

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection
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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: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>07/01/1979</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>JOHNSON WELDED PRODUCTS, INC.</u> <u>625 SOUTH EDGEWOOD AVE.</u> <u>URBANA, OH 43078</u>	2b	Employer Identification Number (EIN) <u>34-1045830</u>
		2c	Plan Sponsor's telephone number <u>937-652-1242</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	LILLI ANN JOHNSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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
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	5 382
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) 295
a(2) Total number of active participants at the end of the plan year	6a(2) 279
b Retired or separated participants receiving benefits	6b 4
c Other retired or separated participants entitled to future benefits	6c 79
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 362
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e	6f 363
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 363
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 53
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 2F 2H 2J 2K 3D

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)** ☐ **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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOHNSON WELDED PRODUCTS, INC.	D Employer Identification Number (EIN) 34-1045830	

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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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)

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(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?
19 33 49 50 63 71 72 99	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	15134	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 63	1919
(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.	
AMERICAN FUNDS 95-1411037	OTHER SERVICES DISTRIBUTION (12-B1) FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 63	841
(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.	
AMERICAN FUNDS 95-1411037	OTHER SERVICES DISTRIBUTION (12-B1) FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 63	2342
(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.	
AMERICAN FUNDS 95-1411037	OTHER SERVICES DISTRIBUTION (12-B1) FEES	

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
MORGAN STANLEY SMITH BARNEY LLC	49 63	159
(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.	
AMERICAN FUNDS 95-1411037	OTHER SERVICES DISTRIBUTION (12B-1) FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 63	1005
(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.	
AMERICAN FUNDS 95-1411037	OTHER SERVICES DISTRIBUTION (12B-1) FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 63	310
(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.	
AMERICAN FUNDS 95-1411037	OTHER SERVICES DISTRIBUTION (12B-1) FEES	

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
MORGAN STANLEY SMITH BARNEY LLC	49 63	539
(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.	
AMERICAN FUNDS 95-1411037	OTHER SERVICES DISTRIBUTION (12B-1) FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 63	1035
(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.	
AMERICAN FUNDS 95-1411037	OTHER SERVICES DISTRIBUTION (12B-1) FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 63	953
(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.	
AMERICAN FUNDS 95-1411037	OTHER SERVICES DISTRIBUTION (12B-1) FEES	

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
MORGAN STANLEY SMITH BARNEY LLC	49 63	1042
(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.	
AMERICAN FUNDS 95-1411037	OTHER SERVICES DISTRIBUTION (12B-1) FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 63	1119
(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.	
AMERICAN FUNDS 95-1411037	OTHER SERVICES DISTRIBUTION (12B-1) FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 63	1046
(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.	
AMERICAN FUNDS 95-1411037	OTHER SERVICES DISTRIBUTION (12B-1) FEES	

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
MORGAN STANLEY SMITH BARNEY LLC	49 63	558
(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.	
AMERICAN FUNDS 95-1411037	OTHER SERVICES DISTRIBUTION (12-B-1) FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 63	304
(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.	
AMERICAN FUNDS 95-1411037	OTHER SERVICES DISTRIBUTION (12-B-1) FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 63	77
(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.	
AMERICAN FUNDS 95-1411037	OTHER SERVICES DISTRIBUTION (12-B-1) FEES	

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
MORGAN STANLEY SMITH BARNEY LLC	49 63	215
(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.	
AMERICAN FUNDS 95-1411037	OTHER SERVICES DISTRIBUTION (12-B1) FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 63	692
(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.	
AMERICAN FUNDS 95-1411037	OTHER SERVICES DISTRIBUTION (12-B1) FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 63	592
(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.	
AMERICAN FUNDS 95-1411037	OTHER SERVICES DISTRIBUTION (12-B1) FEES	

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
MORGAN STANLEY SMITH BARNEY LLC	49 63	387
(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.	
AMERICAN FUNDS 95-1411037	OTHER SERVICES DISTRIBUTION (12B-1) FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>JOHNSON WELDED PRODUCTS, INC. 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>JOHNSON WELDED PRODUCTS, INC.</u>	D Employer Identification Number (EIN) <u>34-1045830</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	133551	188669
(2) Participant contributions	1b(2)	1272	23374
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	22236	37091
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	8351199	9429097
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	6777454	7863350
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		1074

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	15285712 17542655
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	1535
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	1535 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	15284177 17542655

