

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>LARSON MANUFACTURING COMPANY EMPLOYEE PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1966</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1966</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1966</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>LARSON MANUFACTURING CO. OF SD, INC.</u> <u>2333 EASTBROOK DRIVE</u> <u>BROOKINGS, SD 57006</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>46-0278504</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>605-692-6115</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>332900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>46-0278504</u>	2c Sponsor's telephone number <u>605-692-6115</u>	2d Business code (see instructions) <u>332900</u>	
2b Employer Identification Number (EIN) <u>46-0278504</u>					
2c Sponsor's telephone number <u>605-692-6115</u>					
2d Business code (see instructions) <u>332900</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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	WALTER SYLTIE II
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	WALTER SYLTIE II
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	912
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	801
b Retired or separated participants receiving benefits		6b	44
c Other retired or separated participants entitled to future benefits.....		6c	67
d Subtotal. Add lines 6a , 6b , and 6c		6d	912
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	2
f Total. Add lines 6d and 6e		6f	914
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	914
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	9
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 2 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan LARSON MANUFACTURING COMPANY EMPLOYEE PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LARSON MANUFACTURING CO. OF SD, INC.	D Employer Identification Number (EIN) 46-0278504

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

(a) Name of insurance carrier

PACIFIC LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-1079000	67466	GROUPED	6	01/01/2013	12/31/2013

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	19369

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan LARSON MANUFACTURING COMPANY EMPLOYEE PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LARSON MANUFACTURING CO. OF SD, INC.	D Employer Identification Number (EIN) 46-0278504

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

(a) Name of insurance carrier

MIDLAND NATIONAL LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
46-0164570	66044	GROUPED	35	01/01/2013	12/31/2013

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
343	

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

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

TERRY PESCHL & ASSOC
PO BOX 487
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
343			

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	490603

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	16258
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>LARSON MANUFACTURING COMPANY EMPLOYEE PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LARSON MANUFACTURING CO. OF SD, INC.</u>	D Employer Identification Number (EIN) <u>46-0278504</u>

Part I	Service Provider Information (see instructions)
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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

(b) Enter name and EIN or address of person who provided you disclosure 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

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)

WALTER SYLTIE

2333 EASTBROOK DRIVE
BROOKINGS, SD 57006

12-3456789

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

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

LEGG MASON

100 INTERNATIONAL DRIVE
BALTIMORE, MD 21202

13-2919773

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	161525	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

WELLS FARGO INVESTMENTS

600 CALIFORNIA STREET
SAN FRANCISCO, CA 94108

41-6370378

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	166653	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

FIRST BANK & TRUST

PO BOX 5057
BROOKINGS, SD 57006

46-0418030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	23484	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013					
A Name of plan LARSON MANUFACTURING COMPANY EMPLOYEE PROFIT SHARING PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 LARSON MANUFACTURING CO. OF SD, INC.				D Employer Identification Number (EIN) 46-0278504	
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)					
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO TAA					
b Name of sponsor of entity listed in (a): WELLS FARGO					
c EIN-PN 52-2251296-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51269647	
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)	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule D (Form 5500) 2013 v. 130118

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>LARSON MANUFACTURING COMPANY EMPLOYEE PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LARSON MANUFACTURING CO. OF SD, INC.</u>	D Employer Identification Number (EIN) <u>46-0278504</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	838816	2146699
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	34398	34786
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2008231	3227525
	(2) U.S. Government securities	1c(2)	70442	54327
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	108899	159000
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	1473600	1298006
	(B) Common.....	1c(4)(B)	26222091	34845506
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)	895803	850909
	(9) Value of interest in common/collective trusts	1c(9)	43960570	51269647
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	28659884	35972895
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)	502700	509972

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	104775434	130369272

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	15132	14779
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	15132	14779

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	104760302	130354493
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5996699	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5996699

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12983	
(B) U.S. Government securities	2b(1)(B)	4178	
(C) Corporate debt instruments	2b(1)(C)	8245	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	53690	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		79096

(2) Dividends: (A) Preferred stock	2b(2)(A)	96524	
(B) Common stock	2b(2)(B)	522347	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	919963	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1538834

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6721481	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6161796	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		559685

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	8513071	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		8513071

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8576082
(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)		6675792
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		31939259

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5977148	
(2) To insurance carriers for the provision of benefits	2e(2)	16258	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5993406
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	351662	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		351662
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6345068

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		25594191
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: KINNER & CO

(2) EIN: 46-0400356

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	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>LARSON MANUFACTURING COMPANY EMPLOYEE PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LARSON MANUFACTURING CO. OF SD, INC.</u>	D Employer Identification Number (EIN) <u>46-0278504</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>46-6062172</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.....	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 0.0% Investment-Grade Debt: 0.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 0.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

LARSON MANUFACTURING COMPANY



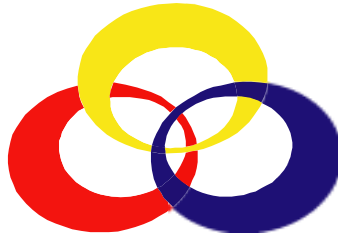
EMPLOYEE PROFIT SHARING PLAN

Financial Statements
December 31, 2013 and 2012

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN

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December 31, 2013 and 2012

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Kinner & Company Ltd

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Larson Manufacturing Company
Employee Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Larson Manufacturing Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

