

# **EXHIBIT A**

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  <p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2016</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
<b>A</b>	This return/report is for:	<input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a DFE (specify) ____	
<b>B</b>	This return/report is:	<input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
<b>C</b>	If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>		
<b>D</b>	Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)	

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information		
<b>1a</b>	Name of plan <u>MORTON BUILDINGS, INC. 401(K) AND ESOP</u>	<b>1b</b>	Three-digit plan number (PN) ▶ <u>001</u>
		<b>1c</b>	Effective date of plan <u>01/01/1990</u>
<b>2a</b>	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MORTON BUILDINGS, INC.</u>  <u>252 WEST ADAMS</u> <u>MORTON, IL 61550</u>	<b>2b</b>	Employer Identification Number (EIN) <u>37-0347310</u>
		<b>2c</b>	Plan Sponsor's telephone number <u>309-263-7474</u>
		<b>2d</b>	Business code (see instructions) <u>236200</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	11/21/2018	NICK VENTURI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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Form 5500 (2016)  
v. 160205

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 1965
<b>6</b> 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).  <b>a(1)</b> Total number of active participants at the beginning of the plan year..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines 6d and 6e.....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b> 1388 <b>6a(2)</b> 1349 <b>6b</b> 8 <b>6c</b> 510 <b>6d</b> 1867 <b>6e</b> 3 <b>6f</b> 1870 <b>6g</b> 1687 <b>6h</b> 21
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2H 2J 2K 2O 2T  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input type="checkbox"/> <b>0</b> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

<b>SCHEDULE C</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Service Provider Information</b> This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110 <hr/> <b>2016</b> <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

<b>A</b> Name of plan <u>MORTON BUILDINGS, INC. 401(K) AND ESOP</u>	<b>B</b> Three-digit plan number (PN) <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MORTON BUILDINGS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>37-0347310</u>

**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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**(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)

ONEAMERICA RETIREMENT SERVICES LLC

46-5378846

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50 64	NONE	176490	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BMO HARRIS BANK NA

36-2085229

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
19 21 25 28 52 62 68	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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



**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BMO HARRIS BANK, NA 36-2085229	19 28 62 52 21 68 25	0
(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.	
ONEAMERICA RETIREMENT SERVICES, INC  46-5378846	ONEAMERICA HAS A REVENUE SHARING AGREEMENT WITH BMO HARRIS BANK NA 2.25 BASIS POINTS ON MARKET VALUE ANNUALIZED MONTHLY. 28 BASIS POINTS ON BMO STABLE VALUE FUND ANNUALIZED MONTHLY.	
(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)

<b>a</b> Name:	RSM US LLP	<b>b</b> EIN:	42-0714325
<b>c</b> Position:	ACCOUNTANT/AUDITOR		
<b>d</b> Address:	401 MAIN STREET SUITE 1200 PEORIA, IL 61602	<b>e</b> Telephone:	309-671-8700

Explanation: THE CHANGE IN ACCOUNTANT/AUDITOR IS A RESULT OF NORMAL ONGOING EVALUATION OF ALL SERVICE PROVIDERS FOR THE PLAN.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div>  This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

<b>A</b> Name of plan <u>MORTON BUILDINGS, INC. 401(K) AND ESOP</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MORTON BUILDINGS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>37-0347310</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)		
(Complete as many entries as needed to report all interests in DFEs)			
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BMO EB STABLE PRINCIPAL FUND</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>BMO HARRIS BANK NA</u>			
<b>c</b> EIN-PN <u>39-6490536-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17563334</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b> Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Financial Information</b> 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). <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110 <b>2016</b> This Form is Open to Public Inspection
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
<b>A</b> Name of plan <u>MORTON BUILDINGS, INC. 401(K) AND ESOP</u>		<b>B</b> Three-digit plan number (PN) <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MORTON BUILDINGS, INC.</u>		<b>D</b> Employer Identification Number (EIN) <u>37-0347310</u>

**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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	20100
<b>b</b> Receivables (less allowance for doubtful accounts):			
(1) Employer contributions .....	<b>1b(1)</b>	318270	559768
(2) Participant contributions .....	<b>1b(2)</b>	183513	209577
(3) Other .....	<b>1b(3)</b>	37230	32965
<b>c</b> General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
(2) U.S. Government securities .....	<b>1c(2)</b>		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred .....	<b>1c(3)(A)</b>		
(B) All other .....	<b>1c(3)(B)</b>		
(4) Corporate stocks (other than employer securities):			
(A) Preferred .....	<b>1c(4)(A)</b>		
(B) Common .....	<b>1c(4)(B)</b>		
(5) Partnership/joint venture interests .....	<b>1c(5)</b>		
(6) Real estate (other than employer real property) .....	<b>1c(6)</b>		
(7) Loans (other than to participants) .....	<b>1c(7)</b>		
(8) Participant loans .....	<b>1c(8)</b>	2282713	2118828
(9) Value of interest in common/collective trusts .....	<b>1c(9)</b>	18438355	17563334
(10) Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
(11) Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
(12) Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
(13) Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	91266262	96535610
(14) Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
(15) Other .....	<b>1c(15)</b>		

