Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.)
- [X] 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. . . . . ▶ [X]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.

1b Three-digit plan number (PN) ▶ 002

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)

BRADKEN, INC.

P.O. BOX 188
400 SOUTH FOURTH STREET
ATCHISON, KS 66002-0188

2b Employer Identification Number (EIN)
30-0258772

2c Plan Sponsor's telephone number
913-367-2121

2d Business code (see instructions)
331500

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.	10/11/2018	KENNY TROMPETER
	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

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	610
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)**	116
a(2) Total number of active participants at the end of the plan year	**6a(2)**	95
b Retired or separated participants receiving benefits	**6b**	246
c Other retired or separated participants entitled to future benefits	**6c**	165
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	506
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	85
f Total. Add lines **6d** and **6e**.	**6f**	591
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 1I 3H

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[X]	**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 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

A Name of plan
HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BRADKEN, INC.

D Employer Identification Number (EIN)
30-0258772

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	26295237
b Actuarial value	**2b**	26464965

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	311	16071514	16071514
b For terminated vested participants	183	3196125	3196125
c For active participants	116	7875305	7992144
d Total	610	27142944	27259783

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.82 %
6 Target normal cost	**6**	20000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/04/2018
Date

DANIEL P. NICHOLS, F.S.A.
Type or print name of actuary

17-03073
Most recent enrollment number

CBIZ COTTONWOOD
Firm name

913-906-4231
Telephone number (including area code)

6900 COLLEGE BLVD., SUITE 300
OVERLAND PARK, KS 66211
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	407800
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	407800
10	Interest on line 9 using prior year's actual return of 11.17 %	0	45551
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		553637
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.02%		33329
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		586966
d	Portion of (c) to be added to prefunding balance		586966
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1040317

Part III Funding Percentages

14	Funding target attainment percentage	14	93.26%
15	Adjusted funding target attainment percentage	15	93.26%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.07%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/12/2018	150000	0			
04/13/2018	69662	0			
07/13/2018	150000	0			
08/31/2018	150000	0			
			Totals ► 18(b)	519662	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	480412

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16%	5.72%	6.48%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	20000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1835135	301351
b Waiver amortization installment		0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	321351

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	321351
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	480412
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	159061
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BRADKEN, INC.

D Employer Identification Number (EIN)
30-0258772

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)

RICE, HALL, JAMES & ASSOCIATES

94-3038451

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	126055	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BMO HARRIS BANK N.A.

36-2085229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	20387	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 ☐

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BRADKEN, INC.

D Employer Identification Number (EIN)
30-0258772

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)	600000	519662
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16239	18440
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7527301	8368159
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	495497
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	17003337	17329160
(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)	1196743	903325
(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**	26343620	27634243
	Liabilities			
g	Benefit claims payable	**1g**	0	27425
h	Operating payables	**1h**	35349	36829
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	35349	64254
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	26308271	27569989

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)**	519662	
	(B) Participants	**2a(1)(B)**	0	
	(C) Others (including rollovers)	**2a(1)(C)**	0	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		519662
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	35610	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	9385	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	0	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		44995
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	166695	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		166695
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	19903082	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	19523729	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		379353
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	1951417	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		1951417

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		95142
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		3157264
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1748904	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1748904
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	20387	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	126055	
(4) Other	2i(4)	200	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		146642
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1895546
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1261718
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: PICKETT, CHENEY & MCMULLEN **(2)** EIN: 48-1246310

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		500000
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			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c 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 4047898. (See instructions.)

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BRADKEN, INC.

D Employer Identification Number (EIN)
30-0258772

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): 36-2085229

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** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

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): _____

---

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):

HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT
DECEMBER 31, 2017 AND 2016

Pickett, Chaney & McMullen LLP
Certified Public Accountants

9401 W. 87th Street, Suite 200, Overland Park, Kansas 66212
913.438.5077 fax 913.438.5078

INDEPENDENT AUDITORS' REPORT

The Plan Administrator and Participants of the Hourly Employees Retirement Plan
of Bradken, Inc.
Atchison, Kansas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hourly Employees Retirement Plan of Bradken, Inc. (the "Plan"), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the year ended December 31, 2017, 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 5, which was certified by BMO Harris Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets as of December 31, 2017, and the supplemental Schedule of Reportable Transactions for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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

Pickett, Chaney & McMullen LLP

Overland Park, Kansas
October 11, 2018

HOURLY EMPLOYEES RETIREMENT PLAN
OF BRADKEN, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016

	2017	2016
ASSETS		
Investments, at fair value:		
Common stocks	$ 17,329,160	$ 17,003,337
Mutual fund	903,325	1,196,743
Corporate debt securities	495,497	
Money market fund	8,368,159	7,527,301
Total investments	27,096,141	25,727,381
Accrued investment income	18,440	16,239
Employer contributions receivable	519,662	600,000
Total assets	27,634,243	26,343,620
LIABILITIES		
Benefits payable	27,425	
Accrued expenses	36,829	35,349
Total liabilities	64,254	35,349
NET ASSETS AVAILABLE FOR BENEFITS	$ 27,569,989	$ 26,308,271

See notes to financial statements.

HOURLY EMPLOYEES RETIREMENT PLAN
OF BRADKEN, INC.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2017

ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:	
Investment income:	
Interest and dividends	$ 211,690
Net appreciation in fair value of investments	2,425,912
Total investment income	2,637,602
Employer contributions	519,662
Total additions	3,157,264
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:	
Benefits paid to participants	1,748,904
Administrative expenses	146,642
Total deductions	1,895,546
NET INCREASE	1,261,718
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of Year	26,308,271
End of Year	$ 27,569,989

See notes to financial statements.

HOURLY EMPLOYEES RETIREMENT PLAN
OF BRADKEN, INC.