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

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

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Larson Manufacturing Profit Sharing Plan as of December 31, 2013 and 2012, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year, and reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Kinner & Company Ltd
Certified Public Accountants
Brookings, South Dakota

October 14, 2014

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2013 AND 2012

	<u>2013</u>	<u>2012</u>
Assets		
Investments at Fair Value		
Mutual Funds	\$ 35,972,895	\$ 28,659,884
Common and Collective Trust Funds	51,269,647	43,960,570
Corporate Bonds	159,000	108,899
Common Stocks	34,845,506	26,222,091
Preferred Stocks	1,298,006	1,473,600
Mortgage-Backed Securities	54,327	70,442
Total Investments at Fair Value	<u>123,599,381</u>	<u>100,495,486</u>
 Cash and Cash Equivalents	 3,227,525	 2,008,231
 Receivables		
Employer Contribution Receivable	2,146,699	838,816
Notes Receivable from Participants	850,909	895,803
Interest and Dividends Receivable	34,786	34,398
Total Receivables	<u>3,032,394</u>	<u>1,769,017</u>
 Other Assets		
Cash surrender value of life insurance, net of policy loans	<u>509,972</u>	<u>502,700</u>
Total Other Assets	509,972	502,700
 Total Assets	 130,369,272	 104,775,434
 Liabilities		
Accrued Expenses	14,779	15,132
 Net assets available for plan benefits	 <u><u>\$ 130,354,493</u></u>	 <u><u>\$ 104,760,302</u></u>

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

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2013 AND 2012

	<u>2013</u>	<u>2012</u>
Additions:		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 24,324,630	\$ 13,140,620
Dividends	1,538,834	1,376,457
Interest	<u>25,406</u>	<u>17,914</u>
Total Investment Income	25,888,870	14,534,991
 Interest Income on Notes Receivable from Participants	 53,690	 93,704
 Contributions		
Employer Contributions	<u>5,996,699</u>	<u>6,058,818</u>
 Total Additions	 31,939,259	 20,687,514
 Deductions:		
Benefits Paid to Participants	5,977,148	16,475,656
Benefits Paid to Insurance Carriers	16,258	18,098
Investment Management Fees	<u>351,662</u>	<u>374,459</u>
Total Deductions	<u>6,345,068</u>	<u>16,868,213</u>
 Net Increase (Decrease)	 25,594,191	 3,819,301
 Net Assets Available for Benefits:		
Beginning of Year	<u>104,760,302</u>	<u>100,941,001</u>
 End of Year	 <u><u>\$ 130,354,493</u></u>	 <u><u>\$ 104,760,302</u></u>

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

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 1 Description of Plan

The following description of the Larson Manufacturing Company Employee Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan sponsored by Larson Manufacturing Company. The Plan was amended on April 26, 2005 to consent to the adoption of the Plan by CLO Larson Manufacturing Company (formerly New Cole Sewell Corporation). The amendment allows CLO Larson Manufacturing Company employees to participate in the Plan effective January 29, 2005 and to recognize all years of service with CLO Larson Manufacturing Company. On April 6, 2006, the Plan was amended effective March 28, 2005, to incorporate the automatic rollover provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001. This would allow mandatory distributions greater than \$1,000 to be distributed into an individual retirement account designated by the Plan administrator in the event that the participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant or distributed directly to them. On June 23, 2007, the Plan was amended effective January 1, 2007, to comply with the vesting requirements contained in the Pension Protection Act of 2006. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Directors determines the appropriateness of the Plan's investments and monitors investment performance.

Eligibility:

All employees of Larson Manufacturing Company, Inc., Larson Manufacturing Company of South Dakota, Inc., Larson Manufacturing Company of Iowa, Inc., Larson Transportation, LLC, Larson Installation, LLC, and CLO Larson Manufacturing Company (the Companies) who have attained age 18 are eligible to become participants upon completion of one year of service, as defined in the Plan. The employees enter the Plan on the first day of January or July following the completion of the eligibility requirements.

Contributions:

The Plan does not currently allow participant contributions. Employer contributions to the Plan are determined by their respective Boards of Directors subject to certain limitations. For 2013 and 2012, the contribution was 15% of the eligible employees' gross wages.

The Plan does not currently allow distributions from other qualified defined benefit or defined contribution plans (rollover). The Plan administrator directs the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 1 Description of Plan (continued)

Participant Accounts:

Each participant's account is credited with an allocation of the employer contribution, Plan earnings or losses, and forfeitures of terminated participants' non-vested amounts. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Employer contributions to participant's accounts vest according to the following:

Effective with respect to participants who are credited with an hour of service on or after January 1, 2007, the vested portion of any such participant's account shall be a percentage of the total amount credited to the participant's account determined on the basis of the participant's number of years of service according to the following schedule:

Vesting Schedule

<u>Years of Service</u>	<u>Percentage</u>
Less than 2	0%
2 years but less than 3 years	20%
3 years but less than 4 years	40%
4 years but less than 5 years	60%
5 years but less than 6 years	80%
6 years or more	100%

The vested portion of any participant's account that is not credited with an hour of service on or after January 1, 2009, shall be a percentage of the total amount credited to such participant's account determined on the basis of the participant's number of years of service according to the following schedule:

Vesting Schedule

<u>Years of Service</u>	<u>Percentage</u>
Less than 3	0%
3 years but less than 4 years	20%
4 years but less than 5 years	40%
5 years but less than 6 years	60%
6 years but less than 7 years	80%
7 years or more	100%

The Plan also provides for 100% vesting at the normal retirement date (age 55), upon retirement due to disability or upon the death of the participant. Employee contributions, which were allowed prior to January 1, 1992, are 100% vested regardless of length of service.