**1d** Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)	35509823	30630420
(2) Employer real property .....	1d(2)		
<b>e</b> Buildings and other property used in plan operation .....	1e		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	1f	148036166	147670602

**Liabilities**

<b>g</b> Benefit claims payable .....	1g		
<b>h</b> Operating payables .....	1h	92411	65626
<b>i</b> Acquisition indebtedness .....	1i		
<b>j</b> Other liabilities .....	1j		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	1k	92411	65626

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	1l	147943755	147604976
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**Part II Income and Expense Statement**

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

**Income**

		(a) Amount	(b) Total
<b>a</b> Contributions:			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	1518642	
(B) Participants .....	2a(1)(B)	5206802	
(C) Others (including rollovers) .....	2a(1)(C)	123802	
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		6849246
<b>b</b> Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)		
(B) U.S. Government securities .....	2b(1)(B)		
(C) Corporate debt instruments .....	2b(1)(C)		
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)	71992	
(F) Other .....	2b(1)(F)	1233	
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		73225
(2) Dividends: (A) Preferred stock .....	2b(2)(A)		
(B) Common stock .....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)	1925803	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		1925803
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)	-1597887	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		-1597887



		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		258715
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		6801666
c Other income .....	2c		-1290
d Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		14309478

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	14414397	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		14414397
f Corrective distributions (see instructions) .....	2f		1567
g Certain deemed distributions of participant loans (see instructions) .....	2g		55803
h Interest expense .....	2h		
i Administrative expenses: (1) Professional fees .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Investment advisory and management fees .....	2i(3)		
(4) Other .....	2i(4)	176490	
(5) Total administrative expenses. Add lines 2i(1) through (4) .....	2i(5)		176490
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		14648257

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k		-338779
l Transfers of assets:			
(1) To this plan .....	2l(1)		
(2) From this plan .....	2l(2)		

**Part III Accountant's Opinion**

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: BKD, LLP

(2) EIN: 44-0160260

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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.) .....

	Yes	No	Amount
4a		X	
4b		X	

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		Yes	No	Amount
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<b>4c</b>		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond?	<b>4e</b>	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<b>4f</b>		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<b>4g</b>		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<b>4i</b>	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	<b>4j</b>		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<b>4k</b>		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<b>4m</b>		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<b>4n</b>			
<b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	<b>4o</b>			

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

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

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

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

## Part V Trust Information

<b>6a</b> Name of trust	<b>6b</b> Trust's EIN
<b>6c</b> Name of trustee or custodian	<b>6d</b> Trustee's or custodian's telephone number

<b>SCHEDULE R</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b> 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). <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110 <b>2016</b> This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
<b>A</b> Name of plan <u>MORTON BUILDINGS, INC. 401(K) AND ESOP</u>		<b>B</b> Three-digit plan number (PN) <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MORTON BUILDINGS, INC.</u>		<b>D</b> Employer Identification Number (EIN) <u>37-0347310</u>

  

<b>Part I</b>	<b>Distributions</b>
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 <span style="float: right;">1 0</span>
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): <u>39-6436442</u> 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 <span style="float: right;">3</span>

  

<b>Part II</b>	<b>Funding Information</b> (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)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span> 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a</td> <td>Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) <span style="float: right;">6a</span></td> </tr> <tr> <td>b</td> <td>Enter the amount contributed by the employer to the plan for this plan year <span style="float: right;">6b</span></td> </tr> <tr> <td>c</td> <td>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) <span style="float: right;">6c</span></td> </tr> </table> If you completed line 6c, skip lines 8 and 9.	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) <span style="float: right;">6a</span>	b	Enter the amount contributed by the employer to the plan for this plan year <span style="float: right;">6b</span>	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) <span style="float: right;">6c</span>
a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) <span style="float: right;">6a</span>						
b	Enter the amount contributed by the employer to the plan for this plan year <span style="float: right;">6b</span>						
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) <span style="float: right;">6c</span>						
7	Will the minimum funding amount reported on line 6c be met by the funding deadline? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>						
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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>						

  

<b>Part III</b>	<b>Amendments</b>
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. <span style="float: right;"><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No</span>

  

<b>Part IV</b>	<b>ESOPs</b> (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? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				
11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a</td> <td>Does the ESOP hold any preferred stock? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></td> </tr> <tr> <td>b</td> <td>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.) <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></td> </tr> </table>	a	Does the ESOP hold any preferred stock? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>	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.) <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
a	Does the ESOP hold any preferred stock? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				
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.) <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				
12	Does the ESOP hold any stock that is not readily tradable on an established securities market? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>				

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**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): \_\_\_\_\_