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	283458
	(B) Participants	2a(1)(B)	612675
	(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)	896133
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	6
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	195779
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	283463
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	479242
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	574275
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	486273
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	88002
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		2359038
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3822421

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1561399	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1561399
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)	1914	
(4) Other	2i(4)	630	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2544
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1563943

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2258478
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: RL RING & ASSOCIATE, LTD

(2) EIN: 45-2768877

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.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JOHNSON WELDED PRODUCTS, INC.		D Employer Identification Number (EIN) 34-1045830
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): 31-0873936		
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): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



30 Warder St. #130
Springfield, Ohio 45504

office (937) 325-1538
fax (937) 325-8242

INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
Johnson Welded Products, Inc. Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of the Johnson Welded Products, Inc. Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free 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.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Johnson Welded Products, Inc. Profit Sharing Plan as of December 31, 2017 and 2016, and the changes in net assets available for benefits for the year ended December 31, 2017, 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 for investment purposes at December 31, 2017, Schedule of Assets Acquired and Disposed of Within Year ended December 31, 2017, and the Schedule of Reportable Transactions for the year ended December 31, 2017, 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.

RL Ring & Associates, Ltd.

RL Ring & Associates, Ltd.
Springfield, Ohio
October 5, 2018

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2017****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

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

- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information

- 1a** Name of plan
Johnson Welded Products, Inc. Profit Sharing Plan
- 1b** Three-digit plan number (PN) ▶ 001
- 1c** Effective date of plan
07/01/1979
- 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)
Johnson Welded Products, Inc.
- 2b** Employer Identification Number (EIN)
34-1045830
- 2c** Plan Sponsor's telephone number
(937) 652-1242
- 2d** Business code (see instructions)
332900
- 625 South Edgewood Ave.
Urbana OH 43078

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		10/12/18	Lilli Ann Johnson
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

**JOHNSON WELDED PRODUCTS, INC.
PROFIT SHARING PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016**



30 Warder St. #130
Springfield, Ohio 45504

office (937) 325-1538
fax (937) 325-8242

INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
Johnson Welded Products, Inc. Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of the Johnson Welded Products, Inc. Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free 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.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Johnson Welded Products, Inc. Profit Sharing Plan as of December 31, 2017 and 2016, and the changes in net assets available for benefits for the year ended December 31, 2017, 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 for investment purposes at December 31, 2017, Schedule of Assets Acquired and Disposed of Within Year ended December 31, 2017, and the Schedule of Reportable Transactions for the year ended December 31, 2017, 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.

RL Ring & Associates, Ltd.

RL Ring & Associates, Ltd.
Springfield, Ohio
October 5, 2018

JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2017 AND 2016

	December 31,	
	<u>2017</u>	<u>2016</u>
ASSETS		
Investments at fair value :		
Money market funds and cash	\$ 37,091	\$ 22,236
Common stocks	9,429,097	8,351,199
Mutual and closed-end funds	789,630	822,492
American Funds - participant directed	<u>7,073,720</u>	<u>5,954,962</u>
Total Investments	17,329,538	15,150,889
Receivables:		
Employer contribution	150,000	100,000
Employer matching contributions	38,669	33,551
Other receivables - excess distributions	23,374	1,272
Prepaid federal income tax	<u>1,074</u>	<u>-</u>
Total Receivables	<u>213,117</u>	<u>134,823</u>
Total Assets	<u>\$ 17,542,655</u>	<u>\$ 15,285,712</u>
LIABILITIES		
Deferred employer contribution	<u>-</u>	<u>1,535</u>
Total Liabilities	<u>-</u>	<u>1,535</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 17,542,655</u>	<u>\$ 15,284,177</u>

The accompanying notes are an integral part of the financial statements

**JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2017**

	December 31, <u>2017</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment Income:	
Interest	\$ 6
Dividends - common stock	195,779
Dividends - mutual & closed-end funds	283,462
Realized gains on investments sold	88,002
Net appreciation (depreciation) in fair value of investments	<u>2,359,038</u>
Net Investment Income (Loss)	2,926,287
Contributions:	
Employee - participant directed 401(k)	612,675
Employer matching - participant directed 401(k)	133,458
Employer contribution - nonparticipant directed profit sharing	<u>150,000</u>
Total Contributions	<u>896,133</u>
 Total Additions	 <u>3,822,420</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	1,561,399
Administrative expenses	1,914
Foreign taxes paid	<u>630</u>
Total Deductions	<u>1,563,943</u>
 Net Increase (Decrease)	 2,258,477
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	<u>15,284,178</u>
End of year	<u><u>\$ 17,542,655</u></u>