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 1 Description of Plan (continued)

Notes Receivable from Participants:

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$10,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at a rate available for similar loans from commercial lending institutions at the time the loan application is made as determined by the Plan administrator. The interest rate was 6% in 2013 and 2012. Principal and interest is paid ratably through payroll deductions. The loan must provide at least quarterly payments under a level amortization schedule. The loan terms range from one to five years or up to fifteen years for the purchase of a primary residence. The maximum number of loans a participant may have outstanding at any one time is four.

Payment of Benefits:

Upon termination of service due to death, disability, retirement, or for termination of service due to other reasons, a participant may elect to receive the value of the vested interest in his or her account in the form of a lump-sum amount, or installments. Participants with vested balances of less than \$5,000 receive their benefit payment in a lump-sum.

Plan Administration:

Plan assets are managed by three officers who are stockholders and the Plan trustees, who are parties in interest.

Forfeited Accounts:

Forfeited non-vested accounts are reallocated to participant accounts in the year of forfeiture. At December 31, 2013 and 2012, forfeited non-vested accounts totaled \$46,378 and \$70,552, respectively.

Note 2 Summary of Significant Accounting Policies

Basis of Accounting:

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

As described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and SOP 94-4-1, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans* (the FSP), investment contracts (common collective trust funds) held by a defined-contribution plan are required to be reported at fair value. However, a contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statements of Net Assets Available for Benefits presents the contract value of the investment contracts, which approximates fair value.

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 2 Summary of Significant Accounting Policies (continued)

Use of Estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition:

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Directors determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) 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 balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2013 or 2012. If a participant ceases to make note repayments and the Plan administrator deems the participant note to be in default, the participant note balance is reduced and a benefit payment is recorded.

Payment of Benefits:

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company.

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2014, the date the financial statements were available to be issued. No subsequent events have been identified.

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 3 Fair Value Measurements

FASB ASC Topic 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodology the Plan used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 3 Fair Value Measurements (continued)

Collective funds: Valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Corporate bonds and U.S. government obligations: Valued using observable inputs including benchmark yields, reported trades, broker/dealer quotes or alternative pricing sources with reasonable levels of price transparency.

Common and preferred stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Mortgage-backed securities: Valued at the net present value of future cash flows.

Life insurance policies: Valued at the cash surrender value of the life insurance policies which approximates fair value.

The preceding method may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 3 Fair Value Measurements (continued)

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

December 31, 2013				
	Level 1	Level 2	Level 3	Total
Common Collective Funds				
Preservation Funds	\$ -	\$ 1,711,653	\$ -	\$ 1,711,653
Index Funds	-	49,557,994	-	49,557,994
Total Common Collective Funds	-	51,269,647	-	51,269,647
Mutual Funds				
Large Cap Funds	20,658,230	-	-	20,658,230
Bond Funds	313,429	-	-	313,429
Growth Funds	5,503,708	-	-	5,503,708
Target Date Funds	5,579,787	-	-	5,579,787
International Funds	2,490,171	-	-	2,490,171
Liquid Asset Funds	1,427,570	-	-	1,427,570
Total Mutual Funds	35,972,895	-	-	35,972,895
Corporate Bonds	-	159,000	-	159,000
Common Stocks	34,845,506	-	-	34,845,506
Preferred Stocks	1,298,006	-	-	1,298,006
Mortgage-Backed Securities	-	54,327	-	54,327
Life Insurance, Cash Surrender				
Value, Net of Loans	-	-	509,972	509,972
Total Investments at Fair Value	\$ 72,116,407	\$ 51,482,974	\$ 509,972	\$ 124,109,353

December 31, 2012				
	Level 1	Level 2	Level 3	Total
Common Collective Funds				
Preservation Funds	\$ -	\$ 2,923,062	\$ -	\$ 2,923,062
Index Funds	-	41,037,508	-	41,037,508
Total Common Collective Funds	-	43,960,570	-	43,960,570
Mutual Funds				
Large Cap Funds	15,050,283	-	-	15,050,283
Bond Funds	706,593	-	-	706,593
Growth Funds	4,113,678	-	-	4,113,678
Target Date Funds	5,599,575	-	-	5,599,575
International Funds	2,159,773	-	-	2,159,773
Liquid Asset Funds	1,029,982	-	-	1,029,982
Total Mutual Funds	28,659,884	-	-	28,659,884
Corporate Bonds	-	108,899	-	108,899
Common Stocks	26,222,091	-	-	26,222,091
Preferred Stocks	1,473,600	-	-	1,473,600
Mortgage-Backed Securities	-	70,442	-	70,442
Life Insurance, Cash Surrender				-
Value, Net of Loans	-	-	502,700	502,700
Total Investments at Fair Value	\$ 56,355,575	\$ 44,139,911	\$ 502,700	\$ 100,998,186

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 3 Fair Value Measurements (continued)

The following table provides further details of the Level 3 fair value measurements.