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<b>14</b>	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:	
<b>a</b>	The current year .....	<b>14a</b>
<b>b</b>	The plan year immediately preceding the current plan year .....	<b>14b</b>
<b>c</b>	The second preceding plan year .....	<b>14c</b>
<b>15</b>	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
<b>a</b>	The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>
<b>b</b>	The corresponding number for the second preceding plan year .....	<b>15b</b>
<b>16</b>	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
<b>a</b>	Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>
<b>b</b>	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....	<b>16b</b>
<b>17</b>	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... <input type="checkbox"/>	

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

<b>18</b>	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... <input type="checkbox"/>
<b>19</b>	If the total number of participants is 1,000 or more, complete lines (a) through (c)
<b>a</b>	Enter the percentage of plan assets held as: Stock: <u>0.0</u> % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %
<b>b</b>	Provide the average duration of the combined investment-grade and high-yield debt: <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more
<b>c</b>	What duration measure was used to calculate line 19(b)? <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____

**Part VII IRS Compliance Questions**

<b>20a</b>	Is the plan a 401(k) plan? If "No," skip b .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>20b</b>	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....	<input type="checkbox"/> Design-based safe harbor	<input type="checkbox"/> "Prior year" ADP test
		<input type="checkbox"/> "Current year" ADP test	<input type="checkbox"/> N/A
<b>21a</b>	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....	<input type="checkbox"/> Ratio percentage test	<input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A
<b>21b</b>	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>22a</b>	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number		
<b>22b</b>	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / /		

# **Morton Buildings, Inc. 401(k) and ESOP**

EIN: 37-0347310 PN: 001

Independent Auditor's Report and Financial Statements

December 31, 2016 and 2015

**Morton Buildings, Inc. 401(k) and ESOP**  
**December 31, 2016 and 2015**

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## Independent Auditor's Report

Plan Administrator and Benefit Plan Committee  
Morton Buildings, Inc. 401(k) and ESOP  
Morton, Illinois

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Morton Buildings, Inc. 401(k) and ESOP, which comprise the statement of net assets available for benefits as of December 31, 2016, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

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

### *Auditor's Responsibility*

Our responsibility is to express an opinion on these financial statements based on conducting our audit 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 custodian 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 custodian holds the Plan's investment assets and notes receivable from participants and executes transactions related to these assets. The Plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2016, that the information provided to the Plan administrator by the custodian 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 the 2016 financial statements.

***Prior Year Disclaimer of Opinion by Other Auditor***

Other auditors were engaged to audit the financial statements of Morton Buildings, Inc. 401(k) and ESOP as of and for the year ended December 31, 2015, whose report dated October 17, 2016, disclaimed an opinion on those financial statements as a result of the omission of certain audit procedures at the request of management 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*.

***Other Matter***

The supplemental schedule listed in the table of contents is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

**Report of Form and Content in Compliance with DOL Rules and Regulations**

The form and contents of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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*.

*BKD, LLP*

Decatur, Illinois  
September 26, 2017

Federal Employer Identification Number: 44-0160260

**Morton Buildings, Inc. 401(k) and ESOP**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2016 and 2015**

	<u>2016</u>	<u>2015</u>
<b>Assets</b>		
<b>Investments, At Fair Value</b>	\$ 138,598,845	\$ 137,074,470
<b>Receivables</b>		
Employer's matching contribution	559,768	318,270
Participants' contributions	209,577	183,513
Notes receivable from participants	2,118,828	2,282,713
Accrued investment income	32,965	37,230
	<u>2,921,138</u>	<u>2,821,726</u>
<b>Noninterest-bearing Cash</b>	<u>20,100</u>	<u>-</u>
Total assets	<u>141,540,083</u>	<u>139,896,196</u>
<b>Liability</b>		
<b>Excess Contributions Payable</b>	<u>65,626</u>	<u>92,411</u>
<b>Net Assets Available for Benefits</b>	<u><u>\$ 141,474,457</u></u>	<u><u>\$ 139,803,785</u></u>

**Morton Buildings, Inc. 401(k) and ESOP**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2016 and 2015**

	<b>2016</b>	<b>2015</b>
<b>Investment Income</b>		
Net appreciation in fair value of investments	\$ 7,211,940	\$ 3,174,205
Interest and dividends	2,184,518	1,720,199
	<u>9,396,458</u>	<u>4,894,404</u>
<b>Interest Income from Notes Receivable from Participants</b>	<u>73,225</u>	<u>74,149</u>
<b>Contributions</b>		
Employer	1,518,642	1,343,553
Participants	5,206,802	5,332,070
Rollovers	123,802	16,348
	<u>6,849,246</u>	<u>6,691,971</u>
Total additions	<u>16,318,929</u>	<u>11,660,524</u>
<b>Deductions</b>		
Benefits paid to participants	14,471,767	10,515,949
Dividends paid to participants	-	1,720,199
Administrative expenses	176,490	179,628
	<u>14,648,257</u>	<u>12,415,776</u>
Total deductions	<u>14,648,257</u>	<u>12,415,776</u>
<b>Net Increase (Decrease)</b>	1,670,672	(755,252)
<b>Net Assets Available for Benefits, Beginning of Year</b>	<u>139,803,785</u>	<u>140,559,037</u>
<b>Net Assets Available for Benefits, End of Year</b>	<u><u>\$ 141,474,457</u></u>	<u><u>\$ 139,803,785</u></u>

