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 10/01/2017 and ending 09/30/2018

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
SPATES FABRICATORS, INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1985

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)

SPATES FABRICATORS, INC.

85-435 MIDDLETON ST.
THERMAL, CA 92274

2b Employer Identification Number (EIN)
33-0121502

2c Plan Sponsor's telephone number
760-397-4122

2d Business code (see instructions)
332900

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.	07/15/2019	BRENT SPATES
	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**	169
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)**	143
a(2) Total number of active participants at the end of the plan year	**6a(2)**	135
b Retired or separated participants receiving benefits	**6b**	6
c Other retired or separated participants entitled to future benefits	**6c**	40
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	181
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	181
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	181
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	35
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:

2A 2E 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)	[X]	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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**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 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 10/01/2017 and ending 09/30/2018

A Name of plan
SPATES FABRICATORS, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SPATES FABRICATORS, INC.

D Employer Identification Number (EIN)
33-0121502

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)

NORTHWESTERN MUTUAL INVESTMENT SERV

611 E. WISCONSIN AVE.
MILWAUKEE, WI 53202

52-2114207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	26976	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 ☐

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 10/01/2017 and ending 09/30/2018

A Name of plan
SPATES FABRICATORS, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SPATES FABRICATORS, INC.

D Employer Identification Number (EIN)
33-0121502

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	81245	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	622811	740626
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		37658
(2) U.S. Government securities	1c(2)		2635
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	32974	12444
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		1291
(B) Common	1c(4)(B)	192478	215409
(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)	0	0
(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)	2522625	3111407
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	482858	608665

			(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**	3934991	4730135
	Liabilities			
g	Benefit claims payable	**1g**		34078
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**		34078
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	3934991	4696057

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)**	740626	
	(B) Participants	**2a(1)(B)**	0	
	(C) Others (including rollovers)	**2a(1)(C)**	0	
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		740626
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	887	
	(B) U.S. Government securities	**2b(1)(B)**	133	
	(C) Corporate debt instruments	**2b(1)(C)**	818	
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**	0	
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		1838
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	75	
	(B) Common stock	**2b(2)(B)**	5373	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	109489	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		114937
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	180117	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	178302	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		1815
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	23103	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		23103

		(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)		10244
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		892563
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	104515	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		104515
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	26982	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		26982
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		131497
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		761066
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) [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: KENNEDY & KENNEDY CPA'S **(2)** EIN: 95-6258205

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		350000
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.)

SPATES FABRICATORS, INC.
PROFIT SHARING PLAN

FINANCIAL STATEMENTS

September 30, 2018 and 2017

SPATES FABRICATORS, INC.
PROFIT SHARING PLAN

C O N T E N T S

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KENNEDY & KENNEDY
Certified Public Accountants

Members of the American Institute of Certified Public Accountants
and of the California Society of Certified Public Accountants

REPORT OF INDEPENDENT AUDITORS

To the Administrative Committee
Spates Fabricators, Inc. Profit Sharing Plan
Thermal, California

Report on the Financial Statements

We have audited the accompanying statement of net assets available for benefits of Spates Fabricators, Inc. Profit Sharing Plan as of September 30, 2018 and 2017, and the related statement of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management.

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 misstatements, whether due to fraud or error.

Auditor's Responsibility

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

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

Opinion

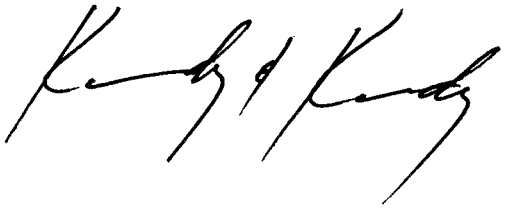
In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Spates Fabricators, Inc. Profit Sharing Plan as of September 30, 2018 and the changes in its net assets available for benefits for the year then ended in conformity with accounting principles generally accepted in the United States of America.

1700 North E Street, Suite 201 • San Bernardino, CA 92405 • (909) 886-5048 • (909) 882-3852
15476 West Sand Street • Victorville, CA 92392 • (760) 951-2570

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedule on pages 9 and 10 is presented for the purpose of additional analysis and is 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.

This supplemental information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information in the supplementary schedules is fairly stated in all material respects in relation to the financial statements taken as a whole.