	Life Insurance, Cash Surrender Value, Net of Loans
December 31, 2013	
Beginning Balance	\$ 502,700
Issuances and Settlements (net)	7,272
Ending Balance	<u>\$ 509,972</u>
December 31, 2012	
Beginning Balance	\$ 487,989
Issuances and Settlements (net)	14,711
Ending Balance	<u>\$ 502,700</u>

Fair Value of Investments in Entities that Use Net Asset Value:

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of December 31, 2013 and 2012, respectively:

<u>Investment Type</u>	<u>December 31, 2013 Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common Collective Funds				
Preservation Funds	\$ 1,711,653	N/A	Daily	30 days
Index Funds	49,557,994	N/A	Daily	Daily
Mutual Funds				
Large Cap Funds	20,658,230	N/A	Daily	Daily
Bond Funds	313,429	N/A	Daily	Daily
Growth Funds	5,503,708	N/A	Daily	Daily
Target Date Funds	5,579,787	N/A	Daily	Daily
International Funds	2,490,171	N/A	Daily	Daily
Liquid Asset Funds	1,427,570	N/A	Daily	Daily

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 3 Fair Value Measurements (continued)

<u>Investment Type</u>	<u>December 31, 2012 Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common Collective Funds				
Preservation Funds	\$ 2,923,062	N/A	Daily	30 days
Index Funds	41,037,508	N/A	Daily	Daily
Mutual Funds				
Large Cap Funds	15,050,283	N/A	Daily	Daily
Bond Funds	706,593	N/A	Daily	Daily
Growth Funds	4,113,678	N/A	Daily	Daily
Target Date Funds	5,599,575	N/A	Daily	Daily
International Funds	2,159,773	N/A	Daily	Daily
Liquid Asset Funds	1,029,982	N/A	Daily	Daily

The Preservation Funds objective is to preserve money by investing principally in income-producing debt securities. To achieve this, the funds invest in a variety of debt securities, including corporate, mortgage- and asset-backed securities, and U.S. Government obligations.

The Index Funds primary objective is to approximate the risk and return of an underlying benchmark index. Various funds are commonly used to achieve that objective.

The Large Cap Funds objective is to seek long-term capital appreciation. The funds invest primarily in large cap issuers with public stock market capitalizations.

The Bonds Funds objective is to seek high total investment return through a combination of current income and capital appreciation. To achieve this, the funds invest in investment-grade fixed income securities of varying maturities.

The Growth Funds objective is to seek long-term growth of capital. To achieve this, the funds invest primarily in large capitalization companies that have the potential for above-average earnings growth with management focused on shareholder value.

The Target Date Funds seek to provide the highest possible retirement savings plan based on participants' expected retirement dates. To achieve this, the funds invest in a variety of investments.

The International Funds objective is to seek long-term total return consisting of long-term growth of capital. The funds invest primarily in foreign equities and bonds; including both developed and emerging countries.

The Liquid Asset Funds objective is to seek current income with liquidity and stability of principal. The funds invest exclusively in high-quality, short-term money market instruments including corporate notes, commercial paper, funding agreements, certificates of deposits, and bank obligations.

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 4 Investment Contract with Financial Institution – Common Collective Trust Fund

The Plan entered into a benefit-responsive investment contract with Wells Fargo Bank, N.A. (Wells Fargo). Wells Fargo maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed by the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value, which approximates fair value, is the relevant measurement attribute for that portion of net assets available for benefits attributable to the guaranteed investment contract. Contract value, which approximates fair value, as reported to the Plan by Wells Fargo, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value, which approximates fair value.

There are no reserves against contract value for credit risk of the contract issuer due to contract value approximating fair value. The fair value of the investment contract at December 31, 2013 and 2012 was \$600,484 and \$1,689,706, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than zero percent. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the financial institution to terminate the agreement prior to the scheduled maturity date.

	Year Ended December 31,	
	2013	2012
Average Yields:		
Based on Actual Earnings	1.36%	0.94%
Based on Interest Rate Credited to Participants	1.52%	1.95%

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 5 Cash and Investments

Deposits

Custodial Credit Risk - Deposits – Custodial credit risk is the risk that in the event of a bank failure, the Profit Sharing Plan's deposits may not be returned to it. Deposits in financial institutions, reported as cash, had a carrying balance of \$3,227,525 at December 31.

Investments

The following table presents investments that represent 5% or more of the Plan's net assets:

	<u>2013</u>	<u>2012</u>
Common and Collective Trust Funds:		
Wells Fargo S & P 500 Index Fund Class F *	\$ 7,143,176	\$ -
Wells Fargo US Aggregate Bond Index Fund Class F	15,850,132	7,089,698
Wells Fargo Large Cap Value Index Fund Class F *	-	8,705,884
Wells Fargo Large Cap Growth Index Fund Class F	6,328,217	13,864,655
International Equity Index Fund Class F	8,285,128	5,213,650
Mutual Funds:		
Vanguard Index Total Stock Admiral	12,932,976	9,685,870

* Investment did not meet the 5% criteria in both years

Market volatility of equity-based investments may substantially impact the value of such investments at any given item. It is possible that the value of the Plan's investments, both in total and in individual participant accounts, have changed significantly since December 31, 2013.