## **Morton Buildings, Inc. 401(k) and ESOP**

### **Notes to Financial Statements**

### **December 31, 2016 and 2015**

#### **Note 1: Description of the Plan**

The following description of Morton Buildings, Inc. 401(k) and ESOP (Plan) provides only general information. Participants should refer to the Plan document and *Summary Plan Description* for a more complete description of the Plan's provisions, which are available from the Plan administrator.

#### **General**

The Plan is a defined contribution plan covering eligible employees of Morton Buildings, Inc. (Company) and their subsidiaries. Any eligible employee who has attained the age of 21 and has completed six months of service during which the employee worked at least 500 hours is eligible to participate on the first day of the next quarter following the completion of such requirements. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). BMO Harris Bank N.A. serves as Plan custodian. BMO Harris Bank N.A.'s retirement services group is a subsidiary of OneAmerica Retirement Services LLC.

#### **Contributions**

Participants may contribute up to 50 percent of their annual eligible compensation, as defined by the Plan. Contributions are subject to certain limitations, as set by the Internal Revenue Code (IRC). Participant elective contributions are made via payroll deductions and are recorded in the period the deductions are made. Employee rollover contributions are also permitted.

The Company can make two types of contributions, consisting of non-elective matching contributions and elective profit sharing contributions. For non-elective matching contributions, the Company matches 50 percent of participant contributions to the Plan, up to 2 percent of the participant's annual eligible compensation. Elective profit sharing contributions are at the discretion of the Company. If a profit sharing contribution is made, it is allocated to all eligible participants based on the Company's allocation of compensation criteria relative to the total. To be eligible for the profit sharing contribution, an employee must be eligible for the Plan, have worked at least 1,000 hours during the Plan year, and be employed on the last day of the Plan year. The profit sharing contribution is made in common stock of the Company. For the years ended December 31, 2016 and 2015, the Company did not make an elective profit sharing contribution.

#### **Participant Investment Account Options**

Participants direct the investment of their contributions, as well as the Company's non-elective matching contributions, into various investment options offered by the Plan. The Plan currently offers various mutual funds and a common collective trust fund as investment options for participants. Each participant has the option of directing the participant and non-elective matching contributions into any of the separate investment accounts and may change the allocation daily.

## **Morton Buildings, Inc. 401(k) and ESOP**

### **Notes to Financial Statements**

**December 31, 2016 and 2015**

Company profit sharing contributions are made in Company stock. Participants are not permitted to change investments of Company stock until they are eligible for diversification. Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. To be eligible for this, participants must have attained the age of 55 and completed 10 years of service as a participant. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25 percent of the shares allocated to their account. In the sixth year, the percentage changes to 50 percent.

#### ***Participant Accounts***

Each participant's account is credited with the participant's contribution, the Company's contribution, Plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### ***Vesting***

Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting in the Company's contribution portion of their accounts plus earnings thereon is based on years of service. A participant is fully vested after three years of service. The nonvested balance is forfeited upon termination of service and a five year break in service or at the time of distribution, whichever is sooner.

#### ***Put Option***

Under federal income tax regulations, the employer stock that is held by the Plan and its participants and is not readily tradable on an established market or is subject to trading limitations includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the current appraised value of the stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure the participant has the ability to ultimately obtain cash.

#### ***Voting Rights***

On general corporate matters, the trustee exercises the voting rights of the Company stock held in the Plan. However, on significant corporate matters, such as a Company merger or sale, each participant is entitled to vote the shares allocated to their account.

**Morton Buildings, Inc. 401(k) and ESOP**  
**Notes to Financial Statements**  
**December 31, 2016 and 2015**

***Payment of Benefits***

Upon termination of service, an employee may elect to receive either a lump-sum amount equal to the value of their account or a joint and survivor annuity. At December 31, 2016 and 2015, no Plan assets were allocated to accounts of terminated or retired participants who have elected to withdraw from the Plan but have not yet been paid.

***Dividends on Company Stock***

Cash dividends on any share of Company stock held by the Plan are received by the Plan and distributed in cash directly to the participants.

***Forfeited Accounts***

At December 31, 2016 and 2015, forfeited nonvested accounts totaled \$7,692 and \$8,986, respectively. These accounts will be used to reduce future employer non-elective matching or profit sharing contributions. In 2016 and 2015, employer non-elective matching contributions were reduced by \$16,977 and \$50,012, respectively, from forfeited nonvested accounts.

