

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 <div style="font-size: 24pt; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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>	1b Three-digit plan number (PN) ▶	<u>001</u>
	1c Effective date of plan	<u>01/01/1966</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LARSON MANUFACTURING CO. OF SD, INC.</u> <u>2333 EASTBROOK DRIVE</u> <u>BROOKINGS, SD 57006</u>	2b Employer Identification Number (EIN) <u>46-0278504</u>	2c Plan 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.	10/12/2016	WALTER SYLTIE II
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2016	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)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 893
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 768
a(2) Total number of active participants at the end of the plan year	6a(2) 789
b Retired or separated participants receiving benefits.....	6b 96
c Other retired or separated participants entitled to future benefits.....	6c 21
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 906
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 1
f Total. Add lines 6d and 6e	6f 907
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 907
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 7
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) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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	3	01/01/2015	12/31/2015

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	

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

(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	15368

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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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	01/01/2015	12/31/2015

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 28	(b) Total amount of fees paid
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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

PESCHL AND ASSOC
PO BOX
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28			3

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

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

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

(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	484497

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b** 493**c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶**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. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider 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>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
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	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
--

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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?
26	NONE	208149	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

WELLS FARGO INVESTMENTS

600 CALIFORNIA ST
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?
26	NONE	145019	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	25580	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 <hr/> 2015 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>LARSON MANUFACTURING COMPANY EMPLOYEE PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE 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	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 <u>52-2251296-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>51244830</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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)	2699100	2429347
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	50481	54388
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1729716	3851777
	(2) U.S. Government securities.....	1c(2)	28142	22742
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	268317	359747
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	1615128	1563728
	(B) Common	1c(4)(B)	37196278	38045951
	(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)	773713	637844
	(9) Value of interest in common/collective trusts.....	1c(9)	53731554	51244830
	(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)	40391137	38189818
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	525686	499865

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	139009252	136900037

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	40249	38900
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	40249	38900

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	138969003	136861137
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6117587	
(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)		6117587
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14217	
(B) U.S. Government securities	2b(1)(B)	1690	
(C) Corporate debt instruments	2b(1)(C)	15527	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	42024	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		73458
(2) Dividends: (A) Preferred stock	2b(2)(A)	113564	
(B) Common stock	2b(2)(B)	720507	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1195368	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2029439
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	8770011	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8983805	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-213794
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	238228	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		238228

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		159644
(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)		-748835
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7655727

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9384282	
(2) To insurance carriers for the provision of benefits	2e(2)	493	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9384775
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)	378748	
(4) Other	2i(4)	70	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		378818
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9763593

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2107866
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:

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

	Yes	No	N/A	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.				
o Did the plan trust incur unrelated business taxable income?		X		
p Were in-service distributions made during the plan year?	X			

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under 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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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
---------------	----------------------

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
-----------------	-------------------

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.
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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

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

Schedule R (Form 5500) 2015
v. 150123

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: <u>0.0</u> % Investment-Grade Debt: <u>0.0</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>0.0</u> %
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

LARSON MANUFACTURING COMPANY



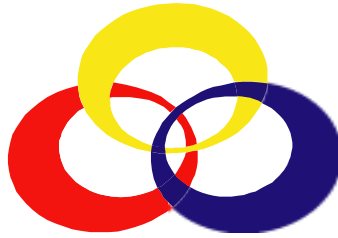
EMPLOYEE PROFIT SHARING PLAN

Financial Statements
December 31, 2015 and 2014

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN

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December 31, 2015 and 2014

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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

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, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

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 from material misstatement.

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

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

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Visit our website at www.kinner.co

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, 2015 and 2014, and the changes in 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in black ink that reads "Kinner & Company Ltd." in a cursive, flowing script.