Net appreciation (depreciation) in fair value of investments represents the net realized gains or losses and net unrealized appreciation or depreciation on investments. Realized gains or losses are the difference between the proceeds and cost, determined by the average cost of the investments sold. Unrealized appreciation or depreciation is the change in the difference between fair value and the cost of investments.

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 5 Cash and Investments (continued)

Such activity for the years ended December 31, 2013 and 2012 is as follows:

	<u>2013</u>	<u>2012</u>
Net Appreciation (Depreciation)		
Mutual Funds	\$ 6,675,792	\$ 2,899,351
Common and Collective Trust Funds	8,576,082	6,006,634
Stocks, Bonds, and Other	9,065,484	4,219,924
Investments at Contract Value		
Cash Surrender Value of Life Insurance, Net of Premium Payments	7,272	14,711
	<u><u>\$ 24,324,630</u></u>	<u><u>\$ 13,140,620</u></u>

Note 6 Life Insurance Policies

A participant may designate a portion of the employer's contribution credit to this account, subject to certain limitation, to acquire or pay premiums on life insurance policies on the life of the participant. All policies acquired designate the trustee as sole owner and beneficiary for the account of the insured participant. All premiums paid by the Trustee are charged to the account of the insured participant.

Note 7 Risks and Uncertainties

The Plan invests in various investment securities. Investments 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 the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits. The value, liquidity and related income of securities held are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

Note 8 Plan Termination

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

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 9 Plan Tax Status

The Plan is placing reliance on an opinion letter dated March 31, 2008 received from the IRS on the prototype plan indicating that the Plan is qualified under Section 401 of the IRC and is therefore not subject to tax under current income tax law. The prototype Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

Note 10 Party in Interest Transactions

Two officers, who are stockholders of the Companies, serve as trustees for the Plan. An employee of the Companies has been designated as the Plan Administrator. These services are provided at no cost to the Plan. All administrative and legal expenses incurred in connection with the operation of the Plan are paid directly by the Companies. If not paid by the Plan sponsor, the administrative expenses become the responsibility of the Plan. During 2013, no administrative expenses were paid by the Plan.

Supplemental Information

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2013

(a)	(b) Identity of issuer, 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
	American Funds	Growth Fund of America	\$ 2,891,981	\$ 5,503,708
	First Eagle	First Eagle Global Fund	1,981,385	2,280,220
*	Vanguard Group	Vanguard Index 500 Admiral	3,554,916	6,038,043
*	Vanguard Group	Vanguard Index Total Stock Admiral	5,677,131	12,932,976
*	First Bank & Trust	Vanguard Total International Stock	188,458	209,951
*	First Bank & Trust	Vanguard Total Bond Index	329,717	313,429
*	First Bank & Trust	Vanguard Total Retirement 2015	173,005	184,976
*	First Bank & Trust	Vanguard Total Retirement 2020	1,719,724	2,030,663
*	First Bank & Trust	Vanguard Total Retirement 2025	2,840,814	3,364,148
*	First Bank & Trust	Vanguard Total Stock Market Index	1,493,901	1,687,211
*	Morgan Stanley	Morgan Stanley Liquid Asset	1,427,570	1,427,570
		Total Mutual Funds	22,278,602	35,972,895
*	Wells Fargo	S & P 500 Index Fund Class F	5,606,512	7,143,176
*	Wells Fargo	S&P Midcap Index Fund Class F	3,360,147	4,649,290
*	Wells Fargo	US Aggregate Bond Index Fund Class F	16,077,010	15,850,132
*	Wells Fargo	Russell 2000 Index Fund Class F	2,117,586	2,753,086
*	Wells Fargo	Large Cap Value Index Fund Class F	3,385,654	4,548,965
*	Wells Fargo	Large Cap Growth Index Fund Class F	4,802,371	6,328,217
*	Wells Fargo	Stable Value Fund	554,461	600,484
*	Wells Fargo	International Equity Index Fund Class F	6,492,593	8,285,128
*	Wells Fargo	Short-term Investment Fund	1,111,169	1,111,169
		Total Common and Collective Trust Funds	43,507,503	51,269,647
	General Electric	Corporate Bond, 6.25%, Due 12-15-2022	101,750	103,250
*	Wells Fargo	Corporate Bond, 7.98%, Due 5-3-2053	59,701	55,750
		Total Corporate Bonds	161,451	159,000
	ADT Corporation	Common Stock	-	110,078
	Akamai Technologies	Common Stock	141,909	267,039
	Alaska Air Group	Common Stock	22,855	28,247
	Allied World Assurance Co.	Common Stock	94,881	248,746
	Amazon Com Inc	Common Stock	46,617	520,421
	AMC Networks Inc	Common Stock	27,077	108,976
	Amgen	Common Stock	68,772	155,719
	Anadarko Petroleum Corp	Common Stock	246,179	360,827
	Anheuser Busch Inbev SA	Common Stock	139,139	257,633
	Apple Inc	Common Stock	347,786	462,841
	Applied Materials Inc	Common Stock	223,086	268,824
	Aryzta AG	Common Stock	80,850	84,453
	ASML Holding NV	Common Stock	79,502	239,591
	AT&T	Common Stock	87,446	123,236
	Atlas Copco ADR	Common Stock	19,858	41,567
	Autodesk Inc.	Common Stock	185,007	296,379
	AXA UAP ADR	Common Stock	206,493	168,483
	Axis Capital Holdings	Common Stock	125,523	174,772
	Baker Hughes	Common Stock	39,981	55,260
	Banco Bilboa Viz	Common Stock	18,122	19,489
	Barclays PLC ADR	Common Stock	99,787	104,810
	BASF AG ADR	Common Stock	48,598	147,349
	Bed Bath & Beyond	Common Stock	63,608	126,472
		Subtotal Forwarded	2,413,076	4,371,212