July 9, 2019
San Bernardino, California

SPATES FABRICATORS, INC.
PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30, 2018 and 2017

	2018	2017
Assets		
Cash	$ -	$ 1,436
Investments, at Fair Value		
Mutual Funds	3,111,407	2,522,625
Exchange-Traded Funds	608,665	482,858
Equities	216,700	192,478
Money Market Account	37,658	79,809
Corporate Bonds	12,444	32,974
Governmental Bonds	2,635	-
Total Investments	3,989,509	3,310,744
Receivables		
Employer Contributions	740,626	622,811
Total Assets	4,730,135	3,934,991
Liabilities		
Benefit Claims Payable	34,078	-
Net Assets Available for Benefits	$ 4,696,057	$ 3,934,991

See Accompanying Notes to Financial Statements.

SPATES FABRICATORS, INC.
PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended September 30, 2018 and 2017

	2018	2017
Additions to Net Assets Attributed To:		
Investment Income:		
Dividends Earned	$ 114,937	$ 91,521
Increase in Fair Value of Investments	33,347	168,146
Interest Earned	1,837	7,908
Gains on Sales of Investments	1,816	71,491
	151,937	339,066
Investment Expenses	(26,982)	(38,601)
Net Investment Income	124,955	300,465
Contributions:		
Employer	740,626	622,811
Total Additions	865,581	923,276
Deductions from Net Assets Attributed To:		
Benefits Paid to Participants	104,515	68,410
Total Deductions	104,515	68,410
Increase in Net Assets	761,066	854,866
Net Assets Available for Benefits - Beginning	3,934,991	3,080,125
Net Assets Available for Benefits - Ending	$ 4,696,057	$ 3,934,991

See Accompanying Notes to Financial Statements.

SPATES FABRICATORS, INC.
PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of 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 profit sharing plan covering all full-time employees of the Company who have completed one year of service and have reached age twenty-one. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. Each year, the Company's Board of Directors elects whether or not to make a discretionary contribution to the Plan.

Participant Accounts. Each participant's account is increased by an allocation of (a) the employer's contribution, (b) plan earnings, and (c) forfeitures of terminated participant's nonvested accounts, and reduced by an allocation of administrative and investment expenses. Allocations are based on participant earnings, as defined by the Plan agreement. The participant is entitled to the benefit that can be provided from the participant's vested account.

Vesting. Participants are vested in their accounts based on years of continuous service. Participants are 100% vested after six years of service.

Payment of Benefits. On termination of service due to death, disability, or retirement, a participant will receive an amount equal to the value of the vested account in a lump-sum amount.

Participant Loans. Participant loans are not permitted.

Funding Policy. The Company's funding policy is to make an annual discretionary contribution to the Plan, as determined by the Board of Directors. The Company has chosen to absorb significant bonding fees, audit fees, and expense of using Company personnel for any plan business.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires that the plan administrator make estimates and assumptions that may affect certain reported amounts and disclosures. Actual results may differ from those estimates.

Investment Valuation

The Plan's investments are presented at fair value. Mutual funds are traded on the national securities exchange and are valued at the last reported sale price on the last business day of the Plan year. Money market accounts are presented at their cash value, which approximates fair value.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value Measurements

Generally accepted accounting principles (GAAP) provide guidance on how fair value should be determined when financial statement elements are required to be measured at fair value. Valuation techniques are ranked in three levels depending on the degree of objectivity of the inputs used with each level:

Level 1 inputs – quoted prices in active markets for identical assets
Level 2 inputs – quoted prices in active or inactive markets for the same or similar assets
Level 3 inputs – estimates using the best information available when there is little or no market

The Plan is required to measure investment assets and the related revenues at fair value. The technique used to measure fair value is described in Note 6.

NOTE 3 – PLAN TERMINATION

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

NOTE 4 – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated September 18, 2001, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The determination letter applied to the most recent Plan amendment was dated October 1, 2009. The Plan's returns are subject to examination by federal and state taxing authorities, generally for three years and four years, respectively, after they are filed.

NOTE 5 – INVESTMENTS

Plan investments are maintained by NorthWestern Mutual. Net assets and net investment income, gains, and losses are allocated based on shares owned by each participant. Plan investments are held in a master trust and are presented at fair value. The custodian has certified that this information is complete and accurate.

The Plan invests in various investment securities, which are exposed to several risks such as market, interest rate and credit risks. The fair value of investment securities fluctuates, and it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect participants' account balances.