***Notes Receivable from Participants***

The Plan document includes provisions authorizing loans from the Plan to active eligible participants. Loans are made to any eligible participant demonstrating a qualifying need. The minimum amount of a loan shall be \$1,000. The maximum amount of a participant's loan is determined by the available loan balance restricted to the lesser of \$50,000 or 50 percent of the participant's vested account balance. All loans are covered by demand notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence) through payroll withholdings unless the participant is paying the loan in full. Interest on the loans is based on local prevailing rates as determined by the Plan administrator.

**Note 2: Summary of Significant Accounting Policies**

***Basis of Accounting***

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

***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 net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

**Morton Buildings, Inc. 401(k) and ESOP**  
**Notes to Financial Statements**  
**December 31, 2016 and 2015**

***Investment Valuation and Income Recognition***

Investments are reported at fair value. Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end. The Plan holds interest in a common collective trust fund, which invests in investments that pursue multiple strategies to exceed the performance of certain industrial averages. The net asset value of the fund is determined as of the end of each day or month utilizing the values of the underlying assets. The Plan's investment in Company stock is valued at its fair value as determined by annual independent appraisals.

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

***Notes Receivable from Participants***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

***Administrative Expenses***

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

# Morton Buildings, Inc. 401(k) and ESOP

## Notes to Financial Statements

December 31, 2016 and 2015

### Note 3: Net Assets by Participant and Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the participant and nonparticipant-directed investments is as follows:

	2016		
	Nonparticipant-Directed Company Stock	Participant-Directed Funds	Total
Additions			
Investment income			
Net appreciation in fair value of investments	\$ 514,987	\$ 6,696,953	\$ 7,211,940
Interest and dividends	-	2,184,518	2,184,518
Interest income from notes receivable from participants	-	73,225	73,225
	514,987	8,954,696	9,469,683
Contributions			
Employer	-	1,518,642	1,518,642
Participants	-	5,206,802	5,206,802
Rollovers	-	123,802	123,802
Total additions	514,987	15,803,942	16,318,929
Deductions			
Benefits paid to participants	3,384,939	11,086,828	14,471,767
Administrative expenses	-	176,490	176,490
Total deductions	3,384,939	11,263,318	14,648,257
Net increase (decrease)	(2,869,952)	4,540,624	1,670,672
Net assets available for benefits, beginning of year	27,369,853	112,433,932	139,803,785
Net assets available for benefits, end of year	\$ 24,499,901	\$ 116,974,556	\$ 141,474,457



# Morton Buildings, Inc. 401(k) and ESOP

## Notes to Financial Statements

December 31, 2016 and 2015

	2015		
	Nonparticipant-Directed Company Stock	Participant-Directed Funds	Total
Additions			
Investment income (loss)			
Net appreciation (depreciation) in fair value of investments	\$ 4,089,578	\$ (915,373)	\$ 3,174,205
Interest and dividends	1,720,199	-	1,720,199
Interest income from notes receivable from participants	-	74,149	74,149
	5,809,777	(841,224)	4,968,553
Contributions			
Employer	85,404	1,258,149	1,343,553
Participants	-	5,332,070	5,332,070
Rollovers	-	16,348	16,348
Total additions	5,895,181	5,765,343	11,660,524
Deductions			
Benefits paid to participants	558,620	9,957,329	10,515,949
Dividends paid to participants	1,720,199	-	1,720,199
Administrative expenses	-	179,628	179,628
Total deductions	2,278,819	10,136,957	12,415,776
Net increase (decrease)	3,616,362	(4,371,614)	(755,252)
Net assets available for benefits, beginning of year	23,753,491	116,805,546	140,559,037
Net assets available for benefits, end of year	\$ 27,369,853	\$ 112,433,932	\$ 139,803,785

### Note 4: Disclosures About Fair Value of Plan Assets

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

**Level 1** Quoted prices in active markets for identical assets

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

**Morton Buildings, Inc. 401(k) and ESOP**  
**Notes to Financial Statements**  
**December 31, 2016 and 2015**

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

***Recurring Measurements***

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2016 and 2015:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair Value			
<b>December 31, 2016</b>				
Investments in the fair value hierarchy				
Mutual funds	\$ 96,535,610	\$ 96,535,610	\$ -	\$ -
Common stock - Company	24,499,901	-	-	24,499,901
Total investments in the fair value hierarchy	121,035,511	\$ 96,535,610	\$ -	\$ 24,499,901
Investment measured at net asset value (A)				
Common collective trust fund	17,563,334			
Total investments at fair value	\$ 138,598,845			
<b>December 31, 2015</b>				
Investments in the fair value hierarchy				
Mutual funds	\$ 91,266,262	\$ 91,266,262	\$ -	\$ -
Common stock - Company	27,369,853	-	-	27,369,853
Total investments in the fair value hierarchy	118,636,115	\$ 91,266,262	\$ -	\$ 27,369,853
Investment measured at net asset value (A)				
Common collective trust fund	18,438,355			
Total investments at fair value	\$ 137,074,470			

(A) In accordance with Subtopic 820-10, the common collective trust fund measured at net asset value per share has not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line item presented in the statements of net assets available for benefits.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2016. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis. For

# Morton Buildings, Inc. 401(k) and ESOP

## Notes to Financial Statements

### December 31, 2016 and 2015

assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

#### **Investments**

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. See the table below for inputs and valuation techniques used for Level 3 securities.

