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

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 11/01/2017 and ending 10/31/2018

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
E. T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/01/1984

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)

E.T. HORN COMPANY

16050 CANARY AVE.
LA MIRADA, CA 90638-5585

2b Employer Identification Number (EIN)
95-4337136

2c Plan Sponsor's telephone number
714-523-8050

2d Business code (see instructions)
424600

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.	03/07/2019	JULIE WUBBENA
	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

3a Plan administrator's name and address [X] 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**	232
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)**	203
a(2) Total number of active participants at the end of the plan year	**6a(2)**	174
b Retired or separated participants receiving benefits	**6b**	10
c Other retired or separated participants entitled to future benefits	**6c**	58
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	242
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	242
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	213
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:

2O

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 11/01/2017 and ending 10/31/2018

A Name of plan
E. T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
E.T. HORN COMPANY

D Employer Identification Number (EIN)
95-4337136

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NORTH AMERICAN COMPANY LIFE INSURANCE

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
		LWS0028723			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 11/01/2017 and ending 10/31/2018

A Name of plan
E. T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
E.T. HORN COMPANY

D Employer Identification Number (EIN)
95-4337136

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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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)

CERTUS WEALTH ADVISORS

(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?
28	BROKERAGE	28065	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

(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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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 11/01/2017 and ending 10/31/2018

A Name of plan
E. T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
E.T. HORN COMPANY

D Employer Identification Number (EIN)
95-4337136

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1769843	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	383140	400000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	378116	37147114
(2) U.S. Government securities	1c(2)	0	13332418
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2874389	38713567
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	22480231

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	46072465	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	51477953	112073330
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	51477953	112073330

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	0	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	0	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	201753	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		201753
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	56014952	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		56014952

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		5359730
d Total income. Add all **income** amounts in column (b) and enter total	2d		61576435
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	927031	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		927031
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	28657	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	25370	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		54027
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		981058
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		60595377
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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) [X] 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 [X] No

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

(1) Name: WRIGHT FORD YOUNG & COMPANY **(2)** EIN: 95-3288054

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	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		1000000
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? ..... [X] Yes [ ] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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.)

E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

FINANCIAL STATEMENTS (LIQUIDATION BASIS)

OCTOBER 31, 2018 AND 2017

E.T. HORN COMPANY EMPLOYEE STOCK
OWNERSHIP PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

OCTOBER 31, 2018 AND 2017

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Wright Ford Young & Co.

Certified Public Accountants and Consultants, Inc.

INDEPENDENT AUDITOR'S REPORT

To the Trustee, Participants and Administrator of the
E.T. Horn Company Employee Stock Ownership Plan:

Report on the Financial Statements

We have audited the accompanying financial statements of the E.T. Horn Company Employee Stock Ownership Plan (the Plan), which comprise the statements of net assets available for benefits as of October 31, 2018 (Liquidation Basis) and 2017, the related statement of changes in net assets available for benefits (Liquidation Basis) for the year ended October 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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 entity'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 entity'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.

16140 Sand Canyon Avenue • Irvine, California 92618 • (949) 910-CPAS (2727) • Fax (949) 910-2728

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of October 31, 2018 (Liquidation Basis) and 2017, and the changes in net assets available for benefits (Liquidation Basis) for the year ended October 31, 2018, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 1 to the financial statements, during fiscal 2018, ET Horn Company (the Plan Sponsor) was acquired by an unrelated company and the Plan is in the process of being terminated. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2017 financial statements to the liquidation basis used in presenting the 2018 financial statements. Our opinion is not modified with respect to this matter.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, line 4i - Schedule of Assets (Held At End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of and for the year ended October 31, 2018, are presented for the purpose of additional analysis and are not a required part of the financial statements, but is supplementary 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.

Wright Ford Young & Co.

WRIGHT FORD YOUNG & CO.
Irvine, California
January 23, 2019

E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

OCTOBER 31, 2018 AND 2017

	(Liquidation Basis) 2018	2017
ASSETS:		
Investments, at fair value:		
Company stock	$ -	$ 46,072,465
Interest-bearing cash	37,147,114	378,116
Mutual funds	38,713,567	2,874,389
Municipal bonds	1,847,847	-
Corporate bonds	20,632,384	-
Government securities	13,332,418	-
Total investments	111,673,330	49,324,970
Receivables:		
Employer contributions	-	1,769,843
Other - reinstatement (Note 10)	400,000	383,140
Total receivables	400,000	2,152,983
Total assets	112,073,330	51,477,953
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 112,073,330	$ 51,477,953

See accompanying independent auditor's report and notes to the financial statements.