STATEMENTS OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2017 AND 2016

	2017	2016
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 16,104,866	$ 15,060,281
Other participants	8,366,389	9,782,221
Total vested benefits	24,471,255	24,842,502
Nonvested benefits	70,948	102,226
Total actuarial present value of accumulated plan benefits	$ 24,542,203	$ 24,944,728

See notes to financial statements.

HOURLY EMPLOYEES RETIREMENT PLAN
OF BRADKEN, INC.

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2017

Actuarial present value of accumulated plan benefits,	
Beginning of year:	$ 24,944,728
Increase (decrease) during the year attributable to:	
Benefits accumulated and gains	(174,700)
Benefit payments	(1,748,904)
Increase for interest due to decrease in the discount period	1,681,644
Change in assumptions	(160,565)
Net decrease	(402,525)
Actuarial present value of accumulated plan benefits,	
End of year	$ 24,542,203

See notes to financial statements.

HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.

NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016

1. DESCRIPTION OF THE PLAN

The following description of the Hourly Employees Retirement Plan of Bradken, Inc. (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General – Bradken, Inc. (the "Plan Sponsor" or "Company") is a wholly-owned subsidiary of Bradken, Inc. The Plan is a noncontributory, defined benefit plan for certain hourly employees of the Plan Sponsor. As of May 10, 1993, the Plan was closed to new participants. The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Sponsor also acts as the plan administrator. BMO Harris Bank, N.A., serves as the trustee and custodian for the Plan, and Rice, Hall, James & Associates manages the Plan's investment assets.

Pension Benefits – The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement and disability benefits. The Plan also provides for benefits upon meeting certain other preconditions. Benefits under the Plan are determined based upon years of credited service, as defined in the Plan, multiplied by a benefit unit. Benefits are payable in the form of a joint and survivor annuity, or other optional forms. Employees with five years of vesting service, as defined by the Plan, are entitled to pension benefits upon retirement. There is no partial vesting of benefits.

The Plan was amended February 18, 2005, so that the benefit of any employee who transfers to non-covered employment, as defined by the Plan, and who terminates on or after January 1, 2005, will be based on the benefit level in effect at their termination of employment. Previously, benefits were based on the benefit level in effect at the date of transfer to non-covered employment.

The Plan was amended to freeze benefits as of May 4, 2015, with a minimum credit of ½ year of service in 2015 for those participants employed on the freeze date.

Death and Disability Benefits – Beneficiaries of participants who die before retirement may receive death benefits based upon the participant's status at death. Death benefits are payable in monthly installments. Active employees who become disabled may be entitled to disability benefits payable to age 65 reduced by any benefits paid under workers' compensation. Upon retirement at age 65, these benefits are redetermined based upon the formulas for normal retirement benefits.

Expenses – Administrative expenses incurred by the Plan are paid by the Plan Sponsor, while administrative expenses incurred in connection with transactions relating to acquisition or disposition of Plan investment, or related to the Trustee, are paid by the Plan.

Termination of the Plan – Although the Company has not expressed any intent to do so, it has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the Plan and under ERISA. In the event that the Plan should be terminated, all participants become 100% vested in benefits earned as of the termination date. In the event that the Plan should be terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations there under and the Plan document.

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

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC while other benefits may not be provided for at all.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – The Plan's investments are stated 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. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Funding Policy – The Sponsor's funding policy is to contribute a determined amount to the Plan in order to maintain the Plan on a sound actuarial basis and meet the minimum funding regulations. The amount of such contributions is limited to the amount that is deductible for federal tax purposes under Section 404 of the Internal Revenue Code (the "IRC"). Contributions totaled $519,662 in 2017. The Company's contributions for 2017 met the minimum funding requirements of ERISA.

Payment of Benefits – Benefit payments are reported in the year paid.

Actuarial Present Value of Accumulated Plan Benefits – Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Accumulated benefits under all circumstances (retirement, death, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The actuarial assumptions below are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated plan benefits. In particular, in the event of a plan termination, the use of a discount rate reflecting current settlement rates would have the effect of increasing the present value of accumulated plan benefits.

The more significant assumptions underlying the most recent actuarial computations are as follows:

Assumed rate of return on investment and discount rate	7.0% per annum, compounded annually
Mortality basis	*RP-2014 Blue Collar Static Mortality Table, projected generationally with Scale MP-2017*
Normal retirement age	65
Changes in assumptions since prior year	The mortality table changed from the *RP-2014 Blue Collar Static Mortality Table, projected generationally with Scale MP-2016* to the *RP-2014 Blue Collar Static Mortality Table, projected generationally with Scale MP-2017*

Changes in actuarial assumptions resulted in a decrease in accumulated Plan benefits of $160,565.

Date of Management's Review – Subsequent events have been evaluated through October 11, 2018, which is the date the financial statements were available to be issued, and there were no material events requiring recognition or disclosure.

3. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs consist of unadjusted quoted prices for identical assets in active markets that the plan has the ability to access.

Level 2 – Inputs consist of 1) quoted prices for similar assets in active markets, 2) quoted prices for identical or similar assets in inactive markets, 3) inputs other than quoted prices that are observable, and 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term.

Level 3 – Inputs consist of unobservable inputs where there is little or no market activity, and the reporting entity makes estimates and assumptions related to the pricing of the asset including assumptions regarding risk.

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

The 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, 2017 and 2016:

Common stocks, mutual fund and money market fund – Valued at the closing price or the net asset value (NAV) of shares held by the plan at year end based on published quoted prices.