Kinner & Company Ltd
Certified Public Accountants
Brookings, South Dakota
October 5, 2016

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2015 AND 2014

	2015	2014
Assets		
Investments at Fair Value		
Cash and Cash Equivalents	\$ 3,851,777	\$ 1,729,716
Mutual Funds	38,189,818	40,391,137
Common and Collective Trust Funds	51,244,830	53,731,554
Corporate Bonds	359,747	268,317
Common Stocks	38,045,951	37,196,278
Preferred Stocks	1,563,728	1,615,128
Mortgage-Backed Securities	22,742	28,142
Total Investments at Fair Value	<u>133,278,593</u>	<u>134,960,272</u>
Receivables		
Employer Contribution Receivable	2,429,347	2,699,100
Notes Receivable from Participants	637,844	773,713
Interest and Dividends Receivable	54,388	50,481
Total Receivables	<u>3,121,579</u>	<u>3,523,294</u>
Other Assets		
Cash surrender value of life insurance, net of policy loans	<u>499,865</u>	<u>525,686</u>
Total Other Assets	499,865	525,686
Total Assets	136,900,037	139,009,252
Liabilities		
Accrued Expenses	38,900	40,249
Net Assets Available for Benefits	<u><u>\$ 136,861,137</u></u>	<u><u>\$ 138,969,003</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, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
Additions:		
Investment Income:		
Net Appreciation in Fair Value of Investments (See Note 4)	\$ (564,757)	\$ 9,196,645
Dividends	2,029,439	1,961,819
Interest	31,434	38,371
Total Investment Income	<u>1,496,116</u>	<u>11,196,835</u>
Interest Income on Notes Receivable from Participants	42,024	36,898
Contributions		
Employer Contributions	<u>6,117,587</u>	<u>6,099,100</u>
Total Additions	7,655,727	17,332,833
Deductions:		
Benefits Paid to Participants	9,384,282	8,320,839
Benefits Paid to Insurance Carriers	493	17,261
Investment Management Fees & Administrative Expenses	378,818	380,223
Total Deductions	<u>9,763,593</u>	<u>8,718,323</u>
Net Increase (Decrease)	(2,107,866)	8,614,510
Net Assets Available for Benefits:		
Beginning of Year	<u>138,969,003</u>	<u>130,354,493</u>
End of Year	<u>\$ 136,861,137</u>	<u>\$ 138,969,003</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, 2015 and 2014

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 and 1,000 hours 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 2015 and 2014, 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, 2015 and 2014

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, 2015 and 2014

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 2015 and 2014. 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, 2015 and 2014, forfeited non-vested accounts totaled \$29,452 and \$21,427, 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, 2015 and 2014

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, 2015 or 2014. 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 5, 2016, 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, 2015 and 2014

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, 2015 and 2014.

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, 2015 and 2014

Note 3 Fair Value Measurements (continued)

Common collective funds: Valued at the 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 common collective funds, the investment adviser 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, 2015 and 2014

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, 2015				
	Level 1	Level 2	Level 3	Total
Common Collective Funds				
Preservation Funds	\$ -	\$ 1,399,187	\$ -	\$ 1,399,187
Index Funds	-	49,845,643	-	49,845,643
Total Common Collective Funds	-	51,244,830	-	51,244,830
Mutual Funds				
Large Cap Funds	23,140,145	-	-	23,140,145
Bond Funds	275,236	-	-	275,236
Growth Funds	6,338,282	-	-	6,338,282
Target Date Funds	4,316,232	-	-	4,316,232
International Funds	2,446,503	-	-	2,446,503
Liquid Asset Funds	1,673,420	-	-	1,673,420
Total Mutual Funds	38,189,818	-	-	38,189,818
Corporate Bonds	-	359,747	-	359,747
Common Stocks	38,045,951	-	-	38,045,951
Preferred Stocks	1,563,728	-	-	1,563,728
Mortgage-Backed Securities	-	22,742	-	22,742
Life Insurance, Cash Surrender				
Value, Net of Loans	-	-	499,865	499,865
Total Investments at Fair Value	<u>\$ 77,799,497</u>	<u>\$ 51,627,319</u>	<u>\$ 499,865</u>	<u>\$ 129,926,681</u>