E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (LIQUIDATION BASIS)

FOR THE YEAR ENDED OCTOBER 31, 2018

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 56,014,952
Dividends on Company stock	5,359,730
Interest and dividends	201,753
Total investment income	61,576,435
Deductions from net assets attributed to:	
Benefits paid to participants	927,031
Plan fees and administrative expenses	28,657
Other expenses	25,370
Total deductions	981,058
NET INCREASE	60,595,377
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	51,477,953
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 112,073,330

See accompanying independent auditor's report and notes to the financial statements.

E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO THE FINANCIAL STATEMENTS

OCTOBER 31, 2018 AND 2017

1. DESCRIPTION OF PLAN

The following description of the E.T. Horn Company Employee Stock Ownership Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of E.T. Horn Company (the Company). The Plan was established on December 1, 1984 as a profit sharing plan and effective November 1, 2009, the Plan was amended and restated to constitute an Employee Stock Ownership Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Employees who have attained at least 20.5 years of age are eligible to participate in the Plan on November 1 or May 1 following the completion of at least 1,000 hours of service during the plan year.

During fiscal 2018, the Company was acquired by an unrelated company. The acquiring company purchased all of the Company's issued and outstanding shares of common stock which included all of the shares held by the Plan. The Plan's independent trustee and Administrative Committee are currently in the process of terminating the ESOP and distributing all assets to the participants. This process will extend into the year 2020 as the purchase price of the Company's stock includes contingent consideration. The contingency period ends on July 31, 2020. As of October 31, 2018, the potential amount of contingent consideration is $2,793,000. This amount has not been recorded in the accompanying financial statements and will be recognized as a plan asset when received. The termination restricts any new employees from entering the Plan, no further Company contributions will be made to the Plan, and it also resulted in all participant account balances becoming fully vested. All plan benefits will be distributed entirely in cash in accordance with the termination provisions of the Plan.

Administration

The Plan is generally administered by an internal committee (the Administrative Committee) which is comprised of certain employees of the Company who are appointed by the Company's Board of Directors. The Plan has a designated independent trustee.

Contributions

The Company was able to make discretionary contributions each year as determined by the Company's Board of Directors. In order to be eligible for the Company contributions, a participant was required to be employed by the Company on the last day of the plan year and have completed at least 1,000 hours of service during the plan year. For the year ended October 31, 2018, the Company made no contributions to the Plan.

1. DESCRIPTION OF PLAN - (Continued)

Participant Accounts

Each participant's account is credited with allocations of the Company's contributions (if any), investment earnings, and charged with an allocation of administrative expenses. The Company's contributions are allocated to eligible participants based on the percentage that their eligible compensation bears to total eligible compensation. The gain on sale of Company stock is allocated based on the number of shares held by the participants at year-end multiplied by the gain per share. Other investment earnings, net of expenses, are allocated at the end of each plan year based on each eligible participant's other investment account values. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Payment of Benefits

Distribution of Plan benefits due to termination for retirement, disability, death, or other reasons are generally made in a lump sum or annual installments in an amount equal to the value of the participant's vested interest in his or her account. Participants may also elect to rollover their account to another eligible retirement plan as defined by the plan agreement.

In connection with the sale of the Company and the Plan's pending termination, 100% of a participant's other investment account that existed prior to the sale will be distributed during fiscal 2019. In addition, 75% of a participant's account related to the sales proceeds will be distributed during fiscal 2019. The remaining 25% will be distributed once the Plan receives a favorable ruling and approval from the IRS pertaining to the Plan's termination and dissolution.

Vesting

During the year ended October 31, 2018, all participants became 100% vested in their funds as a result of the acquisition of the Company and Plan termination.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

As discussed in Note 1, the Company was acquired by an unrelated company and the Plan's independent trustee and Administrative Committee are currently in the process of terminating the ESOP and distributing all assets to the participants. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2017 financial statements to the liquidation basis of accounting being used in presenting the 2018 financial statements. The estimated net realizable value of Plan investments as of December 31, 2018 would be equivalent to fair value and no material adjustment was required in the change in basis of accounting.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Plan Fees and Administrative Expenses

Plan fees and administrative expenses are generally paid by the Plan, unless paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

Subsequent Events

The Company has evaluated subsequent events through the date of the independent auditor's report, which is the date the accompanying financial statements were available to be issued.

3. PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. The Plan paid $28,657 in advisory fees to the Plan's financial advisors during the year ended October 31, 2018. The Plan paid $25,370 in insurance premiums on a life insurance policy for a key employee for which the Plan is the beneficiary. The Company paid certain administrative expenses of the Plan, including recordkeeping and audit fees. These transactions qualify as party in interest transactions for which a statutory exemption exists.

4. FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under this framework are described as follows:

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

Level 2 — Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at October 31, 2018 and 2017.