Corporate debt securities – Valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar securities, the security is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The Plan's investments are reported at fair value as follows at December 31, 2017 and 2016:

	Fair Value Measurements Using:			
	Level 1	**Level 2**	**Level 3**	**Total**
December 31, 2017:				
Common stock	$ 17,329,160			$ 17,329,160
Corporate debt securities		$ 495,497		495,497
Mutual funds	903,325			903,325
Money market fund		8,368,159		8,368,159
Investments at fair value	$ 18,232,485	$ 8,863,656	$ -	$ 27,096,141
December 31, 2016:				
Common stock	$ 17,003,337			$ 17,003,337
Mutual funds	1,196,743			1,196,743
Money market fund		$ 7,527,301		7,527,301
Investments at fair value	$ 18,200,080	$ 7,527,301	$ -	$ 25,727,381

4. RISKS AND UNCERTAINTIES

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

5. INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, BMO Harris Bank, N.A., the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate with respect to investments as of December 31, 2017 and 2016, and for the year ended December 31, 2017:

- Investments, at fair value
- Accrued investment income
- Net appreciation in fair value of investments
- Interest and dividends
- Schedule of Assets (Held at End of Year)
- Schedule of Reportable Transactions

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

6. TAX STATUS

The Plan has received a determination letter dated January 9, 2014, in which the Internal Revenue Service (“IRS”) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes the Plan is designed and operating in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in these financial statements.

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

7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of a money market fund managed by BMO Financial Group. BMO Harris Bank, N.A., is the trustee as defined by the Plan and part of the BMO Financial Group, therefore, these transactions qualify as party-in-interest.

Certain Plan investments are shares of a mutual fund managed by Rice, Hall, James & Associates. Rice, Hall, James & Associates is the investment adviser to the Plan, and therefore, these transactions qualify as party-in-interest.

* * * * * *

HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2017 – SEE FORM 5500

EIN: 30-0258772, PLAN IDENTIFICATION NUMBER: 002

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Fair Value
	ACADIA HEALTHCARE COMPANY INC	Common stock	$ 604,600	$ 430,390
	BANK OF THE OZARKS INC	Common stock	217,012	278,588
	BIO TECHNE CORP	Common stock	266,639	431,401
	CSRA INC	Common stock	675,891	713,293
	CENTENE CORP DEL	Common stock	240,664	406,546
	CIENA CORP	Common stock	221,863	242,997
	COLUMBIA SPORTSWEAR CO	Common stock	620,932	804,337
	CONDUENT INC	Common stock	389,343	413,211
	DOVER CORP	Common stock	217,855	325,188
	DYCOM INDS INC	Common stock	343,341	442,377
	EBAY INC	Common stock	207,862	325,696
	EDWARDS LIFESCIENCES CORP	Common stock	171,948	256,979
	EURONET WORLDWIDE INC	Common stock	508,849	523,317
	FLIR SYS INC	Common stock	241,417	406,060
	GENTEX CORP	Common stock	237,871	310,060
	HUBBELL INC	Common stock	615,387	705,121
	IPG PHOTONICS CORP	Common stock	104,416	338,325
	J2 GLOBAL INC	Common stock	294,544	319,628
	KAR AUCTION SVCS INC	Common stock	578,849	781,895
	KIRBY CORP	Common stock	382,453	432,196
	LKQ CORP	Common stock	370,581	490,074
	LIONS GATE ENTMNT CORP	Common stock	454,111	529,803
	MASTEC INC	Common stock	131,905	146,948
	MICROCHIP TECHNOLOGY INC	Common stock	128,219	333,065
	MICROSEMI CORP	Common stock	483,233	499,455
	MIDDLEBY CORP	Common stock	322,889	456,131
	PINNACLE FOODS INC	Common stock	193,090	378,824
	SNAP ON INC	Common stock	541,499	597,849
	TERADYNE INC	Common stock	186,278	424,562
	UMPQUA HOLDINGS CORP	Common stock	285,066	409,136
	US FOODS HLDG CORP	Common stock	275,916	365,598
	VIASAT INC	Common stock	515,251	527,693
	VULCAN MATLS CO	Common stock	386,127	417,203
	WABCO HLDGS INC	Common stock	241,244	337,225
	XYLEM INC	Common stock	171,052	317,812
	ZIONS BANCORPORATION	Common stock	230,153	400,540
	ARRIS INTL INC	Common stock	308,777	288,242
	JAZZ PHARMACEUTICALS PLC	Common stock	512,366	433,573
	STERIS PLC	Common stock	483,340	568,555
	CORE LABORATORIES N V	Common stock	498,980	519,267
	Total common stocks		13,861,813	17,329,160

(CONTINUED)

HOURLY EMPLOYEES RETIREMENT PLAN
OF BRADKEN, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2017 – SEE FORM 5500

EIN: 30-0258772, PLAN IDENTIFICATION NUMBER: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Fair Value
*	Rice, Hall James Micro Cap Porfolio	Mutual fund	$ 581,745	$ 903,325
	International Business Machines	Corporate debt securities, 1.875%, due 8/1/22	240,475	243,242
	Morgan Stanley	Corporate debt securities, 2.80%, due 6/16/20	254,050	252,255
	Total corporate debt securities		494,525	495,497
*	BMO Government Money Market	Money market fund	8,368,159	8,368,159
	Total investments		$ 23,306,242	$ 27,096,141

(CONCLUDED)

* Represents a party-in-interest

HOURLY EMPLOYEES RETIREMENT PLAN
OF BRADKEN, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2017
SEE FORM 5500

EIN: 30-0258772, PLAN IDENTIFICATION NUMBER: 002

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Single Transactions:						
None							
	Series Transactions:						
BMO Government Money Market	Money market fund						
	Purchases	$ 9,926,105			$ 9,926,105	$ 9,926,105	
	Sales		$ 9,085,248		9,085,248	9,085,248	$ -

Attachment to 2017 Schedule SB (Form 5500) – Line 26
Hourly Employees Retirement Plan of Bradken, Inc.
EIN/PN: 30-0258772/002

