

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <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="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 150px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

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.	10/12/2018	WALTER SYLTIE II
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 890
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) 741
a(2) Total number of active participants at the end of the plan year	6a(2) 738
b Retired or separated participants receiving benefits	6b 44
c Other retired or separated participants entitled to future benefits	6c 87
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 869
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 2
f Total. Add lines 6d and 6e	6f 871
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 871
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 21
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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 2 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
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
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(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	2	01/01/2017	12/31/2017

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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(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	12806

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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
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	27	01/01/2017	12/31/2017

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).
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(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
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	(c) Amount	(d) Purpose	

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(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	357447

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

b Premiums paid to carrier	6b	557
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. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor 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
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan 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 II

2333 EASTBROOK DRIVE
BROOKINGS, SD 57006

47-7821222

(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

12-2919773

(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 51	NONE	249894	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 51	NONE	153816	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 64	NONE	20372	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 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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: <u>WF/BLACKROCK S&P INDEX</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>				
c EIN-PN <u>94-3224211-001</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>8664969</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/BALCKROCK S&P MIDCAP INDEX</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>				
c EIN-PN <u>52-2265235-001</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>5894074</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/BALCKROCK US AGREGATE BOND INDEX</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>				
c EIN-PN <u>20-5699010-001</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>20616887</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/BLACKROCK RUSSELL 2000 INDEX</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>				
c EIN-PN <u>52-2265233-001</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>2780148</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/BLACKROCK LARGE CAP VALUE INDEX</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>				
c EIN-PN <u>52-2265227-001</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>6633181</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/BLACKROCK LARGE CAP GROWTH INDEX</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>				
c EIN-PN <u>52-2265232-001</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>6583015</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/BLACKROCK INTERNATIONAL EQUITY</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>				
c EIN-PN <u>52-2265229-001</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>10353050</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK SHORT TERM FUND

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

c EIN-PN 41-6292499-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1908979
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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):

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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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.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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)	1630042	3582040
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	68655	70719
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2172046	3871764
	(2) U.S. Government securities.....	1c(2)	18809	15554
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	516937	539312
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	1281590	1139310
	(B) Common	1c(4)(B)	41348493	51398510
	(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)	541243	491099
	(9) Value of interest in common/collective trusts.....	1c(9)	55424483	63434303
	(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)	37527204	35925538
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	383561	370253

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	140913063	160838402
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	34100	44225
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	34100	44225
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	140878963	160794177

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)	6132040	
(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)		6132040
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12670	
(B) U.S. Government securities	2b(1)(B)	1258	
(C) Corporate debt instruments	2b(1)(C)	30750	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	30968	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		75646
(2) Dividends: (A) Preferred stock	2b(2)(A)	85641	
(B) Common stock	2b(2)(B)	759483	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	675681	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1520805
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	16884381	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	15505569	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1378812
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	8036722	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		8036722

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8153511
(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)		6027473
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		31325009

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10983759	
(2) To insurance carriers for the provision of benefits	2e(2)	557	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		10984316
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)	424082	
(4) Other	2i(4)	1397	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		425479
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11409795

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19915214
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KINNER & CO

(2) EIN: 46-0400356

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

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

Part IV Compliance Questions

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

During the plan year:

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

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
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	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): 46-6062172		
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.	
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, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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): _____		

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LARSON MANUFACTURING COMPANY



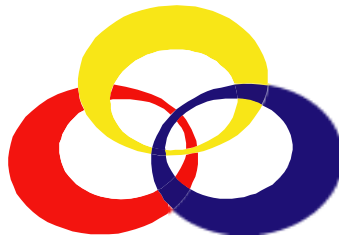
EMPLOYEE PROFIT SHARING PLAN

Financial Statements
December 31, 2017 and 2016

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN

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December 31, 2017 and 2016

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Kinner & Company Ltd

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Larson Manufacturing Company
Employee Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Larson Manufacturing Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, 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, 2017 and 2016, 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 schedule of assets held at end of year, 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.