4. FAIR VALUE MEASUREMENTS - (Continued)

Company stock: This investment at October 31, 2017, was valued at fair value based upon an independent appraisal. This appraisal used a weighted combination of the market approach and the income approach for the valuation. The appraiser took into account historical and projected cash flow and market comparables. Plan management has concluded that a market participant would also recognize a discount for lack of control and marketability. This investment is not traded in an active market and inputs are not observable to the public. Therefore, this investment is classified within level 3 of the valuation hierarchy.

Interest-bearing cash: Interest-bearing cash consists of money market investments and cash balances held at financial institutions. The carrying value is believed to be representative of its fair value based on its short term nature and are classified within level 1 of the valuation hierarchy.

Mutual funds: These investments are public investment vehicles valued using the net asset value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within level 1 of the valuation hierarchy.

Municipal bonds and corporate bonds: These investments are public investment vehicles valued using quoted prices for identical or similar investments in markets that are not deemed to be active based on the volume of trading activity and are classified within level 2 of the valuation hierarchy.

Government securities: These investments are public investment vehicles valued daily at the closing price reported on an active market using observable inputs and are primarily classified within level 1 of the valuation hierarchy. Government securities that are not deemed to be active based on the volume of trading activity are valued using quoted prices for identical or similar investments and are classified within level 2 of the valuation hierarchy.

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

4. FAIR VALUE MEASUREMENTS - (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of October 31, 2018 and 2017:

Description	Total	Level 1	Level 2	Level 3
October 31, 2018 (Liquidation Basis)				
Interest-bearing cash	$ 37,147,114	$ 37,147,114	$ -	$ -
Mutual funds	38,713,567	38,713,567		
Municipal bonds	1,847,847	-	1,847,847	-
Corporate bonds	20,632,384	-	20,632,384	-
Government securities	13,332,418	12,429,184	903,234	-
Total investments at fair value	$ 111,673,330	$ 88,289,865	$ 23,383,465	$ -
October 31, 2017				
Company stock	$ 46,072,465	$ -	$ -	$ 46,072,465
Interest-bearing cash	378,116	378,116	-	-
Mutual funds	2,874,389	2,874,389	-	-
Total investments at fair value	$ 49,324,970	$ 3,252,505	$ -	$ 46,072,465

In regards to the classifications of investments, there were no reclassifications in or out of levels 1, 2 or 3 during the year ended October 31, 2018.

The following table presents a summary of changes in the fair value of the Plan's level 3 asset for the year ended October 31, 2018:

	Company Stock
Balance, beginning of year	$ 46,072,465
Gain on sale	56,098,435
Sales proceeds	(102,170,900)
Balance, end of year	$ -

5. PLAN TERMINATION

During the year ended October 31, 2018, the Company made the decision to terminate the Plan (see Note 1).

6. TAX STATUS

The Company received a favorable opinion letter from the Internal Revenue Service (IRS), on November 9, 2017, which stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has since been amended. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of October 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. RISKS AND UNCERTAINTIES

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

8. INVESTMENT IN COMMON STOCK

The following table summarizes the investment in Company common stock at October 31, 2018 and 2017:

	2018	2017
E.T. Horn Company		
Common stock shares:		
Number of shares	-	1,603,078
Cost	$ -	$ 16,873,863
Fair Value	$ -	$ 46,072,465

9. ADMINISTRATION OF PLAN ASSETS

The Plan's assets are held in a trust administered by the independent trustee of the Plan. Certain administrative functions are performed by trustee or employees of the Company. No such trustee or employee receives compensation from the Plan or charges administrative expenses to the Plan.

10. REINSTATEMENT OF PARTICIPANT ACCOUNTS

During fiscal 2016, a participant terminated employment and took a distribution of their vested balance via a rollover to an Individual Retirement Account (IRA). Subsequent to the processing of this transaction, the participant was rehired by the Company. In accordance with the Plan document, the employee elected to reinstate their balance of $383,140 by returning the funds to the Plan. The funds were received by the Plan during fiscal 2018.

During fiscal 2017, a participant terminated employment and requested a partial distribution of $400,000 during fiscal 2018. The distribution request was processed prior to October 31, 2018 by transferring funds from the Plan to PenChecks Trust, an independent benefit payment processing entity. Subsequent to October 31, 2018, the participant, who had not yet received the funds from PenChecks Trust, elected to cancel the partial distribution request. The funds were returned to the Plan during fiscal 2019.