Schedule of Active Participant Data

	Years of credited service:										
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Attained Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	1	0	0	0	0	1
45 to 49	0	0	0	0	1	3	3	0	0	0	7
50 to 54	0	1	0	3	2	2	15	1	0	0	24
55 to 59	0	0	1	2	0	4	10	3	9	0	29
60 to 64	0	0	0	0	1	1	2	0	9	15	28
65 to 69	0	0	0	0	0	0	1	0	3	3	7
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	1	1	5	4	11	31	4	21	18	96

Actuarial Assumptions and Methods

ACTUARIAL ASSUMPTIONS

a. Economic Assumptions

(i)	Interest Rates	
	• Funding Rate	September 2016 Segment Rates (1.52%, 3.80%, 4.79%), but not less than HATFA 2014 Segment Rates for 2017 (based on 90% of 25-year averages = 4.16%, 5.72%, 6.48%), effective rate of 5.82% for 2017. September 2015 Segment Rates (1.34%, 4.03%, 5.06%), but not less than HATFA 2014 Segment Rates for 2016 (based on 90% of 25-year averages = 4.43%, 5.91%, 6.65%), effective rate of 6.02% for 2016.
	• Discount Rate for ASC 960	7.00% for 2017 and 2016
(ii)	Salary Increases	N/A
(iii)	Administrative Expenses	$20,000 per year.
(iv)	Maximum Benefit	
	• Funding and ASC 960	$215,000 for current and future years.
(v)	Maximum Earnings	
	• Funding and ASC 960	N/A

Actuarial Assumptions and Methods

b. Demographic Assumptions

(i)	Mortality - Active	For 2017 funding purposes, the 2017 Static Mortality Tables. For 2016 funding purposes, the 2016 Static Mortality Tables. For ASC 960 purposes, the RP-2014 Blue Collar Mortality projected generationally with Scale MP-2016 (projection Scale MP-2015 for the 2016 valuation).
(ii)	Mortality - Disabled	For funding purposes, participants disabled after 1994 based on rates in Rev. Ruling 96-7, post-1994 Disabled Mortality Table. For ASC 960 purposes, RP-2014 Disabled Mortality with MP-2016 projection (projection Scale MP-2015 for the 2016 valuation).
(iii)	Termination of Employment	See sample rates.
(iv)	Disability	See sample rates.
(v)	Retirement	Rates varying by age:

Age	Rate
55-60	2%
61	15%
62	25%
63	20%
64	60%
65	100%

(vi)	Marital Status	For valuing death benefits, 90% of Participants are assumed to be married with males 3 years older than their female spouses.

Actuarial Assumptions and Methods

(vii) Sample Rates

	Funding Mortality Rates			
	Pre-Commencement		After Commencement	
Age	Male	Female	Male	Female
20	0.02%	0.01%	0.02%	0.01%
25	0.03%	0.01%	0.03%	0.01%
30	0.04%	0.02%	0.04%	0.02%
40	0.08%	0.04%	0.08%	0.04%
50	0.12%	0.10%	0.35%	0.16%
55	0.16%	0.20%	0.37%	0.29%
60	0.29%	0.33%	0.56%	0.55%
70	0.61%	0.65%	1.55%	1.48%
80	5.06%	3.88%	5.06%	3.88%

	Termination Rates		Disablement	
Age	Male	Female	Male	Female
25	13.0%	13.0%	.12%	.18%
30	8.5%	8.5%	.12%	.18%
35	6.0%	6.0%	.13%	.19%
40	6.0%	6.0%	.15%	.22%
45	5.0%	5.0%	.20%	.30%
50	4.0%	4.0%	.36%	.54%
55	0.0%	0.0%	.68%	1.02%
60	0.0%	0.0%	1.38%	2.07%

c. Change in Actuarial Assumptions

For ASC 960 purposes, the mortality projection scale was changed from the MP-2015 table to the MP-2016 table of improvement rates. All other actuarial assumptions used in this valuation are the same as those used in the prior valuation, except for the required changes in the PPA funding interest rates (including the HATFA 2014 average segment rates) and mortality tables.

Actuarial Assumptions and Methods

Actuarial Methods

a. Funding Method

The actuarial cost method is the Unit Credit cost method.

On the initial valuation date, the benefit accrued to date and the anticipated benefit accrual during the plan year immediately following the initial valuation date are determined for each participant.

The present values of these benefit are then calculated. The sum of the present values of all benefits accruing during the plan year immediately following the valuation date is the normal cost for the initial plan year. The sum of the present values of all benefits accrued prior to the valuation date, less the plan assets, is the initial unfunded actuarial accrued liability.

In subsequent years, the normal cost and unfunded actuarial accrued liability are recalculated on the basis described above. Experience gains and losses (changes in the unfunded actuarial accrued liability which result from causes other than contributions by the plan sponsor and the accrual of interest and additional normal costs) are directly calculated under this cost method. Adjustments to the unfunded actuarial accrued liability can occur, for example, as a result of plan amendments or assumption changes; such adjustments are determined by computing the change in the initial unfunded actuarial accrued liability.

b. Asset Valuation Method

For funding purposes, the actuarial value of assets is defined as the smoothed market value of assets. The smoothed market value will be the market value of assets adjusted by the applicable percentage of the gain or loss calculated in each year during the smoothing period. The gain or loss is the difference between the current year's market value and prior year's market value brought forward with contributions, benefit payments, and administrative expenses, all adjusted for interest to the valuation date. The applicable percentage is 66-2/3% for the year preceding the valuation date and 33-1/3% for the second year preceding of the valuation date. The actuarial value of assets will be adjusted to be no greater than 110% and no less than 90% of the current (market) value of assets. For funding purposes, accrued contributions and expenses are included in the market value.