#### **Level 3 Valuation Process**

Fair value determinations for Level 3 measurements of securities are the responsibility of Plan management. Plan management contracts with a pricing specialist to generate fair value estimates on an annual basis. Plan management challenges the reasonableness of the assumptions used and reviews the methodology to ensure the estimated fair value complies with accounting standards generally accepted in the United States.

#### **Level 3 Reconciliation**

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements recognized in the accompanying statements of net assets available for benefits using significant unobservable (Level 3) inputs:

	<b>Common Stock - Company</b>
Balance, January 1, 2015	\$ 23,753,491
Total realized and unrealized gains included in net decrease in net assets available for benefits	4,089,578
Purchases	85,404
Sales	(558,620)
Balance, December 31, 2015	27,369,853
Total realized and unrealized gains included in net increase in net assets available for benefits	514,987
Sales	(3,384,939)
Balance, December 31, 2016	\$ 24,499,901

**Morton Buildings, Inc. 401(k) and ESOP**  
**Notes to Financial Statements**  
**December 31, 2016 and 2015**

***Unobservable (Level 3) Inputs***

The following tables present quantitative information about unobservable inputs used in recurring Level 3 fair value measurements at December 31, 2016 and 2015:

	<b>Fair Value at 12/31/16</b>	<b>Valuation Technique</b>	<b>Unobservable Inputs</b>	<b>Factor or Range (Weighted Average)</b>
Common stock - Company	\$ 24,499,901	Discounted cash flow	Weighted-average cost of capital	15.0%
			Sales growth rate	3.0% to 5.7%
			EBITDA multiple	4.6
			Discount for lack of marketability	5.0%
		Guideline on public company comparables	Sales growth rate	5.7%
			EBITDA multiple	5.0 to 6.0
			Discount for lack of marketability	5.0%
	<b>Fair Value at 12/31/15</b>	<b>Valuation Technique</b>	<b>Unobservable Inputs</b>	<b>Factor or Range (Weighted Average)</b>
Common stock - Company	\$ 27,369,853	Discounted cash flow	Weighted-average cost of capital	14.75%
			Sales growth rate	2.6% to 3.5%
			EBITDA multiple	4.7
			Discount for lack of marketability	5.0%
		Guideline on public company comparables	Sales growth rate	2.6%
			EBITDA multiple	4.5 to 6.0
			Discount for lack of marketability	5.0%

***Investment Measured Using the Net Asset Value per Share Practical Expedient***

The following table summarizes the common collective trust fund for which fair value is measured using the net asset value per share practical expedient as of December 31, 2016 and 2015. There are no participant redemption restrictions for the common collective trust fund; the redemption notice period is applicable only to the Plan.

	<b>Fair Value</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency</b>	<b>Redemption Notice Period</b>
<b>December 31, 2016</b>				
Common collective trust fund	\$ 17,563,334	N/A	Daily	None
<b>December 31, 2015</b>				
Common collective trust fund	\$ 18,438,355	N/A	Daily	None

**Morton Buildings, Inc. 401(k) and ESOP**  
**Notes to Financial Statements**  
**December 31, 2016 and 2015**

**Note 5: Certification of Plan Custodian**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian has certified the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown in the Statements of Net Assets Available for Benefits as of December 31, 2016 and 2015
- Investment income and interest income from notes receivable from participants as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2016 and 2015
- Investment information and notes receivable from participants included in the accompanying Schedule of Assets (Held at End of Year) as of December 31, 2016

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

**Note 6: Related Party and Party-in-Interest Transactions**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, a person who owns 50 percent or more of such an employer, or relatives of such persons.

The Plan invests in certain funds managed by BMO Harris Bank N.A., custodian of the Plan. Fees paid by the Plan to the custodian for administrative services amounted to \$176,490 and \$179,628 for the years ended December 31, 2016 and 2015, respectively. The Plan also invests in common stock of the Company, who is the Plan sponsor. The Company also provides certain administrative services at no cost to the Plan.

**Note 7: Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

**Morton Buildings, Inc. 401(k) and ESOP**  
**Notes to Financial Statements**  
**December 31, 2016 and 2015**

**Note 8: Tax Status**

The IRS has determined and informed the Company by a letter dated April 28, 2017, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax exempt.