E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN
PLAN FEIN#: 95-4337136
PLAN # 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
OCTOBER 31, 2018

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of Investments (Shares / Interest Rate)	(d) Cost	(e) Current value
	Interest-Bearing Cash			
	LPL Financial Corporation	3,071,484	3,071,484	3,071,484
	JPMorgan U.S. Government Money Market Fund	3,298,044	3,298,044	3,298,044
	Invesco Premier US Government Money Portfolio Fund	30,715,000	30,715,000	30,715,000
	Morgan Stanley	62,586	62,586	62,586
	Total Interest-Bearing Cash		37,147,114	37,147,114
	Mutual Funds			
	Federated Short-Term Income Fund	1,820,878	15,350,000	15,331,791
	Putnam Short Duration Income Fund	2,035,288	20,475,000	20,475,000
	Goldman Sachs Small Mid Cap Growth Fund	5,951	122,021	131,586
	Harbor Capital Appreciation Institutional Fund	6,380	379,568	471,961
	JPMorgan Equity Income Fund	33,974	489,271	584,692
	MFS International Value Fund	4,982	183,656	211,269
	Oppenheimer Developing Markets Fund	2,537	85,897	94,283
	Pioneer Bond Fund	46,325	443,959	427,120
	Principal High Yield Fund	18,865	140,595	133,186
	Principal Global Real Estate Securities Fund	10,606	96,648	98,109
	Templeton Global Bond Advisor Fund	8,434	99,657	97,585
	Victory Sycamore Small Company Opportunity Fund	3,455	138,990	160,398
	Virtus Kar Small Cap Growth Fund	4,665	100,002	143,878
	Virtus Newfleet Multi-Sector Short Term Bond Fund	48,851	229,353	226,179
	Wisdomtree U.S. Mid Cap Dividend Fund	3,690	131,728	126,530
	Total Mutual Funds		38,466,345	38,713,567
	Municipal Bonds			
	Interest accrual		20,145	20,145
	Metropolitan Transportation Authority NY SPL Oblig Taxable Revenue due 7/1/2019	1.85%	894,663	894,790
	North Carolina Eastern Municipal Power Agency Federal Taxable Revenue due 7/1/2019	2.58%	199,444	199,442
	Atlanta GA Downtown Development Authority Lease Revenue OID due 2/1/2021	6.88%	464,475	465,563
	Virginia St Resources Authority Infrastructure Revenue due 11/1/2021	3.95%	267,760	267,907
	Total Municipal Bonds		1,846,487	1,847,847
	Corporate Bonds			
	Interest accrual		114,925	114,925
	TTX CO due 2/1/2019	2.25%	249,450	249,404
	Dow Chemical Co. due 5/15/2019	8.55%	283,151	282,840
	Citigroup Inc. due 5/22/2019	8.50%	257,652	257,548
	NCUA Guarnateed Notes Master Trust due 6/12/2019	3.00%	505,452	504,907
	Kansas Gas & Electric Co. due 6/15/2019	6.70%	229,748	229,653
	Ameriprise Financial Inc. due 6/28/2019	7.30%	257,216	256,860
	National Austrialia Bank LTD due 7/1/2019	2.25%	249,013	248,763
	Magellan Midstream Partners LP due 7/15/2019	6.55%	321,480	321,348
	Tyco Electronics Group SA due 8/1/2019	2.35%	248,933	248,425

See accompanying independent auditor's report and notes to the financial statements.

E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN
PLAN FEIN#: 95-4337136
PLAN # 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
OCTOBER 31, 2018