For pension expense purposes, the actuarial value of assets is defined as the market value of Plan assets.

c. Valuation Procedures

No actuarial liability is accrued for non-vested terminated employees, even if a break in service had not occurred as of the actuarial valuation date. An actuarial liability is accrued for all other terminated employees, even if a claim for benefits has not been made.

HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2017
SEE FORM 5500

EIN: 30-0258772, PLAN IDENTIFICATION NUMBER: 002

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Single Transactions:						
None							
	Series Transactions:						
BMO Government Money Market	Money market fund						
	Purchases	$ 9,926,105			$ 9,926,105	$ 9,926,105	
	Sales		$ 9,085,248		9,085,248	9,085,248	$ -

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

A Name of plan
HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BRADKEN, INC.

D Employer Identification Number (EIN)
30-0258772

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	26,295,237
b Actuarial value	**2b**	26,464,965

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	311	16,071,514	16,071,514
b For terminated vested participants	183	3,196,125	3,196,125
c For active participants	116	7,875,305	7,992,144
d Total	610	27,142,944	27,259,783

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.82%
6 Target normal cost	**6**	20,000

Statement by Enrolled Actuary

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

SIGN HERE

Daniel P. Nichols
Signature of actuary

09/04/2018
Date

DANIEL P. NICHOLS, F.S.A.
Type or print name of actuary

1703073
Most recent enrollment number

CBIZ Cottonwood
Firm name

913-906-4231
Telephone number (including area code)

6900 COLLEGE BLVD., SUITE 300
OVERLAND PARK KS 66211
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	407,800
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	407,800
10 Interest on line 9 using prior year's actual return of 11.17%	0	45,551
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		553,637
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.02%		33,329
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		586,966
d Portion of (c) to be added to prefunding balance		586,966
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,040,317

Part III Funding Percentages

14 Funding target attainment percentage	14	93.26%
15 Adjusted funding target attainment percentage	15	93.26%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.07%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/12/2018	150,000	0			
04/13/2018	69,662	0			
07/13/2018	150,000	0			
08/31/2018	150,000	0			
			Totals ► 18(b)	519,662	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	480,412

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.16 %	5.72 %	6.48%	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	31a	20,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,835,135	301,351
b Waiver amortization installment		0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	321,351

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	321,351
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	480,412
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	159,061
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

ATTACHMENT TO 2017 SCHEDULE SB (FORM 5500) – LINE 22

Name of Plan: **Hourly Employees Retirement Plan of Bradken, Inc.**
EIN: **30-0258772**
Plan Number: **002**

Age	Retirement Rate	Weight	Age x Weight
55	2%	2.00%	1.1000
56	2%	1.96%	1.0976
57	2%	1.92%	1.0949
58	2%	1.88%	1.0918
59	2%	1.84%	1.0884
60	2%	1.81%	1.0847
61	15%	13.29%	8.1055
62	25%	18.82%	11.6710
63	20%	11.29%	7.1155
64	60%	27.11%	17.3483
65	100%	18.07%	11.7463

Weighted Average Retirement Age	62.5439
Rounded to Nearest Integer	63.0000

Attachment to 2017 Schedule SB (Form 5500) – Line 26
Hourly Employees Retirement Plan of Bradken, Inc.
EIN/PN: 30-0258772/002

Schedule of Active Participant Data

	Years of credited service:										
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Attained Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	1	0	0	0	0	1
45 to 49	0	0	0	0	1	3	3	0	0	0	7
50 to 54	0	1	0	3	2	2	15	1	0	0	24
55 to 59	0	0	1	2	0	4	10	3	9	0	29
60 to 64	0	0	0	0	1	1	2	0	9	15	28
65 to 69	0	0	0	0	0	0	1	0	3	3	7
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	1	1	5	4	11	31	4	21	18	96

ATTACHMENT TO 2017 SCHEDULE SB (FORM 5500) - LINE 32

Schedule of Amortization Bases

Valuation Date: 1/1/2017
Client: Hourly Employees Retirement Plan of Bradken, Inc.
EIN: 30-0258772
PN: 002

Type of Base	Initial Information: Plan Year Established	Initial Information: Amount to Amortize	Initial Information: Amortization Period	Remaining Period	Outstanding Balance	Annual Payment This Year
Shortfall	1/1/2017	1,835,135	7	7	1,835,135	301,351
Total					1,835,135	301,351

Summary of Plan Provisions

1. **Effective Date**

The Plan was effective January 1, 1969. The plan was adopted by Bradken-Atchison/St. Joseph, Inc. (the "Company"), effective December 23, 2003. The most recent plan amendment reflected in this valuation was adopted on March 11, 2015.

2. **Plan Year**

The Plan Year is the calendar year.

3. **Eligibility**

All hourly employees of the Company employed at the Atchison, Kansas plant prior to May 10, 1993, except nonresident aliens receiving no earned income from the company.

4. **Retirement Date**

The Normal Retirement Date is the first day of the calendar month coincident with or immediately following the participant's 65th birthday. Early Retirement may be elected after attaining age 55 and the completion of 5 years of Vesting Service.

5. **Credited Service**

One year of Credited Service is earned in each calendar year in which a participant completes 1,000 hours of service. If a participant works less than 1,000 hours, one-twelfth of a year of Credited Service is earned for each 84 hours of service, rounded to the nearest twelfth. Credited Service will not be earned after May 4, 2015.

6. **Vesting Service**

One year of Vesting Service is earned in each calendar year in which a participant completes 1,000 hours of service. If a participant works less than 1,000 hours, one twelfth of a year of Vesting Service is earned for each 84 hours of service, rounded to the nearest twelfth.