December 31, 2014				
	Level 1	Level 2	Level 3	Total
Common Collective Funds				
Preservation Funds	\$ -	\$ 1,510,261	\$ -	\$ 1,510,261
Index Funds	-	52,221,293	-	52,221,293
Total Common Collective Funds	-	53,731,554	-	53,731,554
Mutual Funds				
Large Cap Funds	23,473,884	-	-	23,473,884
Bond Funds	239,806	-	-	239,806
Growth Funds	6,015,700	-	-	6,015,700
Target Date Funds	6,429,470	-	-	6,429,470
International Funds	2,479,689	-	-	2,479,689
Liquid Asset Funds	1,752,588	-	-	1,752,588
Total Mutual Funds	40,391,137	-	-	40,391,137
Corporate Bonds	-	268,317	-	268,317
Common Stocks	37,196,278	-	-	37,196,278
Preferred Stocks	1,615,128	-	-	1,615,128
Mortgage-Backed Securities	-	28,142	-	28,142
Life Insurance, Cash Surrender				
Value, Net of Loans	-	-	525,686	525,686
Total Investments at Fair Value	<u>\$ 79,202,543</u>	<u>\$ 54,028,013</u>	<u>\$ 525,686</u>	<u>\$ 133,756,242</u>

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2015 and 2014

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, 2015	
Beginning Balance	\$ 525,686
Issuances and Settlements (net)	(25,821)
Ending Balance	<u>\$ 499,865</u>
December 31, 2014	
Beginning Balance	\$ 509,972
Issuances and Settlements (net)	15,714
Ending Balance	<u>\$ 525,686</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, 2015 and 2014, respectively:

<u>Investment Type</u>	<u>December 31, 2015 Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common Collective Funds				
Preservation Funds	\$ 1,399,187	N/A	Daily	30 days
Index Funds	49,845,643	N/A	Daily	Daily
Mutual Funds				
Large Cap Funds	23,140,145	N/A	Daily	Daily
Bond Funds	275,236	N/A	Daily	Daily
Growth Funds	6,338,282	N/A	Daily	Daily
Target Date Funds	4,316,232	N/A	Daily	Daily
International Funds	2,446,503	N/A	Daily	Daily
Liquid Asset Funds	1,673,420	N/A	Daily	Daily

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2015 and 2014

Note 3 Fair Value Measurements (continued)

<u>Investment Type</u>	<u>December 31, 2014 Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common Collective Funds				
Preservation Funds	\$ 1,510,261	N/A	Daily	30 days
Index Funds	52,221,293	N/A	Daily	Daily
Mutual Funds				
Large Cap Funds	23,473,884	N/A	Daily	Daily
Bond Funds	239,806	N/A	Daily	Daily
Growth Funds	6,015,700	N/A	Daily	Daily
Target Date Funds	6,429,470	N/A	Daily	Daily
International Funds	2,479,689	N/A	Daily	Daily
Liquid Asset Funds	1,752,588	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, 2015 and 2014

Note 4 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 \$3,851,777 at December 31, 2015 and \$1,729,716 at December 31, 2014.

Investments

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

Investments at Fair Value as Determined by Quoted Market Price	<u>2015</u>	<u>2014</u>
Common and Collective Trust Funds:		
Wells Fargo S & P 500 Index Fund Class F	\$ 8,056,057	\$ 8,384,531
Wells Fargo US Aggregate Bond Index Fund Class F	14,917,260	15,652,057
Wells Fargo International Equity Index Fund Class F	8,890,872	9,227,676
Mutual Funds:		
Vanguard Index 500 Admiral	6,955,281	6,861,764
Vanguard Index Total Stock Admiral	14,613,481	14,557,053
Common Stocks	38,045,951	37,196,278

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, 2015.

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, 2015 and 2014

Note 4 Cash and Investments (continued)

Such activity for the years ended December 31, 2015 and 2014 is as follows:

	<u>2015</u>	<u>2014</u>
Net Appreciation (Depreciation)		
Mutual Funds	\$ (748,835)	\$ 2,392,849
Common and Collective Trust Funds	159,644	3,444,233
Stocks, Bonds, and Other	50,255	3,343,849
Investments at Contract Value		
Cash Surrender Value of Life Insurance, Net of Premium Payments	(25,821)	15,714
	<u>\$ (564,757)</u>	<u>\$ 9,196,645</u>

Note 5 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 6 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 7 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, 2015 and 2014

Note 8 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 2012.