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of Investments (Shares / Interest Rate)	(d) Cost	(e) Current value
	Corporate Bonds - (Continued)			
	City National Bank Beverly Hills due 8/12/2019	9.00%	260,159	260,625
	CVS Health Corp due 8/12/2019	2.25%	273,609	273,317
	Commonwealth Bank of Australia due 9/6/2019	2.30%	248,715	248,410
	Bank of Montreal due 9/11/2019	1.75%	247,463	247,408
	Air Liquide Finance SA due 9/27/2019	1.38%	197,144	197,036
	Weyerhaeuser Co due 10/1/2019	7.38%	259,516	259,163
	US Bank NA Cincinnati OH due 10/28/2019	2.13%	248,100	248,530
	Alibaba Group Holding LTD due 11/28/2019	2.50%	273,353	273,488
	First Tennesee Bank NA due 12/1/2019	2.95%	249,428	249,265
	Duke Energy Florida LLC due 12/15/2019	2.10%	154,677	154,603
	Jackson National Life Global Funding due 1/30/2020	2.20%	128,504	128,496
	New York Life Global Funding due 4/9/2020	2.68%	250,524	250,330
	General Electric Co. due 4/15/2020	3.24%	276,184	275,572
	General Dynamics Corp due 5/11/2020	2.88%	249,343	249,078
	Siemens Financieringsmaatschappij NV due 5/27/2020	2.15%	246,118	245,975
	Fiserv Inc. due 6/1/2020	2.70%	272,509	272,074
	John Deere Capital Corp due 6/22/2020	2.66%	275,821	275,578
	JPMorgan Chase & Co. due 7/22/2020	4.40%	254,517	254,183
	Barclays Bank PLC due 8/7/2020	2.99%	276,629	276,042
	HSBC Bank PLC due 8/12/2020	4.13%	253,855	253,513
	BMW US Capital LLC due 8/14/2020	2.69%	275,875	275,583
	Manufacturers & Traders Trust Co. due 8/17/2020	2.05%	244,860	244,603
	Svenska Handelsbanken AB due 9/8/2020	1.95%	243,705	243,263
	Goldman Sachs Group Inc. due 9/15/2020	3.53%	279,184	278,825
	Manulife Financial Corp due 9/15/2020	4.90%	257,104	256,553
	UBS Group Funding Switzerland AG due 9/24/2020	3.81%	229,391	229,221
	Sysco Corp due 10/1/2020	2.60%	247,010	246,405
	Carnival Corp due 10/15/2020	3.95%	278,653	278,515
	American Express Co. due 10/30/2020	2.85%	250,420	249,995
	MassMutual Global Funding II due 11/23/2020	2.45%	246,365	246,193
	Wells Fargo Bank NA due 1/15/2021	2.60%	269,933	269,720
	ABN Amro Bank NV due 1/19/2021	2.86%	200,331	199,884
	Lloyds Bank PLC due 1/21/2021	6.38%	265,097	264,755
	Toronto-Dominion Bank due 1/25/2021	2.55%	246,195	245,953
	Caterpillar Financial Services Corp due 3/15/2021	2.56%	275,635	275,198
	Cooperatieve Rabobank UA due 4/26/2021	2.94%	250,857	250,593
	JPMorgan Chase Bank NA due 4/26/2021	2.85%	250,224	250,048
	PNC Bank NA due 4/29/2021	2.15%	243,015	242,303
	Australia & New Zealand Banking Group LTD due 5/17/2021	2.77%	250,745	250,130
	Skandinaviska Enskilda Banken AB due 5/17/2021	2.74%	225,449	224,836
	Bayer US Finance II LLC due 6/25/2021	3.00%	276,218	275,105
	Bank of America Corp due 7/21/2021	3.13%	251,639	251,083
	Amal LTD Cayman Islands due 8/21/2021	3.47%	86,981	86,853
	Export Leasing 2009 LLC due 8/28/2021	1.86%	337,441	337,465
	Met Life Global Funding I due 10/9/2021	3.45%	249,803	249,448
	Fordo 2015-C A3 due 2/15/2020	1.41%	111,822	111,750

See accompanying independent auditor's report and notes to the financial statements.

E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN
PLAN FEIN#: 95-4337136
PLAN # 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
OCTOBER 31, 2018

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of Investments (Shares / Interest Rate)	(d) Cost	(e) Current value
	Corporate Bonds - (Continued)			
	NALT 2017-A A3 due 4/15/2020	1.91%	347,927	347,760
	WOLS 2017-A A3 due 4/15/2020	2.13%	297,973	297,924
	GM Financial Auto Lease TR 2018-1 A-2-A due 4/20/2020	2.39%	353,367	353,260
	Honda Auto Receivables Owner due 5/18/2020	1.16%	217,863	217,865
	MMAF Equipment Finance LLC 2017-A A-2 due 5/18/2020	1.73%	131,380	131,383
	MMAF Equipment Finance LLC 2016-A A-3 due 6/15/2020	1.48%	325,292	325,211
	Great American lease Receivables 2017-1 A-3 due 6/22/2020	2.06%	245,834	245,799
	HALST 17-A A3 due 8/17/2020	1.88%	284,839	284,828
	NAROT 2016-C A3 due 1/15/2021	1.18%	415,387	415,123
	VZOT 2016-1A A due 1/20/2021	1.42%	341,593	341,653
	TAOT 2017-A A3 due 2/16/2021	1.73%	248,082	248,035
	PFS Financing Corp 2017-A A due 3/15/2021	2.86%	150,046	150,183
	Hyundai Auto Receivables due 4/15/2021	1.29%	225,834	225,675
	Verizon Owner TR 2016-2 B due 5/20/2021	2.15%	345,529	345,548
	Great American Lease Receivables 2015-1 B due 6/21/2021	2.39%	350,000	349,871
	CHAIT 2016-A5 A5 due 7/15/2021	1.27%	420,235	420,253
	Daimler Trucks Retail 2018-1 A-3 due 7/15/2021	2.85%	280,000	279,258
	Discover Card Exe Tr 2016-1 A due 7/15/2021	1.64%	315,000	314,402
	Volkswagen Auto Enh 2018-1 A-2-A due 7/20/2021	2.81%	300,000	299,301
	KCOT 2017-1A A3 due 8/16/2021	1.88%	343,629	343,529
	Americredit Auto Receivables 2017-1 A-3 due 8/18/2021	1.87%	382,639	382,698
	ALLYA 2017-3 A3 due 9/15/2021	1.74%	371,356	371,186
	Total Corporate Bonds		20,650,945	20,632,384
	Government Securities			
	Interest accrual		37,717	37,717
	Financing Corp due 11/2/2018	0.00%	399,975	399,940
	United States Treasury Note due 2/28/2019	1.50%	2,890,768	2,891,387
	United States Treasury Note due 6/30/2020	1.63%	2,840,301	2,842,464
	United States Treasury Note due 3/31/2021	1.25%	2,880,351	2,885,400
	Resolution Funding Corporation Interest Payment due 10/15/2019	0.00%	633,298	632,912
	Federal Home Loan Bank due 2/14/2020	2.15%	495,795	495,610
	Resolution Funding Corporation Principal Payment due 7/15/2020	0.00%	618,628	618,545
	Resolution Funding Corporation Interest Payment due 10/15/2020	0.00%	613,978	614,010
	Resolution Funding Corporation Interest Payment due 1/15/2021	8.63%	402,955	402,941
	Resolution Funding Corporation due 1/15/2021	0.00%	609,379	608,979
	Israel Government Aid Bond 26 Year Bond due 9/15/2019	0.00%	903,234	902,513
	Total Government Securities		13,326,379	13,332,418
	Total			$ 111,673,330