Kinner & Company Ltd
Certified Public Accountants
Brookings, South Dakota
October 11, 2018

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016

	2017	2016
Assets		
Investments at Fair Value		
Cash and Cash Equivalents	\$ 3,871,764	\$ 2,172,046
Mutual Funds	35,925,538	37,527,204
Common and Collective Trust Funds	63,434,303	55,424,483
Corporate Bonds	539,312	516,937
Common Stocks	51,398,510	41,348,493
Preferred Stocks	1,139,310	1,281,590
Mortgage-Backed Securities	15,554	18,809
Total Investments at Fair Value	<u>156,324,291</u>	<u>138,289,562</u>
Receivables		
Employer Contribution Receivable	3,582,040	1,630,042
Notes Receivable from Participants	491,099	541,243
Interest and Dividends Receivable	70,719	68,655
Total Receivables	<u>4,143,858</u>	<u>2,239,940</u>
Other Assets		
Cash surrender value of life insurance, net of policy loans	<u>370,253</u>	<u>383,561</u>
Total Other Assets	370,253	383,561
Total Assets	160,838,402	140,913,063
Liabilities		
Accrued Expenses	44,225	34,100
Net Assets Available for Benefits	<u><u>\$ 160,794,177</u></u>	<u><u>\$ 140,878,963</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, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
Additions:		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 23,596,518	\$ 10,381,823
Dividends	1,520,805	1,685,278
Interest	<u>44,678</u>	<u>39,844</u>
Total Investment Income	25,162,001	12,106,945
 Interest Income on Notes Receivable from Participants	 30,968	 35,334
 Contributions		
Employer Contributions	<u>6,132,040</u>	<u>6,030,042</u>
 Total Additions	 31,325,009	 18,172,321
 Deductions:		
Benefits Paid to Participants	10,983,759	13,784,491
Benefits Paid to Insurance Carriers	557	523
Investment Management Fees & Administrative Expenses	<u>425,479</u>	<u>369,481</u>
Total Deductions	<u>11,409,795</u>	<u>14,154,495</u>
 Net Increase (Decrease)	 19,915,214	 4,017,826
 Net Assets Available for Benefits:		
Beginning of Year	<u>140,878,963</u>	<u>136,861,137</u>
 End of Year	 <u><u>\$ 160,794,177</u></u>	 <u><u>\$ 140,878,963</u></u>

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

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2017 and 2016

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 single employer defined contribution plan originally effective January 1, 1966. The Plan has been amended throughout the years to comply with tax legislation and most recently amended effective January 1, 2016. The Plan excludes collective bargaining (union) employees and non-resident aliens. 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 2017 and 2016, 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.

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.

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2017 and 2016

Note 1 Description of Plan (continued)

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, 2017 and 2016

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 2017 and 2016. 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, 2017 and 2016, forfeited non-vested accounts totaled \$75,925 and \$51,417, 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.

Investment contracts 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.

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.

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2017 and 2016

Note 2 Summary of Significant Accounting Policies (continued)

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. The net appreciation (depreciation) in the fair value of plan investments presented in the Statement of Changes in Net Assets Available for Plan Benefits consist of realized gains and losses and unrealized appreciation or depreciation of those investments.

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, 2017 or 2016. 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 11, 2018, 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, 2017 and 2016

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, 2017 and 2016.

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, 2017 and 2016

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, 2017 and 2016

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, 2017				
	Level 1	Level 2	Level 3	Total
Common Collective Funds		\$ 63,434,303		\$ 63,434,303
Mutual Funds	35,925,538			35,925,538
Corporate Bonds		539,312		539,312
Common Stock	51,398,510			51,398,510
Preferred Stock	1,139,310			1,139,310
Mortgage-Backed Securites		15,554		15,554
Life Insurance Cash Surrender Value			370,253	370,253
	<u>\$ 88,463,358</u>	<u>\$ 63,989,169</u>	<u>\$ 370,253</u>	<u>\$ 152,822,780</u>

December 31, 2016				
	Level 1	Level 2	Level 3	Total
Common Collective Funds		\$ 55,424,483		\$ 55,424,483
Mutual Funds	37,527,204			37,527,204
Corporate Bonds		516,937		516,937
Common Stock	41,348,493			41,348,493
Preferred Stock	1,281,590			1,281,590
Mortgage-Backed Securites		18,809		18,809
Life Insurance Cash Surrender Value			383,561	383,561
	<u>\$ 80,157,287</u>	<u>\$ 55,960,229</u>	<u>\$ 383,561</u>	<u>\$ 136,501,077</u>

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

Life Insurance Contracts Cash Surrender Value			
	<u>2017</u>		<u>2016</u>
Beginning Balance	\$ 383,561	\$	499,865
Premiums Paid	557		523
Change in Value	5,388		(2,524)
Transfers or Surrenders	<u>(19,253)</u>		<u>(114,303)</u>
Ending Balance	<u>\$ 370,253</u>	\$	<u>383,561</u>

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2017 and 2016

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 \$3,871,764 at December 31, 2017 and \$2,172,046 at December 31, 2016.

