808696)	14	(11.63)	SERIES
1MAGEX	2,170.59	121.730988	248	(405.47)	(22.854663)	23	(403.68)	SERIES
1TRRIX	436.12	30.224936	112	(5.53)	(0.377817)	16	(5.66)	SERIES
1TRRAX	793.58	44.636646	157	(1.67)	(0.094654)	9	(1.73)	SERIES
1TRRGX	1,278.46	89.352990	108	(1.55)	(0.107328)	6	(1.50)	SERIES
1TRRBX	71,792.10	3,543.721228	1410	(103,778.82)	(5,051.802729)	225	(106,164.26)	SERIES
1TRRHX	3,206.74	209.026517	339	(1,319.65)	(88.941911)	63	(1,409.29)	SERIES
1TRRCX	84,563.35	3,903.832542	1617	(170,607.79)	(7,613.141055)	479	(175,108.01)	SERIES
1TRRJX	0.00	0.000000	0	(489.53)	(31.279997)	6	(527.07)	SERIES
1TRRDX	14,571.76	629.570559	280	(26,957.06)	(1,121.567889)	93	(27,219.03)	SERIES
1TRRMX	14,634.73	1,124.137311	466	(44,878.39)	(3,617.716393)	134	(49,004.48)	SERIES
1TRRNX	432.45	34.489619	62	(1.16)	(0.088567)	6	(1.11)	SERIES
1102AFB	2,348.22	40.747432	230	(24.39)	(0.424334)	46	(24.82)	SERIES
197AFCW	69,033.69	1,580.314752	3252	(219,544.63)	(5,043.980327)	742	(232,289.34)	SERIES
192AFEP	28,640.71	650.094284	2330	(5,751.87)	(129.896271)	787	(5,565.06)	SERIES
1RSLCX	6.09	0.152728	10	(1.31)	(0.031028)	8	(1.42)	SERIES
1HAINX	2,623.61	44.271538	313	(5,590.68)	(92.853247)	62	(6,397.84)	SERIES
1OAKGX	836.39	36.184611	421	(1,724.45)	(68.848149)	229	(1,767.59)	SERIES
1OGIIX	1,210.49	28.427035	122	(3,267.81)	(74.637147)	47	(3,191.48)	SERIES
1TDWRX	12,442.69	730.054647	1347	(11,676.34)	(714.789334)	562	(12,988.47)	SERIES
1VTIAX	39,382.03	1,626.078539	2714	(21,152.52)	(859.300708)	810	(21,303.22)	SERIES
1HEMZX	9,019.03	984.285782	2139	(3,130.92)	(326.702940)	454	(2,904.40)	SERIES
1RPFGX	11,269.44	284.320400	938	(82,316.20)	(2,112.085630)	138	(86,536.74)	SERIES
1ASRIX	10,408.26	1,146.222713	422	(1,910.37)	(206.930762)	111	(1,839.49)	SERIES
1IGDAX	9,446.15	2,088.446732	505	(318.93)	(70.123616)	38	(218.72)	SERIES
1MMUHX	548.18	31.217054	94	(707.01)	(38.334203)	23	(697.67)	SERIES
1PRHSX	14,925.16	240.436556	1006	(31,895.15)	(526.711660)	135	(39,507.90)	SERIES
1NMSAX	52,527.70	2,343.948819	1457	(114,824.44)	(5,343.139017)	758	(117,276.00)	SERIES
1PCKAX	354.00	44.206897	143	(516.62)	(79.942673)	83	(687.44)	SERIES
1VSMAX	75,134.68	1,348.051053	3737	(32,466.34)	(568.507280)	630	(31,111.82)	SERIES
1ARTMX	102.43	2.901299	18	(391.33)	(9.957922)	6	(416.23)	SERIES
1NTIAX	19,021.53	1,261.730758	278	(22,377.76)	(1,594.251897)	215	(24,380.58)	SERIES
1KSMVX	9,412.95	742.333665	483	(584.28)	(46.637101)	43	(601.53)	SERIES
1VIMAX	114,514.06	729.698087	3827	(48,527.79)	(331.379766)	1239	(50,007.48)	SERIES
1100AFC	22,989.51	886.632807	1148	(9,477.11)	(356.817772)	381	(9,257.05)	SERIES
195AFGF	1,564.95	38.242696	232	(11.20)	(0.272972)	20	(11.74)	SERIES
1MDDVX	53,644.01	2,410.539712	2731	(1,409.30)	(63.794025)	191	(1,394.03)	SERIES
1ACETX	28,906.19	2,772.350017	1833	(2,186.83)	(232.359814)	303	(2,304.58)	SERIES
1MUETX	105.56	4.942209	18	(160.90)	(8.015488)	47	(177.30)	SERIES
1POGRX	2,848.24	106.980700	305	(19,532.58)	(732.930456)	47	(19,619.42)	SERIES
1VFIAX	162,236.98	821.264337	3462	(46,346.65)	(244.920664)	1303	(46,700.03)	SERIES
199AFBL	71,588.94	2,891.345734	3367	(7,871.78)	(322.175989)	872	(7,921.42)	SERIES
1MALOX	17,883.27	990.765050	1595	(14,560.17)	(786.783023)	638	(14,197.26)	SERIES
1OGGAX	49,965.38	4,599.067824	3364	(26,726.13)	(2,477.630291)	1022	(27,078.63)	SERIES
1PBDAX	55,716.99	5,319.282279	3264	(15,484.31)	(1,511.206771)	848	(15,879.51)	SERIES
1PBHAX	30,097.07	5,655.193197	3232	(9,401.87)	(1,785.652320)	762	(9,901.99)	SERIES
1VBTLX	77,163.78	7,075.660590	4017	(34,759.59)	(3,172.793155)	624	(34,647.31)	SERIES
1KGPF	212,310.41	0.000000	2871	(3,085.41)	0.000000	331	(3,085.41)	SERIES