Note 9 Party in Interest Transactions

Three 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 2015, 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, 2015

(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	\$ 3,949,118	\$ 6,338,282
	First Eagle	First Eagle Global Fund	2,121,841	2,325,262
*	Vanguard Group	Vanguard Index 500 Admiral	3,824,737	6,955,281
*	Vanguard Group	Vanguard Index Total Stock Admiral	6,216,553	14,613,481
*	First Bank & Trust	Vanguard Star Fund	131,453	121,241
*	First Bank & Trust	Vanguard Total Bond Market Admiral	286,152	275,236
*	First Bank & Trust	Vanguard Total Retirement 2015	177,611	180,290
*	First Bank & Trust	Vanguard Total Retirement 2020	2,594,091	2,873,405
*	First Bank & Trust	Vanguard Total Retirement 2025	1,092,811	1,201,243
*	First Bank & Trust	Vanguard Target Retirement 2055	66,440	61,294
*	First Bank & Trust	Vanguard Total Stock Market Index	1,519,972	1,571,383
*	Morgan Stanley	Morgan Stanley Liquid Asset	1,673,420	1,673,420
		Total Mutual Funds	23,654,199	38,189,818
*	Wells Fargo	Wells Fargo S & P 500 Index Fund Class F	5,678,574	8,056,057
*	Wells Fargo	Wells Fargo S&P Midcap Index Fund Class F	3,230,648	4,639,549
*	Wells Fargo	Wells Fargo US Aggregate Bond Index Fund Class F	14,272,795	14,917,260
*	Wells Fargo	Wells Fargo Russell 2000 Index Fund Class F	2,064,085	2,633,562
*	Wells Fargo	Wells Fargo Large Cap Value Index Fund Class F	3,963,896	5,382,290
*	Wells Fargo	Wells Fargo Large Cap Growth Index Fund Class F	3,400,799	5,326,053
*	Wells Fargo	Wells Fargo International Equity Index Fund Class F	7,800,313	8,890,872
*	Wells Fargo	Wells Fargo Short-term Investment Fund	1,399,187	1,399,187
		Total Common and Collective Trust Funds	41,810,297	51,244,830
	Bank of America Corp	Corporate Bond, 6.5%, Due 10-23-2024	53,875	52,687
	Citigroup Inc	Corporate Bond, 5.95%, Due 1-30-2023	101,874	97,850
	Citigroup Inc	Corporate Bond, 5.8%, Due 11-15-2019	51,062	49,575
	Zions Bancorporation	Corporate Bond, 5.65%, Due 11-5-2018	52,875	50,635
	JP Morgan Chse	Corporate Bond, 6.75%, Due 2-1-2024	104,236	109,000
		Total Corporate Bonds	363,922	359,747
	Adobe Systems	Common Stock	171,902	210,895
	ADT Corporation	Common Stock	-	89,706
	AES Corp	Common Stock	166,114	118,668
	Aetna Life & Casualty Co.	Common Stock	231,356	236,783
	Akamai Technologies	Common Stock	211,563	367,094
	Alaska Air Group	Common Stock	22,855	61,993
	Alibaba Group	Common Stock	89,541	87,447
	Allergan Inc	Common Stock	509,170	681,250
	Allied World Assurance Co.	Common Stock	94,881	246,012
	Allison Transmission Hldgs	Common Stock	99,677	86,731
	Alphabet Inc Class A	Common Stock	97,798	369,555
	Alphabet Inc Class C	Common Stock	144,337	433,320
	Amazon Com Inc	Common Stock	72,017	699,546
	AMC Networks Inc	Common Stock	27,077	119,488
	American Express	Common Stock	278,971	256,987
	American Homes for Rent	Common Stock	205,162	206,651
	Anadarko Petroleum Corp	Common Stock	419,707	337,145
	Anheuser Busch Inbev SA	Common Stock	152,182	316,250
	Apache Corp	Common Stock	144,680	111,175
	Apple Inc	Common Stock	178,224	326,306
	Applied Materials Inc	Common Stock	223,086	283,877
		Subtotal Forwarded	3,540,300	5,646,879