Investments

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, 2017.

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.

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 Fidelity Bond

The Plan was covered by a \$2,000,000 fidelity bond during 2017 and 2016.

Note 7 Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of 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.

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2017 and 2016

Note 8 Plan Termination

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

Note 9 Plan Tax Status

The Plan is placing reliance on an opinion letter dated July 8, 2010 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 2014.

Note 10 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.

Supplemental Information

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2017

(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>Mutual Funds:</u>		
*	Vanguard Group	Vanguard Index 500 Admiral	4,146,933	9,480,764
*	Vanguard Group	Vanguard Index Total Stock Admiral	6,866,394	19,949,507
*	First Bank & Trust	Vanguard Star Fund - Total International Stock	204,564	230,972
*	First Bank & Trust	Vanguard Total Bond Market Admiral	37,810	37,245
*	First Bank & Trust	Vanguard Total Retirement 2015	312,371	350,962
*	First Bank & Trust	Vanguard Total Retirement 2020	2,543,018	3,264,110
*	First Bank & Trust	Vanguard Total Retirement 2025	1,251,430	1,579,781
*	First Bank & Trust	Vanguard Chester Funds - Target Retirement 2055	70,583	84,696
*	First Bank & Trust	Vanguard Total Stock Market Index	719,776	947,501
		Total Mutual Funds	16,152,879	35,925,538
		<u>Common and Collective Trust Funds:</u>		
*	Wells Fargo	Wells Fargo/BlackRock International Equity Index CIT F	7,175,873	10,353,050
*	Wells Fargo	Wells Fargo/BlackRock Large Cap Growth Index CIT F	3,105,430	6,583,015
*	Wells Fargo	Wells Fargo/BlackRock Large Cap Value Index CIT F	3,780,708	6,633,181
*	Wells Fargo	Wells Fargo/BlackRock Russell 2000 Index CIT F	1,622,874	2,780,148
*	Wells Fargo	Wells Fargo/BlackRock S&P 500 Index CIT F	4,512,701	8,664,969
*	Wells Fargo	Wells Fargo/BlackRock S&P Midcap Index CIT F	3,072,575	5,894,074
*	Wells Fargo	Wells Fargo/BlackRock US Aggregate Bond Index CIT F	19,045,185	20,616,887
*	Wells Fargo	Wells Fargo/BlackRock Short-Term Investment Fund	1,908,979	1,908,979
		Total Common and Collective Trust Funds	44,224,325	63,434,303
		<u>Corporate Bonds:</u>		
	Bank of America Corp	Corporate Bond, 6.5%, Due 10-23-2024	53,875	56,813
	Citigroup Inc	Corporate Bond, 5.95%, Due 1-30-2023	101,874	106,375
	Citigroup Inc	Corporate Bond, 5.9%, Due 2-15-2023	50,437	53,250
	Citigroup Inc	Corporate Bond, 5.8%, Due 11-15-2019	51,062	51,812
	Citigroup Inc	Corporate Bond, 6.125%, Due 11-15-2020	105,750	106,375
	Zions Bancorporation	Corporate Bond, 5.65%, Due 11-5-2018	52,875	51,437
	JP Morgan Chase	Corporate Bond, 6.75%, Due 2-1-2024	104,236	113,250
		Total Corporate Bonds	520,109	539,312
		<u>Common Stock:</u>		
	3M Company	Common Stock	180,622	247,374
	AMC Networks Inc	Common Stock	27,077	86,528
	Adobe Systems	Common Stock	159,304	366,076
	Aflac Inc	Common Stock	360,521	401,330
	Akamai Technologies	Common Stock	313,131	543,474
	Alexion Pharmaceutical	Common Stock	317,507	289,647
	Alibaba Group	Common Stock	135,279	199,329
	Allergan Inc	Common Stock	635,145	473,891
	Alphabet Inc Class A	Common Stock	93,268	477,190
	Alphabet Inc Class C	Common Stock	192,516	669,696
	Amazon Com Inc	Common Stock	52,534	882,950
	American Express	Common Stock	278,971	366,950
	American Tower REIT	Common Stock	177,250	245,535
	Anadarko Petroleum Corp	Common Stock	618,679	660,308
	Anheuser Busch Inbev SA	Common Stock	356,634	500,347
	Apple Inc	Common Stock	409,812	670,151
	Autodesk Inc.	Common Stock	90,399	301,701
		Subtotal Forwarded	4,398,649	7,382,477