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Berridge Manufacturing Co- 401K Plan
01-JAN-16 to 31-DEC-16

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE

LEGEND

INVESTMENT OPTION:

3KGPF	Key Guaranteed Portfolio Fund
1MAGEX	MFS Growth Allocation R3
1TRRAX	T. Rowe Price 2010 Fund
1TRRBX	T. Rowe Price 2020 Fund
1TRRCX	T. Rowe Price 2030 Fund
1TRRDX	T. Rowe Price 2040 Fund
1TRRNX	T. Rowe Price 2055 Fund
197AFCW	American Funds Capital World G/I R3
1RSLCX	American Funds SMALLCAP World R3
1OAKGX	Oakmark Global Fund - I
1TDWRX	Thornburg Developing World R6
1HEMZX	Virtus Emerging Markets Opportunities A
1ASRIX	Invesco Global Real Estate Income R5
1MMUHX	MFS Utilities R3
1NMSAX	Columbia Small Cap Index A
1VSMAX	Vanguard Small Cap Index Adm
1NTIAX	Columbia Mid Cap Index A
1VIMAX	Vanguard Mid Cap Index Fund - Admiral
195AFGF	American Funds Growth Fund of Amer R3
1ACETX	Invesco Equity and Income Y
1POGRX	PRIMECAP Odyssey Growth
199AFBL	American Funds American Balanced R3
1OGGAX	JPMorgan Government Bond A
1PBHAX	Prudential High-Yield A
1KGPF	Key Guaranteed Portfolio Fund
1MACNX	MFS Conservative Allocation R3
1TRRIX	T. Rowe Price Balanced Fund
1TRRGX	T. Rowe Price 2015 Fund
1TRRHX	T. Rowe Price 2025 Fund
1TRRJX	T. Rowe Price 2035 Fund
1TRRMX	T. Rowe Price 2050 Fund
1102AFB	American Funds Cap Inc Bldr R3
192AFEP	American Funds EuroPacific Gr R3
1HAINX	Harbor International Instl
1OGIIX	Oppenheimer Global Opportunities I
1VTIAX	Vanguard Total Intl Stock Index Admiral
1RPFGX	Davis Financial A
1IGDAX	Invesco Gold & Precious Metals A
1PRHSX	T. Rowe Price Health Sciences
1PCKAX	PIMCO StocksPLUS Small A
1ARTMX	Artisan Mid Cap Inv
1KSMVX	Keeley Small-Mid Cap Value A
1100AFC	American Funds AMCAP Fund - R3
1MDDVX	BlackRock Equity Dividend A
1MUETX	MFS Blended Reserach Core Equity R3
1VFIAX	Vanguard 500 Index Admiral
1MALOX	BlackRock Global Allocation Instl
1PBDAX	PIMCO Investment Grade Corp Bd A
1VBTLX	Vanguard Total Bond Market Index Admiral

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Berridge Manufacturing Co- 401K Plan
01-JAN-16 to 31-DEC-16