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2015

(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		3,540,300	5,646,879
	ARM Holdings Plc	Common Stock	93,809	86,454
	ASML Holding NV	Common Stock	35,414	101,109
	Asos Plc ADR	Common Stock	90,478	63,831
	Astrazeneca Plc ADR	Common Stock	91,718	92,378
	Atlas Copco ADR	Common Stock	74,238	86,423
	Autodesk Inc.	Common Stock	185,007	358,878
	AXA UAP ADR	Common Stock	202,904	162,142
	Axis Capital Holdings	Common Stock	125,523	206,552
	Banco Bilboa Viz	Common Stock	38,823	26,689
	BASF AG ADR	Common Stock	44,333	81,488
	Biogen IDEC Inc	Common Stock	382,159	893,010
	Blackrock Inc	Common Stock	257,947	538,022
	Boeing	Common Stock	158,350	325,327
	Bristol Myers	Common Stock	242,402	341,198
	Broadcom Corp Class A	Common Stock	215,833	408,498
	Calpine Corp	Common Stock	198,456	137,827
	Cameron International	Common Stock	114,344	141,252
	Carnival Corp	Common Stock	102,374	185,232
	Celgene Corp	Common Stock	137,020	510,776
	Charles Schwab Corp	Common Stock	103,839	245,822
	Checkpoint Software	Common Stock	78,208	86,832
	CHS Inc	Common Stock	105,053	107,240
	Cisco Systems Inc	Common Stock	147,170	203,662
	Citigroup Inc	Common Stock	394,615	411,412
	Citrix Systems Inc	Common Stock	300,943	351,394
	CK Hutchinson Holdings ADR	Common Stock	76,797	85,599
	CME Group Inc Class A	Common Stock	136,279	206,115
	Coca-Cola	Common Stock	242,675	352,272
	Comcast Corp Special Class A	Common Stock	399,604	1,051,009
	Consolidated Energy	Common Stock	138,636	41,277
	Cree Research Inc.	Common Stock	193,563	159,620
	CVS Health Corp	Common Stock	152,227	507,426
	Devon Energy Corp	Common Stock	271,488	155,200
	Diageo Plc ADR	Common Stock	68,223	103,835
	Discover Financial Services	Common Stock	205,874	209,118
	Discovery Holding Class A	Common Stock	153,483	136,201
	Dolby Class A	Common Stock	66,678	64,103
	Eaton Corp	Common Stock	196,535	196,191
	Ebay Inc.	Common Stock	158,691	284,143
	Ecolab Inc	Common Stock	177,598	182,436
	Eisai Co Ltd ADR	Common Stock	46,692	46,497
	El DuPont	Common Stock	73,947	109,890
	Emcor Group	Common Stock	16,229	32,187
	Ericsson American Dep Shs	Common Stock	91,532	88,412
	Essilor International ADR	Common Stock	64,977	71,598
	Facebook	Common Stock	89,580	366,833
	First Republic Bank	Common Stock	63,989	124,589
	Fluor Corp	Common Stock	141,465	143,360
	Franklin Resources Inc	Common Stock	54,474	82,293
	Freeport McMoran Copper & Gold	Common Stock	265,622	128,122
	General Electric	Common Stock	272,780	314,926
	Subtotal Forwarded		11,280,898	17,043,579