Summary of Plan Provisions

7. **Normal Retirement Benefit**

A monthly benefit payable for life at Normal Retirement Date, equal to the participant's years of Credited Service multiplied by the benefit rate in effect when the participant terminates employment. Recent and future benefit rates are:

Effective 05/12/03	$20.00
Effective 05/12/04	21.00
Effective 07/01/06	21.50
Effective 07/01/08	22.00
Effective 11/21/08	22.75
Effective 02/01/10	23.25
Effective 02/01/11	23.75
Effective 02/01/12	24.25
Effective 02/01/14	24.75
Effective 05/04/15	Benefits Frozen

8. **Accrued Benefit**

The annual Accrued Benefit shall be determined at any time using the Normal Retirement Benefit formula. Credited Service shall be computed at the date of determination.

9. **Early Retirement Benefit**

The Accrued Benefit, unreduced if the employee has attained age 62 prior to termination of employment; otherwise, the Accrued Benefit is reduced by:

(a) 6.0% for each of the first 5 years that benefit commencement precedes Normal Retirement Date, plus

(b) 4.0% for each of the next 5 years early.

10. **Normal Form of Benefits**

If a participant is married for at least 12 months on the date his retirement benefits are to commence, the retirement benefits will be paid in the form of a 50% joint-and-survivor pension. Such benefits are the actuarial equivalent of the benefits which would have been payable on the life only basis. If a participant is not married or has been married less than 12 months at the date his retirement benefits are to commence, the benefits will be paid on the basis of a life only benefit.

11. **Optional Forms of Payment**

(a) Life annuity

(b) Joint and survivor annuities (50%, 75%, 100%).

Summary of Plan Provisions

12. **Death Benefits**

If a participant dies after eligibility for Early Retirement, the surviving spouse will receive a monthly benefit equal to 50% of the amount that would have been payable if the participant had elected Early Retirement on the day preceding his death and began receiving benefits under a 50% qualified joint-and-survivor annuity.

If a participant dies before eligibility for Early Retirement, but after becoming vested, the surviving spouse shall be entitled to a benefit beginning at the time the participant would have been eligible for Early Retirement. The benefit shall be equal to 50% of the benefit determined as if the participant had terminated employment just prior to death, survived to Early Retirement, and retired with a 50% qualified joint-and-survivor annuity

13. **Termination of Employment**

The Accrued Benefit vests according to the following schedule:

Years of Vesting Service	Vesting Percentage
Less than 5	0%
5 or More	100%

The benefit paid is the Accrued Benefit, with early-retirement reduction if applicable (as described above), except that the unreduced-at-62 provision does not apply.

14. **Disability Benefits**

If a participant becomes totally disabled (eligible for Social Security disability benefits) after attaining age 45 and having at least 15 years of Vesting Service, the benefit payable is the participant's Accrued Benefit, without reduction for Early Retirement. Prior to age 65, the benefit is reduced by Workers' Compensation and other employer-paid disability benefits.

15. **Cost of Plan**

The entire cost of the Plan is paid by the employer.

Actuarial Assumptions and Methods

ACTUARIAL ASSUMPTIONS

a. Economic Assumptions

(i)	Interest Rates	
	• Funding Rate	September 2016 Segment Rates (1.52%, 3.80%, 4.79%), but not less than HATFA 2014 Segment Rates for 2017 (based on 90% of 25-year averages = 4.16%, 5.72%, 6.48%), effective rate of 5.82% for 2017. September 2015 Segment Rates (1.34%, 4.03%, 5.06%), but not less than HATFA 2014 Segment Rates for 2016 (based on 90% of 25-year averages = 4.43%, 5.91%, 6.65%), effective rate of 6.02% for 2016.
	• Discount Rate for ASC 960	7.00% for 2017 and 2016
(ii)	Salary Increases	N/A
(iii)	Administrative Expenses	$20,000 per year.
(iv)	Maximum Benefit	
	• Funding and ASC 960	$215,000 for current and future years.
(v)	Maximum Earnings	
	• Funding and ASC 960	N/A

Actuarial Assumptions and Methods

b. Demographic Assumptions

(i)	Mortality - Active	For 2017 funding purposes, the 2017 Static Mortality Tables. For 2016 funding purposes, the 2016 Static Mortality Tables. For ASC 960 purposes, the RP-2014 Blue Collar Mortality projected generationally with Scale MP-2016 (projection Scale MP-2015 for the 2016 valuation).
(ii)	Mortality - Disabled	For funding purposes, participants disabled after 1994 based on rates in Rev. Ruling 96-7, post-1994 Disabled Mortality Table. For ASC 960 purposes, RP-2014 Disabled Mortality with MP-2016 projection (projection Scale MP-2015 for the 2016 valuation).
(iii)	Termination of Employment	See sample rates.
(iv)	Disability	See sample rates.
(v)	Retirement	Rates varying by age:

Age	Rate
55-60	2%
61	15%
62	25%
63	20%
64	60%
65	100%

(vi)	Marital Status	For valuing death benefits, 90% of Participants are assumed to be married with males 3 years older than their female spouses.

Actuarial Assumptions and Methods

(vii) Sample Rates

	Funding Mortality Rates			
	Pre-Commencement		After Commencement	
Age	Male	Female	Male	Female
20	0.02%	0.01%	0.02%	0.01%
25	0.03%	0.01%	0.03%	0.01%
30	0.04%	0.02%	0.04%	0.02%
40	0.08%	0.04%	0.08%	0.04%
50	0.12%	0.10%	0.35%	0.16%
55	0.16%	0.20%	0.37%	0.29%
60	0.29%	0.33%	0.56%	0.55%
70	0.61%	0.65%	1.55%	1.48%
80	5.06%	3.88%	5.06%	3.88%

	Termination Rates		Disablement	
Age	Male	Female	Male	Female
25	13.0%	13.0%	.12%	.18%
30	8.5%	8.5%	.12%	.18%
35	6.0%	6.0%	.13%	.19%
40	6.0%	6.0%	.15%	.22%
45	5.0%	5.0%	.20%	.30%
50	4.0%	4.0%	.36%	.54%
55	0.0%	0.0%	.68%	1.02%
60	0.0%	0.0%	1.38%	2.07%

c. **Change in Actuarial Assumptions**

For ASC 960 purposes, the mortality projection scale was changed from the MP-2015 table to the MP-2016 table of improvement rates. All other actuarial assumptions used in this valuation are the same as those used in the prior valuation, except for the required changes in the PPA funding interest rates (including the HATFA 2014 average segment rates) and mortality tables.