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MACNX			7,477.63	7,439.92
1MAGEX			2,812.44	2,797.93
1TRRIX			1,473.99	1,449.60
1TRRAX			1,041.41	1,007.52
1TRRGX			1,276.96	1,265.50
1TRRBX			502,236.36	487,529.10
1TRRHX			6,440.64	6,383.21
1TRRCX			333,578.55	324,212.90
1TRRDX			159,980.48	153,665.64
1TRRMX			88,063.87	85,941.78
1TRRNX			431.35	453.06
1102AFB			7,173.35	7,084.74
197AFCW			496,986.33	472,738.69
192AFEP			25,826.20	25,601.55
1RSLCX			319.12	308.78
1HAINX			28,510.91	24,597.73
1OAKGX			0.99	1.02
1OGIIX			783.89	850.54
1TDWRX			52,803.98	45,392.89
1VTIAX			24,269.32	24,630.40
1HEMZX			7,421.60	7,019.23
1RPFGX			41,477.41	45,399.00
1ASRIX			34,720.39	33,447.46
1IGDAX			9,888.76	9,044.03
1MMUHX			10,928.50	10,648.05
1PRHSX			18,728.32	17,071.18
1NMSAX			521,966.91	558,282.48
1PCKAX			798.56	879.65
1VSMAX			155,848.38	175,770.18
1NTIAX			235,985.53	237,932.23
1KSMVX			12,132.83	12,703.19
1VIMAX			191,522.39	203,517.37
1100AFC			37,832.45	36,896.06
195AFGF			3,688.83	3,574.53
1MDDVX			53,557.62	54,013.90
1ACETX			27,894.69	28,177.16
1MUETX			2,603.92	2,691.77
1POGRX			4,921.54	5,263.80
1VFIAX			162,103.62	169,603.50
199AFBL			143,137.75	141,608.92
1MALOX			3,762.05	3,799.76
1OGGAX			234,288.33	224,196.74
1PBDAX			65,588.52	63,577.25
1PBHAX			163,285.61	159,250.11
1VBTLX			270,855.57	265,538.55
1KGPF		1.100	338,674.19	344,140.95
			4,495,102.04	**4,487,399.55**
FORFEITURES			8,067.30	8,151.70

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Berridge Manufacturing Co- 401K Plan
01-JAN-16 to 31-DEC-16

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 74-2125639

LEGEND

INVESTMENT OPTION:

1MACNX	MFS Conservative Allocation R3	1MAGEX	MFS Growth Allocation R3
1TRRIX	T. Rowe Price Balanced Fund	1TRRAX	T. Rowe Price 2010 Fund
1TRRGX	T. Rowe Price 2015 Fund	1TRRBX	T. Rowe Price 2020 Fund
1TRRHX	T. Rowe Price 2025 Fund	1TRRCX	T. Rowe Price 2030 Fund
1TRRDX	T. Rowe Price 2040 Fund	1TRRMX	T. Rowe Price 2050 Fund
1TRRNX	T. Rowe Price 2055 Fund	1102AFB	American Funds Cap Inc Bldr R3
197AFCW	American Funds Capital World G/I R3	192AFEP	American Funds EuroPacific Gr R3
1RSLCX	American Funds SMALLCAP World R3	1HAINX	Harbor International Instl
1OAKGX	Oakmark Global Fund - I	1OGIIX	Oppenheimer Global Opportunities I
1TDWRX	Thornburg Developing World R6	1VTIAX	Vanguard Total Intl Stock Index Admiral
1HEMZX	Virtus Emerging Markets Opportunities A	1RPFGX	Davis Financial A
1ASRIX	Invesco Global Real Estate Income R5	1IGDAX	Invesco Gold & Precious Metals A
1MMUHX	MFS Utilities R3	1PRHSX	T. Rowe Price Health Sciences
1NMSAX	Columbia Small Cap Index A	1PCKAX	PIMCO StocksPLUS Small A
1VSMAX	Vanguard Small Cap Index Adm	1NTIAX	Columbia Mid Cap Index A
1KSMVX	Keeley Small-Mid Cap Value A	1VIMAX	Vanguard Mid Cap Index Fund - Admiral
1100AFC	American Funds AMCAP Fund - R3	195AFGF	American Funds Growth Fund of Amer R3
1MDDVX	BlackRock Equity Dividend A	1ACETX	Invesco Equity and Income Y
1MUETX	MFS Blended Reserach Core Equity R3	1POGRX	PRIMECAP Odyssey Growth
1VFIAX	Vanguard 500 Index Admiral	199AFBL	American Funds American Balanced R3
1MALOX	BlackRock Global Allocation Instl	1OGGAX	JPMorgan Government Bond A
1PBDAX	PIMCO Investment Grade Corp Bd A	1PBHAX	Prudential High-Yield A
1VBTLX	Vanguard Total Bond Market Index Admiral	1KGPF	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year