**Note 9: Reconciliation of Financial Statements to Form 5500**

A difference between the Annual Return/Report of Employee Benefit Plan (Form 5500) filed with the Internal Revenue Service and the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2015 is due to reporting the adjustment from fair value to contract value for interest in the common collective trust fund relating to fully benefit-responsive investment contracts in the 2015 Form 5500.

**Note 10: Potential Prohibited Transactions**

Since 2005, the Company has provided the Plan with the necessary funds to handle participant distributions by redeeming shares of Company stock directly from the Plan in exchange for a cash payment that was then used by the Plan for distribution purposes. Such redemptions were effectuated using the previous fiscal year-end fair market value to determine the price paid by the Company for the shares of Company stock. These transactions were conducted between the Plan and the Company (a party-in-interest), which may constitute a prohibited transaction in accordance with ERISA, unless the transaction was conducted such that the Plan received at least fair market value for the redeemed shares of Company stock. The Company and the Plan (as represented by the trustee) are reviewing the terms pursuant to which the redemptions occurred to determine if the Plan received at least fair market value. If it is determined that this was not the case, additional consideration may be owed by the Company to the Plan for any increase in fair market value that may have occurred. Pending completion of this analysis, it is estimated that the Plan may be owed additional consideration in an amount between \$0 to \$1.2 million. Given the uncertainty as to whether a prohibited transaction has occurred, the Plan has not recorded an asset or addition for this potential additional consideration as of December 31, 2016.

**Note 11: Risks and Uncertainties**

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

**Morton Buildings, Inc. 401(k) and ESOP**  
**Notes to Financial Statements**  
**December 31, 2016 and 2015**

**Note 12: Subsequent Events**

Effective January 1, 2017, the Plan was amended related to the payment of accrued benefits upon retirement.

Effective May 1, 2017, the Plan was amended to remove the service requirement to complete six months of service during which the employee worked at least 500 hours to become an eligible participant. Employees are now eligible for the Plan immediately upon hire if they are an eligible employee and have attained the age of 21.

Effective May 8, 2017, the Plan was amended to appoint new trustees to the Plan. For the trust provisions of the Plan, former Plan management was replaced by current Plan management. For the subtrust provisions of the Plan, BMO Harris Bank N.A. was replaced by Argent Trust Company. Also effective with this amendment, the Plan was amended related to the payment of accrued benefits upon termination.

Executed on May 8, 2017, with an effective date of January 1, 2017, the Company created a new defined contribution plan, Morton Buildings, Inc. Leveraged Employee Stock Ownership Plan (Leveraged ESOP), which has similar provisions as the Plan. The transactions described below were executed by the Leveraged ESOP. As of the date the financial statements were available to be issued, the Plan had not transferred any assets to the Leveraged ESOP.

Effective May 8, 2017, the Leveraged ESOP purchased all of the remaining outstanding shares of the Company. The total number of shares purchased was 2,005,662 for a total purchase price of \$147,786,877. Of this total purchase, 1,956,992 shares were purchased from various Company shareholders at a price of \$75.25 per share totaling \$147,263,648, and 48,670 shares were purchased from the Company at a price of \$10.75 per share totaling \$523,229. The reduced price per share between the Leveraged ESOP and Company is due to a decrease in the fair market value of the Company's shares following the issuance of debt to finance the transaction.

The Leveraged ESOP paid \$132,277,461 in cash to various former shareholders, which was financed with a note agreement with the Company. The note is payable in annual payments of \$6,532,446, including interest at a rate of 2.75%, beginning in 2017, with the final payment due in 2046. The note is collateralized by the shares purchased.

The remaining \$14,986,187 due to a former shareholder was financed with a note agreement. The note is payable in annual payments of \$974,873, including interest at a rate of 5.00%, beginning in 2017, with the final payment due in 2046. The note is collateralized by the shares purchased. Effective August 2017, this note was purchased by the Company from the former shareholder.

The \$523,229 due to the Company was financed with a note agreement. The note is payable in annual payments of \$25,839, including interest at a rate of 2.75%, beginning in 2017, with the final payment due in 2046. The note is collateralized by the shares purchased.

The Leveraged ESOP will service the notes with expected future Company contributions.

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

## **Supplemental Schedule**



<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold;">2016</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____	
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report	
	<input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
<b>C</b> If the plan is a collectively-bargained plan, check here: .....	<input type="checkbox"/>	
<b>D</b> Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program	
	<input type="checkbox"/> special extension (enter description) _____	

<b>Part II Basic Plan Information—enter all requested information</b>		
<b>1a</b> Name of plan MORTON BUILDINGS, INC. 401(K) AND ESOP	<b>1b</b> Three-digit plan number (PN) ▶	001
	<b>1c</b> Effective date of plan 01/01/1990	
<b>2a</b> 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) MORTON BUILDINGS, INC.  252 WEST ADAMS  MORTON IL 61550	<b>2b</b> Employer Identification Number (EIN) 37-0347310  <b>2c</b> Plan Sponsor's telephone number 309-263-7474  <b>2d</b> Business code (see instructions) 236200	