Actuarial Assumptions and Methods

Actuarial Methods

a. Funding Method

The actuarial cost method is the Unit Credit cost method.

On the initial valuation date, the benefit accrued to date and the anticipated benefit accrual during the plan year immediately following the initial valuation date are determined for each participant.

The present values of these benefit are then calculated. The sum of the present values of all benefits accruing during the plan year immediately following the valuation date is the normal cost for the initial plan year. The sum of the present values of all benefits accrued prior to the valuation date, less the plan assets, is the initial unfunded actuarial accrued liability.

In subsequent years, the normal cost and unfunded actuarial accrued liability are recalculated on the basis described above. Experience gains and losses (changes in the unfunded actuarial accrued liability which result from causes other than contributions by the plan sponsor and the accrual of interest and additional normal costs) are directly calculated under this cost method. Adjustments to the unfunded actuarial accrued liability can occur, for example, as a result of plan amendments or assumption changes; such adjustments are determined by computing the change in the initial unfunded actuarial accrued liability.

b. Asset Valuation Method

For funding purposes, the actuarial value of assets is defined as the smoothed market value of assets. The smoothed market value will be the market value of assets adjusted by the applicable percentage of the gain or loss calculated in each year during the smoothing period. The gain or loss is the difference between the current year's market value and prior year's market value brought forward with contributions, benefit payments, and administrative expenses, all adjusted for interest to the valuation date. The applicable percentage is 66-2/3% for the year preceding the valuation date and 33-1/3% for the second year preceding of the valuation date. The actuarial value of assets will be adjusted to be no greater than 110% and no less than 90% of the current (market) value of assets. For funding purposes, accrued contributions and expenses are included in the market value.

For pension expense purposes, the actuarial value of assets is defined as the market value of Plan assets.

c. Valuation Procedures

No actuarial liability is accrued for non-vested terminated employees, even if a break in service had not occurred as of the actuarial valuation date. An actuarial liability is accrued for all other terminated employees, even if a claim for benefits has not been made.

ATTACHMENT TO 2017 SCHEDULE SB (FORM 5500) – LINE 22

Name of Plan: **Hourly Employees Retirement Plan of Bradken, Inc.**
EIN: **30-0258772**
Plan Number: **002**

Age	Retirement Rate	Weight	Age x Weight
55	2%	2.00%	1.1000
56	2%	1.96%	1.0976
57	2%	1.92%	1.0949
58	2%	1.88%	1.0918
59	2%	1.84%	1.0884
60	2%	1.81%	1.0847
61	15%	13.29%	8.1055
62	25%	18.82%	11.6710
63	20%	11.29%	7.1155
64	60%	27.11%	17.3483
65	100%	18.07%	11.7463

Weighted Average Retirement Age	62.5439
Rounded to Nearest Integer	63.0000

Summary of Plan Provisions

1. **Effective Date**

The Plan was effective January 1, 1969. The plan was adopted by Bradken-Atchison/St. Joseph, Inc. (the "Company"), effective December 23, 2003. The most recent plan amendment reflected in this valuation was adopted on March 11, 2015.

2. **Plan Year**

The Plan Year is the calendar year.

3. **Eligibility**

All hourly employees of the Company employed at the Atchison, Kansas plant prior to May 10, 1993, except nonresident aliens receiving no earned income from the company.

4. **Retirement Date**

The Normal Retirement Date is the first day of the calendar month coincident with or immediately following the participant's 65th birthday. Early Retirement may be elected after attaining age 55 and the completion of 5 years of Vesting Service.

5. **Credited Service**

One year of Credited Service is earned in each calendar year in which a participant completes 1,000 hours of service. If a participant works less than 1,000 hours, one-twelfth of a year of Credited Service is earned for each 84 hours of service, rounded to the nearest twelfth. Credited Service will not be earned after May 4, 2015.

6. **Vesting Service**

One year of Vesting Service is earned in each calendar year in which a participant completes 1,000 hours of service. If a participant works less than 1,000 hours, one twelfth of a year of Vesting Service is earned for each 84 hours of service, rounded to the nearest twelfth.

Summary of Plan Provisions

7. **Normal Retirement Benefit**

A monthly benefit payable for life at Normal Retirement Date, equal to the participant's years of Credited Service multiplied by the benefit rate in effect when the participant terminates employment. Recent and future benefit rates are:

Effective 05/12/03	$20.00
Effective 05/12/04	21.00
Effective 07/01/06	21.50
Effective 07/01/08	22.00
Effective 11/21/08	22.75
Effective 02/01/10	23.25
Effective 02/01/11	23.75
Effective 02/01/12	24.25
Effective 02/01/14	24.75
Effective 05/04/15	Benefits Frozen

8. **Accrued Benefit**

The annual Accrued Benefit shall be determined at any time using the Normal Retirement Benefit formula. Credited Service shall be computed at the date of determination.

9. **Early Retirement Benefit**

The Accrued Benefit, unreduced if the employee has attained age 62 prior to termination of employment; otherwise, the Accrued Benefit is reduced by:

(a) 6.0% for each of the first 5 years that benefit commencement precedes Normal Retirement Date, plus

(b) 4.0% for each of the next 5 years early.