See accompanying independent auditor's report and notes to the financial statements.

E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN
PLAN FEIN#: 95-4337136
PLAN # 002
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED OCTOBER 31, 2018

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling Price	(f) Incurred expense	(g) Cost of asset	(h) Current value	(i) Net gain (loss)
Single transactions in excess of 5%:							
Morgan Stanley	Bought - Federated Short Term Inc IS	$ 15,350,000	$ -	$ -	$ 15,350,000	$ 15,331,791	$ -
Morgan Stanley	Bought - Invesco Prem US Govt MNY Inst	30,715,000	-	-	30,715,000	30,715,000	-
Morgan Stanley	Bought - Putnam Short Duration Income	20,475,000	-	-	20,475,000	20,475,000	-
E.T. Horn Company	Sold - Company common stock, 1,603,078 shares	-	102,170,900	-	46,072,465	-	56,098,435
Series of transactions in excess of 5%:							
Morgan Stanley	Bought - United States Treasury Note 2/28/2019	1,445,299	-	-	1,445,299	1,445,694	-
Morgan Stanley	Bought - United States Treasury Note 2/28/2019	1,445,469	-	-	1,445,469	1,445,694	-
		2,890,768	-	-	2,890,768	2,891,388	-
Morgan Stanley	Bought - United States Treasury Note 6/30/2020	1,420,320	-	-	1,420,320	1,421,232	-
Morgan Stanley	Bought - United States Treasury Note 6/30/2020	1,419,981	-	-	1,419,981	1,421,232	-
		2,840,301	-	-	2,840,301	2,842,464	-
Morgan Stanley	Bought - United States Treasury Note 3/31/2021	1,440,234	-	-	1,440,234	1,442,700	-
Morgan Stanley	Bought - United States Treasury Note 3/31/2021	1,440,117	-	-	1,440,117	1,442,700	-
		2,880,351	-	-	2,880,351	2,885,400	-

See accompanying independent auditors' report and notes to the financial statements.

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

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 11/01/2017 and ending 10/31/2018

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
E. T. Horn Company Employee Stock Ownership Plan

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/01/1984

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)
E.T. Horn Company

16050 Canary Ave.

La Mirada, CA 90638-5585

2b Employer Identification Number (EIN)
95-4337136

2c Plan Sponsor's telephone number
(714) 523-8050

2d Business code (see instructions)
424600

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	Julie H Hubbena **Signature of plan administrator**	3/7/19 Date	JULIE H HUBBENA 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 [X] 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**	232
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)**	203
a(2) Total number of active participants at the end of the plan year	**6a(2)**	174
b Retired or separated participants receiving benefits	**6b**	10
c Other retired or separated participants entitled to future benefits	**6c**	58
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	242
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	242
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	213
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:
2O

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	(1) [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	(2) [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	(3) [X]	Trust
(4) [ ]	General assets of the sponsor	(4) [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) [ ] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [X] 1 **A** (Insurance Information)

(4) [X] **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_____

E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN
PLAN FEIN#: 95-4337136
PLAN # 002
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED OCTOBER 31, 2018