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

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

<b>SIGN HERE</b>		<b>11-21-19</b>	Nick Venturi
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

**Morton Buildings, Inc. 401(k) and ESOP**  
**Employer Identification Number: 37-0347310 Plan Number: 001**  
**Schedule H, Line 4i – Schedule of Assets**  
**(Held at End of Year)**  
**December 31, 2016**

<b>Identity of Issuer</b>	<b>Description of Investment</b>	<b>Cost</b>	<b>Current Value</b>
<b>Mutual Funds</b>			
AMG Managers Fairpointe Mid Cap Fund	37,313 shares	N/A	\$ 1,521,983
Baron Growth Fund	99,265 shares	N/A	5,905,279
Blackrock Equity Dividend Fund	641,378 shares	N/A	14,463,081
*BMO Aggressive Allocation Fund	150,325 shares	N/A	1,330,376
*BMO Balanced Allocation Fund	444,202 shares	N/A	3,922,300
*BMO Conservative Allocation Fund	2,506,556 shares	N/A	23,812,284
*BMO Moderate Allocation Fund	403,431 shares	N/A	3,788,216
Franklin Growth Fund	98,511 shares	N/A	7,556,769
Goldman Sachs Small Cap Value Fund	52,538 shares	N/A	3,154,904
Harbor International Fund	86,654 shares	N/A	5,061,468
T. Rowe Price Mid Cap Value Fund	196,279 shares	N/A	5,703,882
Templeton Global Bond Fund	78,640 shares	N/A	943,676
Vanguard 500 Index Fund	37,183 shares	N/A	7,680,878
Vanguard Intermediate Term Bond Index Fund	319,626 shares	N/A	3,592,591
Vanguard Intermediate Term Treasury Fund	230,455 shares	N/A	2,555,747
Vanguard Mid-Cap Index Fund	34,014 shares	N/A	5,542,176
			<u>96,535,610</u>
<b>Common Collective Trust Fund</b>			
*BMO Stable Value Fund	17,563,334 shares	N/A	<u>17,563,334</u>
<b>Common Stock</b>			
*Morton Buildings, Inc.	422,121 shares	\$ 12,256,059	<u>24,499,901</u>
<b>*Notes Receivable from Participants with Various Maturity Dates through 2021</b>			
	Interest Rates of 3.25% to 3.75%	N/A	<u>2,118,828</u>
			<u><u>\$ 140,717,673</u></u>

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

N/A Not applicable, participant-directed investment / note receivable

DATE December 31, 2016

SPONSOR: Morton Buildings, Inc.

EIN: 37-0347310

PLAN NUMBER: 001

NAME: Morton Buildings, Inc. 401(k) and ESOP

(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) Current Value
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	AMG FUNDS	AMG MANAGERS FAIRPOINTE MID CAP	**	1,521,983
	BARON FUNDS	BARON GROWTH FUND #587	**	5,905,279
	BLACKROCK FUNDS	BLACKROCK EQUITY DIVIDEND FUND	**	14,463,081
*	BMO FUNDS	BMO AGGRESSIVE ALLOCATION FUND	**	1,330,376
*	BMO FUNDS	BMO BALANCED ALLOCATION FUND	**	3,922,300
*	BMO FUNDS	BMO CONSERVATIVE ALLOCATION FUND	**	23,812,284
*	BMO FUNDS	BMO MODERATE ALLOCATION FUND	**	3,788,216
*	BMO FUNDS	BMO STABLE VALUE FUND CLASS I	**	17,563,334
	FRANKLIN TEMPLETON FUNDS	FRANKLIN GROWTH FUND - ADV #606	**	7,556,769
	GOLDMAN SACHS FUNDS	GOLDMAN SACHS SMALL CAP VALUE FUND	**	3,154,904
*	HARBOR FUNDS	HARBOR INTERNATIONAL FUND INST #2011	**	5,061,468
	COMMON STOCKS	MORTON BUILDINGS, INC	12,256,059	24,499,901
	T ROWE PRICE	T ROWE PRICE MID CAP VALUE FUND #115	**	5,703,881
	FRANKLIN TEMPLETON FUNDS	TEMPLETON GLOBAL BOND FUND CLASS A	**	943,676
	VANGUARD FUNDS	VANGUARD 500 INDEX FUND ADM #540	**	7,680,878
	VANGUARD FUNDS	VANGUARD INTER TERM BD IDX ADM #5314	**	3,592,591
	VANGUARD FUNDS	VANGUARD INTRM TRM TREAS FD ADM #535	**	2,555,747
	VANGUARD FUNDS	VANGUARD MID-CAP INDEX FUND - ADM	**	5,542,176
	PARTICIPANT LOANS	LOANS TO VARIOUS PARTICIPANTS 3.25% - 3.75%	**	2,118,828

\* A party-in-interest as defined by ERISA

\*\* Cost omitted for participant directed accounts