10. **Normal Form of Benefits**

If a participant is married for at least 12 months on the date his retirement benefits are to commence, the retirement benefits will be paid in the form of a 50% joint-and-survivor pension. Such benefits are the actuarial equivalent of the benefits which would have been payable on the life only basis. If a participant is not married or has been married less than 12 months at the date his retirement benefits are to commence, the benefits will be paid on the basis of a life only benefit.

11. **Optional Forms of Payment**

(a) Life annuity

(b) Joint and survivor annuities (50%, 75%, 100%).

Summary of Plan Provisions

12. **Death Benefits**

If a participant dies after eligibility for Early Retirement, the surviving spouse will receive a monthly benefit equal to 50% of the amount that would have been payable if the participant had elected Early Retirement on the day preceding his death and began receiving benefits under a 50% qualified joint-and-survivor annuity.

If a participant dies before eligibility for Early Retirement, but after becoming vested, the surviving spouse shall be entitled to a benefit beginning at the time the participant would have been eligible for Early Retirement. The benefit shall be equal to 50% of the benefit determined as if the participant had terminated employment just prior to death, survived to Early Retirement, and retired with a 50% qualified joint-and-survivor annuity

13. **Termination of Employment**

The Accrued Benefit vests according to the following schedule:

Years of Vesting Service	Vesting Percentage
Less than 5	0%
5 or More	100%

The benefit paid is the Accrued Benefit, with early-retirement reduction if applicable (as described above), except that the unreduced-at-62 provision does not apply.

14. **Disability Benefits**

If a participant becomes totally disabled (eligible for Social Security disability benefits) after attaining age 45 and having at least 15 years of Vesting Service, the benefit payable is the participant's Accrued Benefit, without reduction for Early Retirement. Prior to age 65, the benefit is reduced by Workers' Compensation and other employer-paid disability benefits.

15. **Cost of Plan**

The entire cost of the Plan is paid by the employer.

HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2017 – SEE FORM 5500

EIN: 30-0258772, PLAN IDENTIFICATION NUMBER: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Fair Value
	ACADIA HEALTHCARE COMPANY INC	Common stock	$ 604,600	$ 430,390
	BANK OF THE OZARKS INC	Common stock	217,012	278,588
	BIO TECHNE CORP	Common stock	266,639	431,401
	CSRA INC	Common stock	675,891	713,293
	CENTENE CORP DEL	Common stock	240,664	406,546
	CIENA CORP	Common stock	221,863	242,997
	COLUMBIA SPORTSWEAR CO	Common stock	620,932	804,337
	CONDUENT INC	Common stock	389,343	413,211
	DOVER CORP	Common stock	217,855	325,188
	DYCOM INDS INC	Common stock	343,341	442,377
	EBAY INC	Common stock	207,862	325,696
	EDWARDS LIFESCIENCES CORP	Common stock	171,948	256,979
	EURONET WORLDWIDE INC	Common stock	508,849	523,317
	FLIR SYS INC	Common stock	241,417	406,060
	GENTEX CORP	Common stock	237,871	310,060
	HUBBELL INC	Common stock	615,387	705,121
	IPG PHOTONICS CORP	Common stock	104,416	338,325
	J2 GLOBAL INC	Common stock	294,544	319,628
	KAR AUCTION SVCS INC	Common stock	578,849	781,895
	KIRBY CORP	Common stock	382,453	432,196
	LKQ CORP	Common stock	370,581	490,074
	LIONS GATE ENTMNT CORP	Common stock	454,111	529,803
	MASTEC INC	Common stock	131,905	146,948
	MICROCHIP TECHNOLOGY INC	Common stock	128,219	333,065
	MICROSEMI CORP	Common stock	483,233	499,455
	MIDDLEBY CORP	Common stock	322,889	456,131
	PINNACLE FOODS INC	Common stock	193,090	378,824
	SNAP ON INC	Common stock	541,499	597,849
	TERADYNE INC	Common stock	186,278	424,562
	UMPQUA HOLDINGS CORP	Common stock	285,066	409,136
	US FOODS HLDG CORP	Common stock	275,916	365,598
	VIASAT INC	Common stock	515,251	527,693
	VULCAN MATLS CO	Common stock	386,127	417,203
	WABCO HLDGS INC	Common stock	241,244	337,225
	XYLEM INC	Common stock	171,052	317,812
	ZIONS BANCORPORATION	Common stock	230,153	400,540
	ARRIS INTL INC	Common stock	308,777	288,242
	JAZZ PHARMACEUTICALS PLC	Common stock	512,366	433,573
	STERIS PLC	Common stock	483,340	568,555
	CORE LABORATORIES N V	Common stock	498,980	519,267
	Total common stocks		13,861,813	17,329,160

(CONTINUED)

HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2017 – SEE FORM 5500

EIN: 30-0258772, PLAN IDENTIFICATION NUMBER: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Fair Value
*	Rice, Hall James Micro Cap Porfolio	Mutual fund	$ 581,745	$ 903,325
	International Business Machines	Corporate debt securities, 1.875%, due 8/1/22	240,475	243,242
	Morgan Stanley	Corporate debt securities, 2.80%, due 6/16/20	254,050	252,255
	Total corporate debt securities		494,525	495,497
*	BMO Government Money Market	Money market fund	8,368,159	8,368,159
	Total investments		$ 23,306,242	$ 27,096,141

(CONCLUDED)

* Represents a party-in-interest

ATTACHMENT TO 2017 SCHEDULE SB (FORM 5500) - LINE 32

Schedule of Amortization Bases

Valuation Date: 1/1/2017
Client: Hourly Employees Retirement Plan of Bradken, Inc.
EIN: 30-0258772
PN: 002

Type of Base	Initial Information: Plan Year Established	Initial Information: Amount to Amortize	Initial Information: Amortization Period	Remaining Period	Outstanding Balance	Annual Payment This Year
Shortfall	1/1/2017	1,835,135	7	7	1,835,135	301,351
Total					1,835,135	301,351