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2017

(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	4,398,649	7,382,477
	Bank of New York, Inc.	Common Stock	238,906	271,347
	BankAmerica Corp	Common Stock	301,447	401,413
	Biogen IDEC Inc	Common Stock	523,408	1,018,787
	Bioverativ Inc	Common Stock	-	68,047
	Blackrock Inc	Common Stock	447,869	850,704
	Broadcom LTD	Common Stock	181,059	424,656
	CVS Health Corp	Common Stock	125,037	309,067
	Canadian Pacific Railroad	Common Stock	215,562	275,419
	Celgene Corp	Common Stock	228,034	467,533
	Charles Schwab Corp	Common Stock	104,046	376,748
	Checkpoint Software	Common Stock	134,761	155,223
	Chipolte Mexican Grill	Common Stock	230,645	177,464
	Citrix Systems Inc	Common Stock	149,662	203,280
	Coca-Cola	Common Stock	387,647	486,099
	Comcast Class A	Common Stock	537,731	1,383,287
	Costco Wholesale	Common Stock	238,293	276,760
	Cree Reasearch Inc.	Common Stock	193,563	222,283
	Dental Supply Sirona	Common Stock	268,635	295,379
	Discovery Holding Class A	Common Stock	153,483	114,250
	Dolby Class A	Common Stock	66,678	118,110
	Dow DuPont Inc	Common Stock	243,893	319,350
	Ebay Inc.	Common Stock	79,772	239,272
	Ecolab Inc	Common Stock	477,224	566,910
	Enbridge Inc	Common Stock	295,648	277,016
	Exxon Mobil	Common Stock	276,723	266,728
	Facebook	Common Stock	63,741	440,091
	Fluor Corp	Common Stock	141,465	156,809
	Freeport McMoran Copper & Gold	Common Stock	230,306	338,265
	General Motors	Common Stock	187,258	203,105
	Healthcare Trust America	Common Stock	164,584	165,010
	Home Depot	Common Stock	407,661	992,569
	Honeywell Inc	Common Stock	298,733	362,543
	Immunogen Inc	Common Stock	60,547	38,268
	Intel Corp	Common Stock	123,365	163,406
	International Paper	Common Stock	240,877	287,093
	Ionis Pharmaceuticals	Common Stock	56,074	311,608
	Johnson & Johnson	Common Stock	245,911	624,548
	Johnson Controls Inc	Common Stock	23,305	197,981
	Kimberly Clark	Common Stock	170,355	178,577
	L3 Technologies Inc	Common Stock	194,450	506,496
	Liberty Broadband Series A	Common Stock	-	25,940
	Liberty Broadband Series C	Common Stock	-	51,948
	Liberty Inter Co Venture Ser A	Common Stock	-	28,313
	Liberty Interactive International	Common Stock	108,712	149,695
	Liberty Media Ser A	Common Stock	13,000	48,385
	Liberty Media Ser C	Common Stock	4,100	20,838
	Liberty Media Corp Ser A	Common Stock	1,800	9,980
	Liberty Sirius Group C	Common Stock	24,800	96,770
	Lions Gate Entertainment	Common Stock	-	26,249
	Logmein Inc	Common Stock	-	45,342
	Mastercard Inc	Common Stock	188,732	262,458
	McCormick and Co	Common Stock	294,451	308,482
	Subtotal Forwarded		13,742,602	22,988,378