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2013

(a)	(b) Identity of issuer, borrower <u>lessor, or similar party</u>	(c) Description of Investment including Maturity Date, <u>Rate of Interest, Collateral, Par, or Maturity Value</u>	(d) Cost	(e) Current <u>Value</u>
	Subtotal Carried Forward		2,413,076	4,371,212
	BHP Billiton ADR	Common Stock	57,897	59,334
	Biogen IDEC Inc	Common Stock	109,355	747,855
	Blackrock Inc	Common Stock	229,477	469,958
	Blackstone GSO Strategic Credit	Common Stock	60,000	53,400
	Boeing	Common Stock	138,250	286,629
	Bristol Myers	Common Stock	89,084	102,579
	Broadcom Corp Class A	Common Stock	539,354	523,382
	Cablevision Systems Class A	Common Stock	143,219	114,752
	Cameron International	Common Stock	257,342	293,185
	Carnival Corp	Common Stock	102,374	136,578
	Caterpillar Inc	Common Stock	168,543	184,344
	Celgene Corp	Common Stock	120,643	402,989
	Charles Schwab Corp	Common Stock	114,063	213,200
	Checkpoint Software	Common Stock	109,291	140,285
	Chevron Corp	Common Stock	280,249	318,520
	Chubb Corp	Common Stock	85,009	207,754
	Cisco Systems Inc	Common Stock	114,165	142,430
	Citigroup Inc	Common Stock	231,340	250,128
	Citrix Systems Inc	Common Stock	490,126	478,486
	CME Group Inc Class A	Common Stock	136,279	178,496
	Coach Inc	Common Stock	84,479	87,001
	Cobalt International Energy	Common Stock	26,800	16,450
	Coca-Cola	Common Stock	145,145	240,837
	Comcast Corp Class A	Common Stock	429,213	997,849
	Covidien PLC Dublin	Common Stock	84,335	129,390
	Cree Research Inc.	Common Stock	193,563	374,182
	CVS Caremark	Common Stock	165,865	404,728
	Devon Energy Corp	Common Stock	184,515	182,826
	Diageo PLC ADR	Common Stock	23,476	72,301
	Dolby Laboratories Inc	Common Stock	191,285	210,730
	Eaton Corp	Common Stock	138,145	219,987
	EBay Inc.	Common Stock	222,002	441,115
	EI DuPont	Common Stock	73,947	107,200
	EMC Corp	Common Stock	198,494	207,613
	Emcor Group	Common Stock	16,229	28,435
	Ericsson American Dep Shs	Common Stock	91,532	112,608
	Express Scripts	Common Stock	107,102	150,314
	Exxon Mobil	Common Stock	141,163	170,016
	Facebook	Common Stock	120,504	257,670
	First Republic Bank	Common Stock	53,123	87,948
	Fluor Corp	Common Stock	188,469	324,050
	Forest Labs	Common Stock	353,133	564,582
	Franklin Resources Inc	Common Stock	54,474	129,027
	Freeport McMoran Copper & Gold	Common Stock	36,168	64,158
	General Electric	Common Stock	264,914	267,546
	GlaxoSmithKline PLC	Common Stock	67,752	85,958
	Golar LNG Partners	Common Stock	29,600	30,250
	Goldman Sachs Group	Common Stock	170,114	217,143
	Google Inc Class C	Common Stock	195,595	532,337
	Subtotal Forwarded		10,040,272	16,389,747