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2015

(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
			<u>11,280,898</u>	<u>17,043,579</u>
	Subtotal Carried Forward			
	Gentex Corp	Common Stock	75,156	74,607
	GlaxoSmithKline Plc ADR	Common Stock	67,752	64,963
	Halliburton Co.	Common Stock	207,839	188,922
	Hess Corp	Common Stock	88,617	79,992
	Hitachi 10 Common	Common Stock	36,211	27,499
	Home Depot	Common Stock	217,824	777,630
	Honeywell Inc.	Common Stock	57,538	201,961
	Hong Kong Exchanges	Common Stock	73,107	58,708
	Hoya Corp ADR	Common Stock	59,175	92,760
	Icon Plc ADR	Common Stock	50,520	146,931
	Immunogen Inc	Common Stock	60,547	81,013
	ING Groep NV ADR	Common Stock	125,709	112,095
	Ionis Pharmaceuticals	Common Stock	56,074	383,656
	Johnson & Johnson	Common Stock	292,380	546,470
	Jones Lang LaSalle	Common Stock	27,362	118,296
	JP Morgan Chase & Co	Common Stock	265,504	389,577
	JPM Autocall Seadrill Ltd	Common Stock	25,000	7,900
	JPM Autocall XLE	Common Stock	50,000	38,450
	Keycorp	Common Stock	87,247	133,878
	KLA-Tencor Corp	Common Stock	67,485	108,394
	Level 3 Communications	Common Stock	194,450	305,946
	Liberty Broadband Series A	Common Stock	-	15,753
	Liberty Broadband Series C	Common Stock	-	31,635
	Libert Inter Co Venture Series A	Common Stock	-	39,291
	Liberty Interactive International	Common Stock	108,712	167,472
	Liberty Media Corp Series C	Common Stock	-	92,915
	Liberty Media Corp Class A	Common Stock	45,586	47,885
	Linkedin Corp	Common Stock	197,606	237,459
	London Stock Exchange Group	Common Stock	88,618	92,570
	Medtronics	Common Stock	91,667	146,917
	Merck & Co	Common Stock	194,785	306,356
	Mettler Toledo International	Common Stock	36,580	185,165
	Microsoft Corp	Common Stock	575,550	851,895
	Mitsubishi UFJ Financial	Common Stock	111,831	90,034
	Mobileye NV	Common Stock	46,863	42,111
	Monsanto Co	Common Stock	229,917	271,915
	MS Autocall Cobalt International	Common Stock	50,000	10,425
	Murphy USA Inc	Common Stock	109,476	115,406
	Nasdaq OMX Group	Common Stock	152,310	270,490
	National Oilwell Varco	Common Stock	167,261	134,462
	Nestle SA	Common Stock	55,577	127,109
	Nike	Common Stock	70,955	215,625
	Novartis AG	Common Stock	165,960	285,653
	Novo-Nordisk	Common Stock	57,081	176,737
	Novozymes	Common Stock	131,628	135,095
	Now Inc	Common Stock	81,676	52,206
	Nuance Communications	Common Stock	97,271	120,633
	Nucor Corp	Common Stock	293,541	270,171
	NXP Semiconductors Ltd	Common Stock	45,696	43,220
	Occidental Petroleum Corp	Common Stock	222,309	196,069
	Onemain Holdings	Common Stock	150,937	123,166
	Subtotal Forwarded		<u>17,045,788</u>	<u>25,879,067</u>

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2015

(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		17,045,788	25,879,067
	Ono Pharmaceutical Co	Common Stock	54,159	130,685
	Oracle Systems	Common Stock	222,742	202,752
	Orix Corp ADR	Common Stock	92,228	111,471
	Paypal Holdings	Common Stock	149,692	321,456
	Pebblebrook Hotel Trust	Common Stock	64,993	89,664
	Pentair Inc.	Common Stock	-	64,637
	Pulte Group Inc	Common Stock	132,686	130,817
	Raytheon Co Class A	Common Stock	105,714	231,626
	Reckitt Benckiser Plc	Common Stock	62,895	63,266
	Red Hat Inc	Common Stock	210,177	358,153
	Regeneron Pharm	Common Stock	93,890	168,290
	Regions Financial	Common Stock	126,353	157,920
	Rockwell Collins Inc	Common Stock	192,364	190,138
	Ryanair Holdings Plc	Common Stock	58,446	88,103
	Safran SA	Common Stock	77,781	79,011
	Sandisk Corp	Common Stock	208,946	401,607
	SAP AG	Common Stock	100,419	147,838
	Schlumberger	Common Stock	486,808	438,658
	Seagate Technology	Common Stock	275,138	371,916
	Service Corp International	Common Stock	120,073	113,187
	Shire Plc	Common Stock	35,962	129,560
	Shiseido Ltd	Common Stock	116,501	115,641
	Signet Jewelers Ltd	Common Stock	38,454	97,097
	Stanley Black & Decker	Common Stock	128,126	165,431
	Starz Liberty Cap Series A	Common Stock	-	40,870
	Sumitomo Mitsui Financial	Common Stock	97,301	76,264
	Suncor Energy Inc	Common Stock	86,187	67,003
	Symantec Corp	Common Stock	66,936	74,550
	Synchrony Financial	Common Stock	79,227	104,914
	TE Connectivity Ltd	Common Stock	238,412	417,704
	Tekla Healthcare Opportunity Fund	Common Stock	60,000	52,170
	Teradyne Inc	Common Stock	91,467	117,819
	TEVA Pharmaceutical	Common Stock	64,905	108,306
	Texas Instruments	Common Stock	294,150	420,119
	Thermo Fisher Scientific	Common Stock	109,770	318,453
	Twenty-First Century Fox Class A	Common Stock	240,043	202,885
	Twitter Inc	Common Stock	209,951	191,946
	Tyco International	Common Stock	258,481	173,482
	UBS 8.5% Autocall NKY	Common Stock	100,000	85,000
	UBS AG-CHF	Common Stock	108,550	101,886
	Unilever Plc ADR	Common Stock	102,980	194,040
	United Parcel Service Class B	Common Stock	190,818	253,181
	United Rentals	Common Stock	77,884	83,421
	UnitedHealth Group	Common Stock	497,950	1,148,755
	US Bancorp Delaware	Common Stock	117,202	188,815
	Veeco Instruments	Common Stock	55,163	38,077
	Vertex Pharmaceuticals	Common Stock	96,347	317,092
	Vestas Wind Systems	Common Stock	87,578	101,580
	Visa Inc	Common Stock	106,865	438,545
	VMWare Inc	Common Stock	214,632	151,890
	Vodafone Group Plc	Common Stock	82,608	84,682
	Subtotal Forwarded		23,935,742	35,801,440