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2017

(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
			13,742,602	22,988,378
		Subtotal Carried Forward		
	McDonalds	Common Stock	150,982	217,215
	Medtronics	Common Stock	91,667	154,232
	Merck & Co	Common Stock	200,733	291,985
	Metlife Inc	Common Stock	176,095	189,853
	Microsoft Corp	Common Stock	447,278	1,019,295
	Mondelez International	Common Stock	240,130	246,656
	Monsanto Co	Common Stock	171,499	233,910
	National Oilwell Varco	Common Stock	167,261	144,620
	Nextera Energy	Common Stock	151,304	206,171
	Now Inc	Common Stock	81,676	36,399
	Nuance Communications	Common Stock	97,271	99,163
	Nucor Corp	Common Stock	159,851	241,858
	Oracle Systems	Common Stock	244,387	236,400
	PPG Industries	Common Stock	267,338	324,876
	Palo Alto Networks	Common Stock	264,351	312,491
	Paypal Holdings	Common Stock	78,395	329,965
	Pentair Inc.	Common Stock	121,303	241,379
	Pepsico Inc	Common Stock	239,410	285,769
	Pfizer Inc	Common Stock	222,938	246,441
	Phillips 66	Common Stock	195,573	252,673
	Pioneer Natural Resources	Common Stock	325,785	320,637
	Praxair Inc	Common Stock	287,816	297,604
	Proctor & Gamble	Common Stock	295,276	312,576
	Raytheon Co. Class A	Common Stock	98,236	209,828
	Red Hat Inc	Common Stock	188,795	466,588
	Regeneron Pharm	Common Stock	219,938	245,502
	Rockwell Collins Inc	Common Stock	140,401	211,296
	Schlumberger	Common Stock	775,319	774,918
	Seagate Technology	Common Stock	275,138	424,467
	Splunk Inc	Common Stock	221,951	306,757
	Suncor Energy Inc	Common Stock	212,014	241,654
	Sysco Corp	Common Stock	262,182	298,731
	TE Connectivity LTD	Common Stock	188,628	486,130
	Texas Instruments	Common Stock	258,062	667,685
	Thermo Fisher Scientific	Common Stock	99,013	384,507
	Time Warner Inc.	Common Stock	274,486	273,038
	Travelers Companies	Common Stock	147,469	175,925
	Twitter Inc	Common Stock	452,999	555,567
	US Bancorp Delaware	Common Stock	67,438	68,422
	UBS 8.5% Autocall NKY	Common Stock	100,000	96,300
	Union Pacific Corp	Common Stock	180,677	238,966
	United Parcel Service CL B	Common Stock	561,914	705,606
	Unitedhealth Group	Common Stock	409,229	1,447,099
	VMWare Inc	Common Stock	174,479	299,765
	Verizon Communications	Common Stock	134,725	142,435
	Vertex Pharmaceuticals	Common Stock	77,708	255,062
	Visa Inc	Common Stock	274,960	767,925
	WEC Energy Group	Common Stock	240,724	283,590
	WW Grainger Inc	Common Stock	318,274	305,944
	Walt Disney Co.	Common Stock	396,075	665,057
	Waste Management Inc	Common Stock	180,577	223,431
	Weatherford Intl LTD	Common Stock	687,128	284,436
		Subtotal Forwarded	26,039,460	40,737,177