The accompanying notes are an integral part of the financial statements

JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017

NOTE NO. 1 - DESCRIPTION OF PLAN

The following description of the Johnson Welded Products, Inc. Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all employees who are age eighteen or older and have completed one year of service with Johnson Welded Products, Inc. ("Company"). The Plan became effective on July 1, 1979. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Participant contributions consist of amounts participating employees have elected to defer from their compensation, up to the maximum allowed by the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers approximately ten mutual funds as investment options for participants. The Company may contribute a matching contribution, the exact percentage to be determined each year by the Company, for all participant deferrals up to a maximum of the lesser of 25% of the participant's contribution or 1.75% of the participant's compensation. The matching Company contribution is invested in the mutual funds directed by the participants. Additional profit sharing amounts may be contributed at the option of the Company's management and are invested in a portfolio of investments as directed by the Company. Contributions are subject to certain limitations.

Automatic Enrollment - As of January 1, 2016, the Plan adopted automatic enrollment for the 401(k) Plan. If the employee does not opt out of participation in the 401(k) Plan, 3% of compensation will be deferred. If a specific investment allocation is not selected, the employee contributions and employer match will be invested in the American Funds Target Date Fund that most closely aligns with the anticipated time of retirement for that participant.

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

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their account is based on years of continuous service. A participant is 100% vested after six years of credited service.

JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017

NOTE NO. 1 - DESCRIPTION OF PLAN (CONTINUED)

Participant Loans – Participant loans are not permitted by the Plan.

Payment of Benefits - On termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, or periodic payments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution

Forfeited Accounts – At December 31, 2017 and 2016, forfeited non-vested accounts totaled \$12,169 and \$7,813 respectively. These accounts will be used to reduce future employer contributions. Employer contributions were reduced by \$27,495 and \$26,232 for 2017 and 2016 respectively, from forfeited non-vested accounts.

NOTE NO. 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are shown at the fair value as reported by the trustee of the Plan's assets. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end. Corporate bonds are valued based on yield currently available. Certificates of deposit are valued based on original cost plus accrued interest.

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.

JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017

NOTE NO. 2 – SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Payment of Benefits

Benefits are recorded in the financial statements when proper distribution request forms have been submitted and the benefits have been paid. Withdrawing participants who had submitted distribution request forms but to whom benefits had not yet been paid amounted to \$20,134 and \$129,192 as of December 31, 2017 and 2016 respectively.

NOTE NO. 3 – INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets. These shares are held entirely in the participant-directed portion of the Plan.

	December 31, <u>2017</u>	<u>2016</u>
American Balanced Fund Class R-2, 35,227.071 and 38,584.998 shares, respectively	\$ 950,426	\$ 951,506
Capital World Growth & Inc Fund Class R-2, 18,220.089 and 16,911.472 shares, respectively	\$ 919,932	\$ 732,943

During 2017, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Nonparticipant-directed – common stocks	\$ 1,356,898
Nonparticipant-directed – mutual and closed-end funds	118,478
Participant-directed – American Funds	<u>883,662</u>
Net change in fair value	<u>\$ 2,359,038</u>

ASC No. 820, *Fair Value Measurement and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017

NOTE NO. 3 – INVESTMENTS (CONTINUED)

The following are descriptions of the Plan's valuation methodologies for assets measured at fair value:

Level 1 – Based on quoted market prices which are comprised of publicly traded securities and mutual funds

Level 2 – Based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active

Level 3 – Based on measurements the entity inputs which are developed by the entity and not derived or corroborated by market inputs. Certain types of investments are classified within Level 3 because they trade infrequently and therefore have little or no price transparency. These investments are structured primarily as alternative investments.