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2013

(a)	(b) Identity of issuer, borrower <u>lessor, or similar party</u>	(c) Description of Investment including Maturity Date, <u>Rate of Interest, Collateral, Par, or Maturity Value</u>	(e) Current	
			(d) Cost	Value
	Subtotal Carried Forward		10,040,272	16,389,747
	Greenhill & Co Inc	Common Stock	19,463	24,624
	Halliburton Co.	Common Stock	115,217	172,550
	Hess Corp	Common Stock	118,156	182,600
	Hitachi 10 Common	Common Stock	36,211	37,059
	Home Depot	Common Stock	310,581	709,771
	Honda Motor Co LTD	Common Stock	68,073	121,114
	Honeywell Inc.	Common Stock	66,390	205,582
	Hong Kong & China Gas	Common Stock	19,046	60,443
	Hoya Corp ADR	Common Stock	59,175	63,304
	HSBC Holdings PLC	Common Stock	80,143	71,338
	Hutchinson Whampoa	Common Stock	49,805	87,040
	Icon PLC ADR	Common Stock	66,524	100,636
	Immunogen Inc	Common Stock	60,547	87,580
	ING Groep NV ADR	Common Stock	166,526	154,558
	Isis Pharmaceuticals	Common Stock	56,074	246,809
	Jacobs Engineering Group	Common Stock	39,145	57,321
	Johnson & Johnson	Common Stock	336,456	561,905
	Jones Lang LaSalle	Common Stock	40,673	112,629
	Joy Global Inc	Common Stock	99,311	100,895
	JP Morgan Chase & Co	Common Stock	174,956	269,008
	Juniper Networks Inc	Common Stock	206,002	257,072
	Keycorp	Common Stock	67,664	119,438
	KLA-Tencor Corp	Common Stock	72,753	108,615
	Level 3 Communications	Common Stock	194,450	273,562
	Liberty Interactive International	Common Stock	108,712	179,915
	Liberty Media Corp Class A	Common Stock	45,586	178,476
	Mattel, Inc.	Common Stock	59,560	130,845
	Merck & Co	Common Stock	155,357	256,756
	Mettler Toledo International	Common Stock	39,327	142,400
	Microsoft Corp	Common Stock	175,798	229,150
	Mitsubishi UFJ Financial	Common Stock	111,831	96,693
	Monsanto Co	Common Stock	126,482	215,617
	MS Autocall Cobalt International	Common Stock	50,000	35,775
	Nasdaq OMX Group	Common Stock	94,246	121,032
	National Oilwell Varco	Common Stock	49,020	128,441
	Nestle SA ADR	Common Stock	39,937	110,311
	Netapp Inc	Common Stock	243,796	244,783
	Newfield Exploration Co	Common Stock	48,270	36,822
	Nike	Common Stock	70,955	135,654
	Novartis AG ADR	Common Stock	206,579	351,984
	Novo-Nordisk ADR	Common Stock	70,155	138,200
	Nucor Corp	Common Stock	293,541	357,860
	Ono Pharmaceutical	Common Stock	72,906	92,826
	Orix Corp ADR	Common Stock	112,394	172,319
	Oxidental Petroleum Corp	Common Stock	108,755	133,140
	Pall Corp	Common Stock	97,950	281,314
	Peabody Energy	Common Stock	62,201	50,583
	Pebblebrook Hotel Trust	Common Stock	70,071	106,122
	Pentair Inc.	Common Stock	-	101,359
	PepsiCo Inc	Common Stock	150,820	236,130
	Subtotal Forwarded		15,227,862	24,839,707

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2013

(a)	(b) Identity of issuer, borrower <u>lessor, or similar party</u>	(c) Description of Investment including Maturity Date, <u>Rate of Interest, Collateral, Par, or Maturity Value</u>	(d) Cost	(e) Current <u>Value</u>
	Subtotal Carried Forward		15,227,862	24,839,707
	Pimco Dynamic Credit	Common Stock	75,000	67,440
	Plantronics Inc	Common Stock	17,066	24,618
	Qualcomm Inc	Common Stock	113,058	162,830
	RBC 15.35% Autocall Cobolt	Common Stock	25,000	20,525
	Raytheon Co Class A	Common Stock	105,714	168,702
	Red Hat Ince	Common Stock	124,015	149,066
	Regions Financial	Common Stock	75,836	116,217
	Rio Tinto PLC-GBP	Common Stock	73,525	112,126
	Riverbed Technology	Common Stock	143,832	169,138
	Royal Dutch Petroleum	Common Stock	48,925	52,577
	Safeway Inc	Common Stock	45,553	74,911
	Safran SA	Common Stock	40,298	44,634
	Sandisk Corp	Common Stock	145,346	294,081
	SAP AG ADR	Common Stock	56,817	109,274
	Schlumberger	Common Stock	386,789	473,979
	Seagate Technology	Common Stock	219,177	735,134
	Shire PLC	Common Stock	42,791	106,250
	Signet Jewelers LTD	Common Stock	63,534	102,074
	Sotheby's Delaware	Common Stock	13,782	23,142
	Stanley Black & Decker	Common Stock	49,563	48,414
	Starz Liberty Cap Series A	Common Stock	-	35,673
	State Street Corp	Common Stock	211,546	262,369
	Sumitomo Mitsui Financial	Common Stock	97,301	105,404
	Suncor Energy Inc	Common Stock	60,825	69,504
	Symantec Corp	Common Stock	66,936	83,709
	TE Connectivity LTD	Common Stock	208,970	330,109
	Telefonica SA ADR	Common Stock	83,189	85,262
	Teradyne Inc	Common Stock	91,467	100,434
	TEVA Pharmaceutical ADR	Common Stock	64,905	66,132
	Texas Instruments	Common Stock	257,763	303,638
	The DIRECTV Group	Common Stock	28,784	149,170
	Thermo Fisher Scientific	Common Stock	116,811	266,015
	Trend Micro Inc ADR	Common Stock	91,492	93,147
	Twenty-First Century Fox Class A	Common Stock	46,126	89,787
	Tyco International	Common Stock	258,481	223,258
	U.S. Bancorp	Common Stock	123,956	189,072
	UBS AG-CHF	Common Stock	108,550	101,255
	Unilever PLC ADR	Common Stock	102,980	185,400
	United Overseas Bank LTD	Common Stock	45,317	107,819
	United Parcel Service Class B	Common Stock	190,818	276,465
	UnitedHealth Group	Common Stock	565,007	834,324
	Veeco Instruments	Common Stock	55,163	60,949
	Vertex Pharmaceuticals	Common Stock	96,347	187,236
	Visa Inc	Common Stock	148,912	438,680
	Vodafone Group Plc	Common Stock	198,162	318,883
	Wal Mart De Mexico	Common Stock	15,029	54,016
	Walt Disney Co.	Common Stock	189,476	568,416
	Weatherford Intl LTD	Common Stock	410,630	417,920
	Weyerhaeuser Co	Common Stock	62,689	104,181
	Wolseley PLC ADR	Common Stock	103,799	121,441
	Subtotal Forwarded		21,194,914	34,124,507