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling Price	(f) Incurred expense	(g) Cost of asset	(h) Current value	(i) Net gain (loss)
Single transactions in excess of 5%:							
Morgan Stanley	Bought - Federated Short Term Inc IS	$ 15,350,000	$ -	$ -	$ 15,350,000	$ 15,331,791	$ -
Morgan Stanley	Bought - Invesco Prem US Govt MNY Inst	30,715,000	-	-	30,715,000	30,715,000	-
Morgan Stanley	Bought - Putnam Short Duration Income	20,475,000	-	-	20,475,000	20,475,000	-
E.T. Horn Company	Sold - Company common stock, 1,603,078 shares	-	102,170,900	-	46,072,465	-	56,098,435
Series of transactions in excess of 5%:							
Morgan Stanley	Bought - United States Treasury Note 2/28/2019	1,445,299	-	-	1,445,299	1,445,694	-
Morgan Stanley	Bought - United States Treasury Note 2/28/2019	1,445,469	-	-	1,445,469	1,445,694	-
		2,890,768	-	-	2,890,768	2,891,388	-
Morgan Stanley	Bought - United States Treasury Note 6/30/2020	1,420,320	-	-	1,420,320	1,421,232	-
Morgan Stanley	Bought - United States Treasury Note 6/30/2020	1,419,981	-	-	1,419,981	1,421,232	-
		2,840,301	-	-	2,840,301	2,842,464	-
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		2,880,351	-	-	2,880,351	2,885,400	-

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PLAN FEIN#: 95-4337136
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	Morgan Stanley	62,586	62,586	62,586
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	Corporate Bonds			
	Interest accrual		114,925	114,925
	TTX CO due 2/1/2019	2.25%	249,450	249,404
	Dow Chemical Co. due 5/15/2019	8.55%	283,151	282,840
	Citigroup Inc. due 5/22/2019	8.50%	257,652	257,548
	NCUA Guarnateed Notes Master Trust due 6/12/2019	3.00%	505,452	504,907
	Kansas Gas & Electric Co. due 6/15/2019	6.70%	229,748	229,653
	Ameriprise Financial Inc. due 6/28/2019	7.30%	257,216	256,860
	National Austrialia Bank LTD due 7/1/2019	2.25%	249,013	248,763
	Magellan Midstream Partners LP due 7/15/2019	6.55%	321,480	321,348
	Tyco Electronics Group SA due 8/1/2019	2.35%	248,933	248,425

See accompanying independent auditor's report and notes to the financial statements.

E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN
PLAN FEIN#: 95-4337136
PLAN # 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
OCTOBER 31, 2018

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of Investments (Shares / Interest Rate)	(d) Cost	(e) Current value
	Corporate Bonds - (Continued)			
	City National Bank Beverly Hills due 8/12/2019	9.00%	260,159	260,625
	CVS Health Corp due 8/12/2019	2.25%	273,609	273,317
	Commonwealth Bank of Australia due 9/6/2019	2.30%	248,715	248,410
	Bank of Montreal due 9/11/2019	1.75%	247,463	247,408
	Air Liquide Finance SA due 9/27/2019	1.38%	197,144	197,036
	Weyerhaeuser Co due 10/1/2019	7.38%	259,516	259,163
	US Bank NA Cincinnati OH due 10/28/2019	2.13%	248,100	248,530
	Alibaba Group Holding LTD due 11/28/2019	2.50%	273,353	273,488
	First Tennesee Bank NA due 12/1/2019	2.95%	249,428	249,265
	Duke Energy Florida LLC due 12/15/2019	2.10%	154,677	154,603
	Jackson National Life Global Funding due 1/30/2020	2.20%	128,504	128,496
	New York Life Global Funding due 4/9/2020	2.68%	250,524	250,330
	General Electric Co. due 4/15/2020	3.24%	276,184	275,572
	General Dynamics Corp due 5/11/2020	2.88%	249,343	249,078
	Siemens Financieringsmaatschappij NV due 5/27/2020	2.15%	246,118	245,975
	Fiserv Inc. due 6/1/2020	2.70%	272,509	272,074
	John Deere Capital Corp due 6/22/2020	2.66%	275,821	275,578
	JPMorgan Chase & Co. due 7/22/2020	4.40%	254,517	254,183
	Barclays Bank PLC due 8/7/2020	2.99%	276,629	276,042
	HSBC Bank PLC due 8/12/2020	4.13%	253,855	253,513
	BMW US Capital LLC due 8/14/2020	2.69%	275,875	275,583
	Manufacturers & Traders Trust Co. due 8/17/2020	2.05%	244,860	244,603
	Svenska Handelsbanken AB due 9/8/2020	1.95%	243,705	243,263
	Goldman Sachs Group Inc. due 9/15/2020	3.53%	279,184	278,825
	Manulife Financial Corp due 9/15/2020	4.90%	257,104	256,553
	UBS Group Funding Switzerland AG due 9/24/2020	3.81%	229,391	229,221
	Sysco Corp due 10/1/2020	2.60%	247,010	246,405
	Carnival Corp due 10/15/2020	3.95%	278,653	278,515
	American Express Co. due 10/30/2020	2.85%	250,420	249,995
	MassMutual Global Funding II due 11/23/2020	2.45%	246,365	246,193
	Wells Fargo Bank NA due 1/15/2021	2.60%	269,933	269,720
	ABN Amro Bank NV due 1/19/2021	2.86%	200,331	199,884
	Lloyds Bank PLC due 1/21/2021	6.38%	265,097	264,755
	Toronto-Dominion Bank due 1/25/2021	2.55%	246,195	245,953
	Caterpillar Financial Services Corp due 3/15/2021	2.56%	275,635	275,198
	Cooperatieve Rabobank UA due 4/26/2021	2.94%	250,857	250,593
	JPMorgan Chase Bank NA due 4/26/2021	2.85%	250,224	250,048
	PNC Bank NA due 4/29/2021	2.15%	243,015	242,303
	Australia & New Zealand Banking Group LTD due 5/17/2021	2.77%	250,745	250,130
	Skandinaviska Enskilda Banken AB due 5/17/2021	2.74%	225,449	224,836
	Bayer US Finance II LLC due 6/25/2021	3.00%	276,218	275,105
	Bank of America Corp due 7/21/2021	3.13%	251,639	251,083
	Amal LTD Cayman Islands due 8/21/2021	3.47%	86,981	86,853
	Export Leasing 2009 LLC due 8/28/2021	1.86%	337,441	337,465
	Met Life Global Funding I due 10/9/2021	3.45%	249,803	249,448
	Fordo 2015-C A3 due 2/15/2020	1.41%	111,822	111,750