The Plan's fair value hierarchy for the financial assets measured at fair value on a recurring basis for the year ended December 31, 2017, is as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds and cash	\$ 37,091	\$ -	\$ -	\$ 37,091
Common stocks	9,429,097	-	-	9,429,097
Closed-end funds	225,454	-	-	225,454
Mutual funds carried at NAV*	-	-	-	<u>7,637,896</u>
Total	9,691,642			17,329,538

The Plan's fair value hierarchy for the financial assets measured at fair value on a recurring basis for the year ended December 31, 2016, is as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds and cash	\$ 22,236	\$ -	\$ -	\$ 22,236
Common stocks	8,351,199	-	-	8,351,199
Closed-end funds	260,548	-	-	260,548
Mutual funds carried at NAV *	-	-	-	<u>6,516,906</u>
Total	8,633,983			15,150,889

*Certain investments measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017

NOTE NO. 3 – INVESTMENTS (CONTINUED)

The Plan has adopted the guidance issued in ASU No. 2015-07, Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent), which removes the requirement to categorize within the fair value hierarchy all investments measured using the net asset value per share practical expedient and related disclosures. The Plan adopted the guidance retrospectively, which removes investments measured using the net asset value per share practical expedient from the fair value hierarchy in all periods presented. The adoption of this accounting guidance did not have a material impact on the Plan's financial statements.

NOTE NO. 4 – NONPARTICIPANT-DIRECTED INVESTMENTS

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

	December 31, <u>2017</u>	<u>2016</u>
Net Assets:		
Money market funds and cash	\$ 37,091	\$ 22,236
Common stocks	9,429,097	8,351,199
Mutual and closed-end funds	789,630	822,492
Participant receivable	23,374	1,272
Prepaid federal income tax	<u>1,074</u>	<u>-</u>
	\$10,280,266	\$9,197,199
		Year Ended December 31, <u>2017</u>
Changes in Net Assets:		
Contributions		\$ 100,000
Interest		6
Dividends		238,145
Realized gain		88,002
Net appreciation		1,475,376
Benefits paid to participants		(815,735)
Fees & miscellaneous		(1,193)
Prior year correction		<u>(1,534)</u>
		<u>\$ 1,083,067</u>

JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017

NOTE NO. 5- TAX STATUS

Prior to April 1, 2015, the Plan utilized a prototype plan. The Internal Revenue Service issued a favorable determination letter on this prototype dated November 19, 2001, informing the Plan that it is qualified under the appropriate sections of the Internal Revenue Code. Although the Plan had been amended since receiving the determination letter, the Plan administrator and the Plan's third party administrator believe that the Plan was designed, and was being operated, in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the Plan was qualified and the related trust was tax-exempt. The Plan has been restated effective April 1, 2015 and the Internal Revenue Service issued a favorable determination letter on this prototype plan dated March 31, 2014. The operation of the Plan remained unchanged with this restatement.

NOTE NO. 6 - PLAN TERMINATION

Although there has been no expressed intent to do so, the Company has the right under the Plan to discontinue contributions at any time and terminate the Plan subject to the provisions of ERISA. If the Plan were terminated, the participants would become 100% vested in their accounts.

NOTE NO. 7 - RELATED PARTY TRANSACTIONS

The Company has paid certain administrative expenses of the Plan. Such payments amounted to \$22,547 during 2017 and \$31,875 during 2016.

NOTE NO. 8 - RISKS AND UNCERTAINTIES

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

NOTE NO. 9 – ERRORS AND CORRECTIONS

Excess Distributions – During 2015, two participants received distributions that were in excess of their vested balances by a total of \$1,272. A request has been made of these individuals to return these excess funds to the Plan. If these individuals do not comply with these requests in the near future, the funds will be restored to the Plan by another acceptable means. Also, in 2017, \$22,102 was distributed to a participant in excess of his vested account balance. These monies have been restored to the Plan during 2018. Together these items make up the \$23,374 of other receivables – excess distributions reported in the statement of net assets available for benefits.

JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017

NOTE NO. 9 – ERRORS AND CORRECTIONS (CONTINUED)

Missed Profit Sharing Allocations - During 2016, it was noted that the termination of an employee in early 2015 qualified as a retirement and he therefore should have received a profit sharing allocation of \$77. This missed profit sharing allocation was deposited into the Plan during 2016

NOTE NO. 10 – SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 5, 2018 which is the date the financial statements were available to be issued.

JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

Form 5500 Schedule H, Item 4i
34-1045830
Plan: 001

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) <u>Cost</u>	(e) Current Value	
Identity of Issue, borrower, lessor or <u>similar party</u>						
American Funds Washington Mutual Investors Fund	2,074.394	shares of mutual fund			93,389	
American Funds Investment Company of America	12,667.930	shares of mutual fund			508,237	
American Funds Growth Fund of America	7,064.737	shares of mutual fund			332,961	
American Funds Income Fund of America	5,708.671	shares of mutual fund			131,927	
American Funds New Perspective Fund	6,582.124	shares of mutual fund			273,356	
American Funds Bond Fund of America	14,702.389	shares of mutual fund			189,514	
American Funds American Balanced Fund	35,227.071	shares of mutual fund			950,426	
American Funds EuroPacific Growth Fund	9,403.252	shares of mutual fund			513,512	
American Funds Capital World Growth and Inc Fd	18,220.089	shares of mutual fund			919,932	
American Funds Money Market Fund	414,614.230	shares of mutual fund			414,614	
American Funds 2015 Target Date Retirement Fund	5,807.524	shares of mutual fund			66,438	
American Funds 2020 Target Date Retirement Fund	5,631.788	shares of mutual fund			69,722	
American Funds 2025 Target Date Retirement Fund	32,365.947	shares of mutual fund			427,231	
American Funds 2030 Target Date Retirement Fund	27,516.450	shares of mutual fund			389,633	
American Funds 2035 Target Date Retirement Fund	19,550.634	shares of mutual fund			284,853	
American Funds 2040 Target Date Retirement Fund	34,533.379	shares of mutual fund			514,893	
American Funds 2045 Target Date Retirement Fund	15,729.767	shares of mutual fund			237,520	
American Funds 2050 Target Date Retirement Fund	12,338.101	shares of mutual fund			182,974	
American Funds 2055 Target Date Retirement Fund	26,446.724	shares of mutul fund			488,735	
American Funds 2060 Target Date Retirement Fund	5,847.000	shares of mutul fund			71,684	
* American Funds		cash - temporary holdings - forfeitures		12,169	12,169	
Abbott Laboratories	900	shares common stock		21,685	51,363	
Abbvie Inc Com	1,600	shares common stock		53,099	154,736	
Alcoa Corp	686	shares common stock		18,828	36,955	
Alphabet Inc CL A	30	shares common stock		24,432	31,602	
Amazon Com Inc	108	shares common stock		76,344	126,303	
America Movil Sa De Cv ADR L	6,100	shares common stock		52,779	104,615	
Arconic Inc	2,058	shares common stock		51,270	56,080	
AT&T Inc	2,100	shares common stock		68,810	81,648	
Becton Dickinson & Co	300	shares common stock		38,253	64,218	
Blackrock Inc	340	shares common stock		101,451	174,661	
Boeing Co	939	shares common stock		75,849	276,920	
Bristol Myers Squibb Co	2,166	shares common stock		75,605	132,732	
Cardinal Health Inc	950	shares common stock		75,007	58,207	
Caterpillar Inc	2,075	shares common stock		73,406	326,978	
Chubb Ltd	575	shares common stock		49,992	84,025	
Cincinnati Financial Ohio	5,640	shares common stock		125,197	422,831	
Cisco Sys Inc	1,800	shares common stock		49,253	68,940	
Clorox Co	950	shares common stock		70,397	141,303	
Colgate Palmolive Co	1,950	shares common stock		68,479	147,127	
Conagra Brands Inc	2,680	shares common stock		56,437	100,956	
CSX Corp	4,175	shares common stock		65,010	229,667	
Cummins Inc	825	shares common stock		69,032	145,728	
Deere & Co.	1,125	shares common stock		70,183	176,074	
Deutsche Post Ag Ord	1,000	shares common stock		28,880	47,750	
Dollar General Corp New Com	1,000	shares common stock		53,697	93,010	
Dr Pepper Snapple Group Inc	1,205	shares common stock		69,775	116,957	
FedEx Corp	1,435	shares common stock		69,055	358,090	
First Energy Corp	900	shares common stock		40,001	27,558	
Halyard Health Inc.	797	shares common stock		25,984	36,805	
Hino Motors Ltd ADR	650	shares common stock		39,616	83,018	
ILL Tool Works Inc	975	shares common stock		80,030	162,679	
Johnson & Johnson	1,010	shares common stock		69,771	141,117	
Kimberly Clark Corp	970	shares common stock		71,371	117,040	
Kraft Heinz Co	1,180	shares common stock		68,663	91,757	
Kroger Co	7,700	shares common stock		96,120	211,365	
Lamb Weston Hldgs Inc Com	893	shares common stock		16,616	50,410	
Lincoln Elec. Hldgs Inc	2,775	shares common stock		33,972	254,134	
Lowes Companies Inc	3,000	shares common stock		42,987	278,820	
Marathon Petroleum Corp	1,915	shares common stock		75,193	126,352	
Mattel Inc	4,425	shares common stock		72,743	68,056	

JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

Form 5500 Schedule H, Item 4i
34-1045830
Plan: 001

(b)	(c)	(d)	(e)
Identity of Issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Maxim Integrated Products Inc	1,800 shares common stock	49,876	94,104
Merck & Co. Inc New Com	2,195 shares common stock	70,769	123,513
Microsoft Corp	2,400 shares common stock	30,846	205,296
Monsanto Co/New	500 shares common stock	43,989	58,390
NCR Corporation	1,310 shares common stock	14,499	44,527
Newell Brands Inc	788 shares common stock	28,989	24,349
Oshkosh Corp	800 shares common stock	31,511	72,712
Paccar Inc	2,782 shares common stock	86,635	197,745
Parker Hannifin Corp	990 shares common stock	70,374	197,584
PepsiCo Inc NC	2,200 shares common stock	20,219	263,824
Pfizer Inc	2,600 shares common stock	45,027	94,172
Post Holdings Inc	1,650 shares common stock	52,355	130,729
PPL Corporation	1,800 shares common stock	47,006	55,710
Proctor & Gamble	1,125 shares common stock	73,777	103,365
R P M Inc	5,056 shares common stock	70,368	265,036
Rockwell Automation Inc	990 shares common stock	71,114	194,386
Royal Dutch Shell PLC	200 shares common stock	12,864	13,342
Ryder Systems Inc	609 shares common stock	29,636	51,260
Schlumberger Ltd	25 shares common stock	2,108	1,685
Sherwin Williams Company Ohio	250 shares common stock	43,670	102,510
Southwest Airlines	2,280 shares common stock	27,465	149,226
Target Corporation	1,280 shares common stock	69,188	83,520
Teradata Corp	1,310 shares common stock	15,942	50,383
Tesla Inc	140 shares common stock	39,653	43,589
Texas Instruments	1,240 shares common stock	43,838	129,506
The J.M. Smucker Company	500 shares common stock	53,988	62,120
The Scotts Miracle-Gro Company	2,300 shares common stock	67,102	246,077
Under Armour Inc. Cl A	4,000 shares common stock	15,038	57,720
Under Armour Inc. Cl C	4,028 shares common stock	14,651	53,653
Union Pacific Corp	580 shares common stock	50,212	77,778
VF Corporation	880 shares common stock	59,039	65,120
Verizon Communications	1,442 shares common stock	75,689	76,325
Walgreens Boots Alliance Inc	1,400 shares common stock	55,401	101,668
WesBanco	1,400 shares common stock	29,440	56,910
Worthington Industries	1,500 shares common stock	29,247	66,090
3M Company	1,515 shares common stock	78,348	356,586
American Europacific Growth Fund A	5,204.552 shares mutual fund	152,759	292,600
American New Perspective Fund A	6,292.319 shares mutual fund	160,845	271,576
First Tr Interm Dur Prf & Inc Fd	4,400 shares closed-end fund	100,479	107,228
John Hancock Financial Opps Fd	3,006 shares closed-end fund	51,243	118,226
* Morgan Stanley Bank NA	shares money fund	37,091	37,091
			17,329,538

JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN
SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF WITHIN YEAR
DECEMBER 31, 2017

Form 5500 Schedule H, Item 4i
 EIN: 34-1045830
 Plan: 001

(a)	(b)	(c)	(d)
Identity of issue, borrower, <u>lessor, or similar party</u>	Description of investment including maturity date, rate of interest, collateral, par or <u>maturity value</u>	<u>Costs of acquisitions</u>	Proceeds <u>of dispositions</u>
American Funds	8.351 shs Capital World Growth & Inc Fund	\$390	\$395
American Funds	122.792 shs Europacific Growth Fund	\$6,384	\$6,611

JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2017

Form 5500 Schedule H, Item 4j
EIN: 34-1045830
Plan: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/ or (Loss)

Aggregate transactions greater than 5%:

No reportable transactions



JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

Form 5500 Schedule H, Item 4i
34-1045830
Plan: 001

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, <u>par or maturity value</u>		(d) <u>Cost</u>	(e) Current <u>Value</u>	
Identity of Issue, borrower, lessor or <u>similar party</u>						
American Funds Washington Mutual Investors Fund	2,074.394	shares of mutual fund			93,389	
American Funds Investment Company of America	12,667.930	shares of mutual fund			508,237	
American Funds Growth Fund of America	7,064.737	shares of mutual fund			332,961	
American Funds Income Fund of America	5,708.671	shares of mutual fund			131,927	
American Funds New Perspective Fund	6,582.124	shares of mutual fund			273,356	
American Funds Bond Fund of America	14,702.389	shares of mutual fund			189,514	
American Funds American Balanced Fund	35,227.071	shares of mutual fund			950,426	
American Funds EuroPacific Growth Fund	9,403.252	shares of mutual fund			513,512	
American Funds Capital World Growth and Inc Fd	18,220.089	shares of mutual fund			919,932	
American Funds Money Market Fund	414,614.230	shares of mutual fund			414,614	
American Funds 2015 Target Date Retirement Fund	5,807.524	shares of mutual fund			66,438	
American Funds 2020 Target Date Retirement Fund	5,631.788	shares of mutual fund			69,722	
American Funds 2025 Target Date Retirement Fund	32,365.947	shares of mutual fund			427,231	
American Funds 2030 Target Date Retirement Fund	27,516.450	shares of mutual fund			389,633	
American Funds 2035 Target Date Retirement Fund	19,550.634	shares of mutual fund			284,853	
American Funds 2040 Target Date Retirement Fund	34,533.379	shares of mutual fund			514,893	
American Funds 2045 Target Date Retirement Fund	15,729.767	shares of mutual fund			237,520	
American Funds 2050 Target Date Retirement Fund	12,338.101	shares of mutual fund			182,974	
American Funds 2055 Target Date Retirement Fund	26,446.724	shares of mutul fund			488,735	
American Funds 2060 Target Date Retirement Fund	5,847.000	shares of mutul fund			71,684	
* American Funds		cash - temporary holdings - forfeitures		12,169	12,169	
Abbott Laboratories	900	shares common stock		21,685	51,363	
Abbvie Inc Com	1,600	shares common stock		53,099	154,736	
Alcoa Corp	686	shares common stock		18,828	36,955	
Alphabet Inc CL A	30	shares common stock		24,432	31,602	
Amazon Com Inc	108	shares common stock		76,344	126,303	
America Movil Sa De Cv ADR L	6,100	shares common stock		52,779	104,615	
Arconic Inc	2,058	shares common stock		51,270	56,080	
AT&T Inc	2,100	shares common stock		68,810	81,648	
Becton Dickinson & Co	300	shares common stock		38,253	64,218	
Blackrock Inc	340	shares common stock		101,451	174,661	
Boeing Co	939	shares common stock		75,849	276,920	
Bristol Myers Squibb Co	2,166	shares common stock		75,605	132,732	
Cardinal Health Inc	950	shares common stock		75,007	58,207	
Caterpillar Inc	2,075	shares common stock		73,406	326,978	
Chubb Ltd	575	shares common stock		49,992	84,025	
Cincinnati Financial Ohio	5,640	shares common stock		125,197	422,831	
Cisco Sys Inc	1,800	shares common stock		49,253	68,940	
Clorox Co	950	shares common stock		70,397	141,303	
Colgate Palmolive Co	1,950	shares common stock		68,479	147,127	
Conagra Brands Inc	2,680	shares common stock		56,437	100,956	
CSX Corp	4,175	shares common stock		65,010	229,667	
Cummins Inc	825	shares common stock		69,032	145,728	
Deere & Co.	1,125	shares common stock		70,183	176,074	
Deutsche Post Ag Ord	1,000	shares common stock		28,880	47,750	
Dollar General Corp New Com	1,000	shares common stock		53,697	93,010	
Dr Pepper Snapple Group Inc	1,205	shares common stock		69,775	116,957	
FedEx Corp	1,435	shares common stock		69,055	358,090	
First Energy Corp	900	shares common stock		40,001	27,558	
Halyard Health Inc.	797	shares common stock		25,984	36,805	
Hino Motors Ltd ADR	650	shares common stock		39,616	83,018	
ILL Tool Works Inc	975	shares common stock		80,030	162,679	
Johnson & Johnson	1,010	shares common stock		69,771	141,117	
Kimberly Clark Corp	970	shares common stock		71,371	117,040	
Kraft Heinz Co	1,180	shares common stock		68,663	91,757	
Kroger Co	7,700	shares common stock		96,120	211,365	
Lamb Weston Hldgs Inc Com	893	shares common stock		16,616	50,410	
Lincoln Elec. Hldgs Inc	2,775	shares common stock		33,972	254,134	
Lowes Companies Inc	3,000	shares common stock		42,987	278,820	
Marathon Petroleum Corp	1,915	shares common stock		75,193	126,352	
Mattel Inc	4,425	shares common stock		72,743	68,056	

JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

Form 5500 Schedule H, Item 4i
34-1045830
Plan: 001

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d)	(e) Current Value	
Identity of Issue, borrower, lessor or similar party				Cost		
Maxim Integrated Products Inc		1,800	shares common stock	49,876	94,104	
Merck & Co. Inc New Com		2,195	shares common stock	70,769	123,513	
Microsoft Corp		2,400	shares common stock	30,846	205,296	
Monsanto Co/New		500	shares common stock	43,989	58,390	
NCR Corporation		1,310	shares common stock	14,499	44,527	
Newell Brands Inc		788	shares common stock	28,989	24,349	
Oshkosh Corp		800	shares common stock	31,511	72,712	
Paccar Inc		2,782	shares common stock	86,635	197,745	
Parker Hannifin Corp		990	shares common stock	70,374	197,584	
PepsiCo Inc NC		2,200	shares common stock	20,219	263,824	
Pfizer Inc		2,600	shares common stock	45,027	94,172	
Post Holdings Inc		1,650	shares common stock	52,355	130,729	
PPL Corporation		1,800	shares common stock	47,006	55,710	
Proctor & Gamble		1,125	shares common stock	73,777	103,365	
R P M Inc		5,056	shares common stock	70,368	265,036	
Rockwell Automation Inc		990	shares common stock	71,114	194,386	
Royal Dutch Shell PLC		200	shares common stock	12,864	13,342	
Ryder Systems Inc		609	shares common stock	29,636	51,260	
Schlumberger Ltd		25	shares common stock	2,108	1,685	
Sherwin Williams Company Ohio		250	shares common stock	43,670	102,510	
Southwest Airlines		2,280	shares common stock	27,465	149,226	
Target Corporation		1,280	shares common stock	69,188	83,520	
Teradata Corp		1,310	shares common stock	15,942	50,383	
Tesla Inc		140	shares common stock	39,653	43,589	
Texas Instruments		1,240	shares common stock	43,838	129,506	
The J.M. Smucker Company		500	shares common stock	53,988	62,120	
The Scotts Miracle-Gro Company		2,300	shares common stock	67,102	246,077	
Under Armour Inc. Cl A		4,000	shares common stock	15,038	57,720	
Under Armour Inc. Cl C		4,028	shares common stock	14,651	53,653	
Union Pacific Corp		580	shares common stock	50,212	77,778	
VF Corporation		880	shares common stock	59,039	65,120	
Verizon Communications		1,442	shares common stock	75,689	76,325	
Walgreens Boots Alliance Inc		1,400	shares common stock	55,401	101,668	
WesBanco		1,400	shares common stock	29,440	56,910	
Worthington Industries		1,500	shares common stock	29,247	66,090	
3M Company		1,515	shares common stock	78,348	356,586	
American Europacific Growth Fund A		5,204.552	shares mutual fund	152,759	292,600	
American New Perspective Fund A		6,292.319	shares mutual fund	160,845	271,576	
First Tr Interim Dur Prf & Inc Fd		4,400	shares closed-end fund	100,479	107,228	
John Hancock Financial Opps Fd		3,006	shares closed-end fund	51,243	118,226	
* Morgan Stanley Bank NA			shares money fund	37,091	37,091	
					<u>17,329,538</u>	

JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN
SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF WITHIN YEAR
DECEMBER 31, 2017

Form 5500 Schedule H, Item 4i
EIN: 34-1045830
Plan: 001

(a)	(b)	(c)	(d)
Identity of issue, borrower, <u>lessor, or similar party</u>	Description of investment including maturity date, rate of interest, collateral, par or <u>maturity value</u>	<u>Costs of acquisitions</u>	<u>Proceeds of dispositions</u>
American Funds	8.351 shs Capital World Growth & Inc Fund	\$390	\$395
American Funds	122.792 shs Europacific Growth Fund	\$6,384	\$6,611

JOHNSON WELDED PRODUCTS, INC. PROFIT SHARING PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2017

Form 5500 Schedule H, Item 4j
EIN: 34-1045830
Plan: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/ or (Loss)

Aggregate transactions greater than 5%:

No reportable transactions