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Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2013

(a)	(b) Identity of issuer, 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
	Subtotal Carried Forward		21,194,914	34,124,507
	WW Grainger Inc	Common Stock	154,997	157,083
	Xilinx Inc	Common Stock	103,115	143,041
	Yahoo Japan CP	Common Stock	82,887	82,099
	Yum Brands	Common Stock	160,516	185,623
	Zoetis Inc	Common Stock	142,211	153,153
	Total Common Stocks		21,838,640	34,845,506
	Aviva PLC 8.25%	Preferred Stock	100,000	109,600
	Citigroup Inc 6.875%	Preferred Stock	75,000	76,020
	Dominion Resources 8.38%	Preferred Stock	50,000	51,480
	Hartford Financial 7.88%	Preferred Stock	50,000	57,320
	HSBC Holdings PLC 8.00%	Preferred Stock	100,000	107,760
	KKR Financial Holdings 8.375%	Preferred Stock	100,000	107,240
	M&T Capital Trust IV 8.5%	Preferred Stock	50,000	52,000
	Maiden Holdings 7.75%	Preferred Stock	75,000	62,070
	Maiden Holdings 8.25%	Preferred Stock	50,000	45,760
*	Morgan Stanley 7.13%	Preferred Stock	250,000	261,000
	Nextera Energy Cap Ser F 8.75%	Preferred Stock	100,000	101,880
	Northstar Realty Financial 8.5%	Preferred Stock	100,000	93,200
	TCF Financial 7.5%	Preferred Stock	178,127	172,676
	Total Preferred Stocks		1,278,127	1,298,006
	GNMA	Mortgage-backed securities, 8.0% Due 8-1-24 Pool 385914	6,496	6,686
	GNMA	Mortgage-backed securities, 8.0% Due 7-15-26, Pool 433086X	1,587	1,630
	GNMA	Mortgage-backed securities, 8.0% Due 10-15-26, Pool 437240X	10,494	10,574
	GNMA	Mortgage-backed securities, 8.0% Due 8-1-27, Pool 451837	16,573	18,988
	FNMA	Mortgage-backed securities, 8.50% Due 5-25-21, Pool 1991 11-Z	4,048	5,284
	FNMA	Mortgage-backed securities, 7.50% Due 9-25-21, Pool 91-113 ZE	455	508
	FHLMC	Mortgage-backed securities, 8.0% Due 6-15-22, Pool 1316Z	6,339	8,148
	FNMA	Mortgage-backed securities, 8.0% Due 8-25-22, Pool 1992 146 PZ	2,015	2,509
	Total Mortgage-Backed Securities		48,007	54,327
*	Participant Loans	Notes receivable, interest rate 6% - 8% due through 2022	-	850,909
	Midland National Life	Cash Surrender Value of Life Insurance	-	490,603
	First Capital Life Insurance	Cash Surrender Value of Life Insurance	-	19,369
	Total Cash Surrender Value of Life Insurance		-	509,972
	Total		89,112,330	124,960,262

*Represents party-in-interest

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2013

(a) Identity of Party Involved	(b) Description of Asset (include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Assets on Transaction Date	(i) Net Gain or (Loss)
Morgan Stanley	Morgan Stanley Liquid Asset	2,989,275		-	-	2,989,275	2,989,275	-
Morgan Stanley			2,591,686			2,591,686	2,591,686	-
Wells Fargo	Large Cap Growth Index G	-		-	-	-	-	-
Wells Fargo			9,625,774			9,227,295	9,227,295	398,479
Wells Fargo	Large Cap Value Index G	-		-	-	-	-	-
Wells Fargo			5,637,319			5,193,177	5,193,177	444,142
Wells Fargo	S&P 500 Index Fund F	7,694,558		-	-	7,694,558	7,694,558	-
Wells Fargo			2,409,166			2,088,046	2,088,046	321,120
Wells Fargo	US Aggregate Bond Index Fund Class F	9,000,898		-	-	9,000,898	9,000,898	-
Wells Fargo			-			-	-	-

Larson Manufacturing Co Employee Profit Sharing Plan
Tax ID – 46-0278504

Schedule h – 4i
Schedule of Assets

Please see schedule of assets attached to the audit report

Schedule h – 4j
Schedule of 5% transactiosn

Please see schedule of 5% Transactions attached to the audit report