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2017

(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	26,039,460	40,737,177
	Western Digital Corp	Common Stock	113,792	203,835
	Weyerhaeuser Co	Common Stock	231,181	309,019
	Williams Companies Inc	Common Stock	255,439	269,989
	Yum China Holdings	Common Stock	188,060	350,095
	Zoetis Inc	Common Stock	337,326	637,914
	ASML Holding NV	Common Stock	211,931	348,683
	Adidas AG	Common Stock	99,250	105,011
	Adient PLC	Common Stock	230,744	274,584
	Amadeus Group SA ADR	Common Stock	161,656	203,464
	Amcor Limited ADR	Common Stock	117,872	119,570
	Asos PLC ADR	Common Stock	144,924	179,553
	Atlas Copco ADR	Common Stock	132,294	166,407
	Burberry Group ADR	Common Stock	140,045	146,543
	CK Hutchinson Holdings ADR	Common Stock	179,750	179,398
	Coca Cola Amatil ADR	Common Stock	170,580	163,656
	Diageo PLC ADR	Common Stock	236,521	329,444
	Erste Group Bank ADR	Common Stock	233,397	269,361
	Fanuc Corp ADR	Common Stock	258,714	317,424
	Ferguson Inc	Common Stock	146,622	192,285
	Givaudan SA ADR	Common Stock	145,608	155,312
	Hong Kong Exchanges	Common Stock	127,894	133,583
	Hoya Corp ADR	Common Stock	156,612	205,950
	ING Groep NV ADR	Common Stock	167,454	189,437
	Icon PLC ADR	Common Stock	122,688	253,683
	Industria De Diseno Textile	Common Stock	135,791	131,295
	Intesa San Paolo SPA	Common Stock	206,734	226,150
	KBC Group NV ADR	Common Stock	110,231	144,700
	Kao Corp ADR	Common Stock	149,537	160,558
	London Stock Exchange Group ADR	Common Stock	245,783	286,523
	Mettler Toledo Internat'l ADR	Common Stock	57,287	131,958
	Nestle SA ADR	Common Stock	553,224	725,157
	Nidec Corp	Common Stock	184,033	198,949
	Novo-Nordisk ADR	Common Stock	140,599	251,444
	Orix Corp ADR	Common Stock	195,869	242,386
	Ping AN Insurance ADR	Common Stock	99,245	101,881
	Reckitt Benckiser PLC	Common Stock	167,416	168,695
	Rentokil Group PLC ADR	Common Stock	250,194	327,033
	Ryanair Holdings PLC	Common Stock	105,624	138,573
	SAP AG ADR	Common Stock	181,300	295,732
	Sociedad Quimica Minera	Common Stock	39,006	63,585
	Shimano Inc ADR	Common Stock	144,227	140,519
	Shiseido LTD ADR	Common Stock	295,637	463,859
	Temenos Group AG	Common Stock	203,468	313,370
	Tencent Holdings ADR	Common Stock	115,391	166,456
	Umicore SA	Common Stock	138,101	169,596
	Vale SA ADR	Common Stock	79,391	108,714
	Total Common Stocks		34,147,902	51,398,510

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2017

(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
		<u>Preferred Stock:</u>		
	Citigroup Inc 6.875%	Preferred Stock	126,980	142,650
	Colony Northstar 8.75%	Preferred Stock	100,000	106,280
	Goldman Sacs Group 6.375%	Preferred Stock	125,000	142,800
	HSBC Holdings PLC 8.00%	Preferred Stock	100,000	107,360
	Hartford Financial 7.875%	Preferred Stock	50,000	58,520
*	Morgan Stanley 6.375%	Preferred Stock	150,000	167,100
*	Morgan Stanley 7.125%	Preferred Stock	250,000	289,600
	Nustar Logistics LP 7.65%	Preferred Stock	133,347	125,000
		Total Preferred Stocks	1,035,327	1,139,310
	GNMA	Mortgage-Backed Securities, 8.0% Due 8-1-24 Pool 385914	4,698	4,769
	GNMA	Mortgage-Backed Securities, 8.0% Due 7-15-26, Pool 433086X	1,233	1,250
	GNMA	Mortgage-Backed Securities, 8.0% Due 8-1-27, Pool 451837	5,064	5,129
	FNMA	Mortgage-Backed Securities, 8.50% Due 5-25-21, Pool 1991 11-Z	401	683
	FNMA	Mortgage-Backed Securities, 7.50% Due 9-25-21, Pool 91-113 ZE	121	127
	FHLMC	Mortgage-Backed Securities, 8.0% Due 6-15-22, Pool 1316Z	2,326	2,848
	FNMA	Mortgage-Backed Securities, 8.0% Due 8-25-22, Pool 1992-146 PZ	629	748
		Total Mortgage-Backed Securities	14,472	15,554
*	Participant Loans	Notes Receivable, Interest Rates at 6% - 7%, Maturity Dates from 1/13/2018 to 7/16/2032	-	491,099
	Midland National Life	Cash Surrender Value of Life Insurance	-	357,447
	First Capital Life Insurance	Cash Surrender Value of Life Insurance	-	12,806
		Total Cash Surrender Value of Life Insurance	-	370,253
		Total	96,095,014	153,313,879

*Represents party-in-interest

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