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2015

(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	(e) Current	
			(d) Cost	Value
	Subtotal Carried Forward		23,935,742	35,801,440
	Walt Disney Co.	Common Stock	111,114	438,709
	Weatherford Intl Ltd	Common Stock	443,314	243,788
	Western Digital Corp	Common Stock	207,131	192,460
	Weyerhaeuser Co	Common Stock	62,689	98,934
	Wolseley Plc	Common Stock	103,799	116,452
	WW Grainger Inc	Common Stock	303,009	245,134
	Xilinx Inc	Common Stock	176,728	232,501
	Yahoo Inc	Common Stock	105,960	99,780
	Yum Brands	Common Stock	215,858	234,125
	Zoetis Inc	Common Stock	220,587	342,628
	Total Common Stocks		25,885,931	38,045,951
	Aviva Plc 8.25%	Preferred Stock	100,000	105,880
	Citigroup Inc 6.875%	Preferred Stock	126,980	139,300
	Goldman Sacs Group 6.375%	Preferred Stock	125,000	138,950
	Hartford Financial 7.875%	Preferred Stock	50,000	63,200
	HSBC Holdings Plc 8.00%	Preferred Stock	100,000	104,280
	KKR Financial Holdings 8.375%	Preferred Stock	100,000	105,880
	Maiden Holdings 8.25%	Preferred Stock	50,000	52,700
*	Morgan Stanley 6.375%	Preferred Stock	150,000	159,408
*	Morgan Stanley 7.125%	Preferred Stock	250,000	286,300
	Northstar Realty 8.75%	Preferred Stock	125,000	118,100
	Nustar Logistics LP 7.65%	Preferred Stock	133,347	103,600
	TCF Financial 7.5%	Preferred Stock	178,127	186,130
	Total Preferred Stocks		1,488,454	1,563,728
	GNMA	Mortgage-backed securities, 8.0% Due 8-1-24 Pool 385914	5,669	5,806
	GNMA	Mortgage-backed securities, 8.0% Due 7-15-26, Pool 433086X	1,430	1,459
	GNMA	Mortgage-backed securities, 8.0% Due 8-1-27, Pool 451837	5,730	5,847
	FNMA	Mortgage-backed securities, 8.50% Due 5-25-21, Pool 1991 11-Z	1,711	2,538
	FNMA	Mortgage-backed securities, 7.50% Due 9-25-21, Pool 91-113 ZE	233	252
	FHLMC	Mortgage-backed securities, 8.0% Due 6-15-22, Pool 1316Z	4,297	5,374
	FNMA	Mortgage-backed securities, 8.0% Due 8-25-22, Pool 1992-146 PZ	1,211	1,466
	Total Mortgage-Backed Securities		20,281	22,742
*	Participant Loans	Notes receivable, interest rate 6% - 8% due through 2030	-	637,844
	Midland National Life	Cash Surrender Value of Life Insurance	-	484,497
	First Capital Life Insurance	Cash Surrender Value of Life Insurance	-	15,368
	Total Cash Surrender Value of Life Insurance		-	499,865
	Total		93,223,084	130,564,525

*Represents party-in-interest

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2015

(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	4,458,305		-	-	4,458,305	4,458,305	-
Morgan Stanley			4,533,234			4,533,234	4,533,234	-

See accountant's report for schedule of assets and 5% transactions (if any).

See accountant's report for schedule of assets and 5% transactions (if any).