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E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN
PLAN FEIN#: 95-4337136
PLAN # 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
OCTOBER 31, 2018

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of Investments (Shares / Interest Rate)	(d) Cost	(e) Current value
	Corporate Bonds - (Continued)			
	NALT 2017-A A3 due 4/15/2020	1.91%	347,927	347,760
	WOLS 2017-A A3 due 4/15/2020	2.13%	297,973	297,924
	GM Financial Auto Lease TR 2018-1 A-2-A due 4/20/2020	2.39%	353,367	353,260
	Honda Auto Receivables Owner due 5/18/2020	1.16%	217,863	217,865
	MMAF Equipment Finance LLC 2017-A A-2 due 5/18/2020	1.73%	131,380	131,383
	MMAF Equipment Finance LLC 2016-A A-3 due 6/15/2020	1.48%	325,292	325,211
	Great American lease Receivables 2017-1 A-3 due 6/22/2020	2.06%	245,834	245,799
	HALST 17-A A3 due 8/17/2020	1.88%	284,839	284,828
	NAROT 2016-C A3 due 1/15/2021	1.18%	415,387	415,123
	VZOT 2016-1A A due 1/20/2021	1.42%	341,593	341,653
	TAOT 2017-A A3 due 2/16/2021	1.73%	248,082	248,035
	PFS Financing Corp 2017-A A due 3/15/2021	2.86%	150,046	150,183
	Hyundai Auto Receivables due 4/15/2021	1.29%	225,834	225,675
	Verizon Owner TR 2016-2 B due 5/20/2021	2.15%	345,529	345,548
	Great American Lease Receivables 2015-1 B due 6/21/2021	2.39%	350,000	349,871
	CHAIT 2016-A5 A5 due 7/15/2021	1.27%	420,235	420,253
	Daimler Trucks Retail 2018-1 A-3 due 7/15/2021	2.85%	280,000	279,258
	Discover Card Exe Tr 2016-1 A due 7/15/2021	1.64%	315,000	314,402
	Volkswagen Auto Enh 2018-1 A-2-A due 7/20/2021	2.81%	300,000	299,301
	KCOT 2017-1A A3 due 8/16/2021	1.88%	343,629	343,529
	Americredit Auto Receivables 2017-1 A-3 due 8/18/2021	1.87%	382,639	382,698
	ALLYA 2017-3 A3 due 9/15/2021	1.74%	371,356	371,186
	Total Corporate Bonds		20,650,945	20,632,384
	Government Securities			
	Interest accrual		37,717	37,717
	Financing Corp due 11/2/2018	0.00%	399,975	399,940
	United States Treasury Note due 2/28/2019	1.50%	2,890,768	2,891,387
	United States Treasury Note due 6/30/2020	1.63%	2,840,301	2,842,464
	United States Treasury Note due 3/31/2021	1.25%	2,880,351	2,885,400
	Resolution Funding Corporation Interest Payment due 10/15/2019	0.00%	633,298	632,912
	Federal Home Loan Bank due 2/14/2020	2.15%	495,795	495,610
	Resolution Funding Corporation Principal Payment due 7/15/2020	0.00%	618,628	618,545
	Resolution Funding Corporation Interest Payment due 10/15/2020	0.00%	613,978	614,010
	Resolution Funding Corporation Interest Payment due 1/15/2021	8.63%	402,955	402,941
	Resolution Funding Corporation due 1/15/2021	0.00%	609,379	608,979
	Israel Government Aid Bond 26 Year Bond due 9/15/2019	0.00%	903,234	902,513
	Total Government Securities		13,326,379	13,332,418
	Total			$ 111,673,330

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