NOTE 5 – INVESTMENTS (continued)

Information about investment assets and unrealized gains and losses are as follows:

September 30, 2018	Cost	Fair Value	Gain (Loss)
Bond Funds	$ 1,786,444	$ 1,721,942	$ (64,501)
Large Cap Mutual Funds	881,682	1,062,530	180,848
Exchange-Traded Funds	473,418	608,665	135,247
Equities	177,964	215,409	37,445
Mid Cap Mutual Funds	123,418	132,621	9,203
Bank Loan Funds	165,958	164,248	(1,710)
Money Market Fund	37,658	37,658	-
Small Cap Mutual Funds	36,011	30,065	(5,946)
Corporate Bonds	3,245	12,444	9,200
Government Bonds	2,289	2,635	346
Preferred Stock	830	1,291	461
Total	$ 3,688,916	$ 3,989,509	300,593
Unrealized Gain at 9/30/17			267,246
Unrealized Gain During the Year Ended 9/30/18			$ 33,347

September 30, 2017	Cost	Fair Value	Gain (Loss)
Bond Funds	$ 1,271,171	$ 1,262,767	$ (8,404)
Large Cap Mutual Funds	711,387	892,573	181,186
Exchange-Traded Funds	413,044	482,858	69,814
Equities	175,942	191,163	15,221
Mid Cap Mutual Funds	173,846	180,642	6,796
Bank Loan Funds	158,956	156,463	(2,493)
Money Market Fund	79,809	79,809	-
Small Cap Mutual Funds	32,937	30,180	(2,757)
Corporate Bonds	23,271	30,143	6,872
Government Bonds	2,305	2,831	526
Preferred Stock	830	1,315	485
Total	$ 3,043,498	$ 3,310,744	267,246
Unrealized Gain at 9/30/16			99,100
Unrealized Gain During the Year Ended 9/30/17			$ 168,146

NOTE 6 – FAIR VALUE MEASUREMENTS

The fair values of equities and mutual funds have been measured on a recurring basis using quoted market prices for identical securities in active markets (Level 1 inputs). Money market accounts are presented at their cash value.

Measured on a Recurring Basis at September 30, 2018	(Level 1)	Total
Bond Funds	$ 1,721,942	$ 1,721,942
Large Cap Mutual Funds	1,062,530	1,062,530
Exchange-Traded Funds	608,665	608,665
Equities	215,409	215,409
Mid Cap Mutual Funds	132,621	132,621
Bank Loan Funds	164,248	164,248
Money Market Fund	37,658	37,658
Small Cap Mutual Funds	30,065	30,065
Corporate Bonds	12,444	12,444
Government Bonds	2,635	2,635
Preferred Stock	1,291	1,291
Total	$ 3,989,509	$ 3,989,509

Measured on a Recurring Basis at September 30, 2017	(Level 1)	Total
Bond Funds	$ 1,262,767	$ 1,262,767
Large Cap Mutual Funds	892,573	892,573
Exchange-Traded Funds	482,858	482,858
Equities	191,163	191,163
Mid Cap Mutual Funds	180,642	180,642
Bank Loan Funds	156,463	156,463
Money Market Fund	79,809	79,809
Small Cap Mutual Funds	30,180	30,180
Corporate Bonds	30,143	30,143
Government Bonds	2,831	2,831
Preferred Stock	1,315	1,315
Total	$ 3,310,744	$ 3,310,744

NOTE 7 – SUBSEQUENT EVENTS

Management has evaluated subsequent events through July 9, 2019, the date when the financial statements were available for issuance.

SPATES FABRICATORS, INC.
PROFIT SHARING PLAN

SUPPLEMENTARY SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Plan Year Ended: September 30, 2018 Plan No: 001

Sponsor: Spates Fabricators, Inc. Sponsor EIN: 33-0121502

Schedule of Assets Held for Investment Purposes - Schedule H, Line 4i

Identity	Description	Shares	Cost	Value
American Century Diversified Bond	Bond Fund	51,260.999	$ 545,596	$ 530,039
Pimco Income Fund Class P	Bond Fund	25,671.748	310,911	305,237
Eaton Vance Global Macro	Bond Fund	32,818.003	296,843	284,204
Oppenheimer Developing Markets	Large Cap Mutual Fund	6,025.562	210,002	247,108
Oppenheimer International	Large Cap Mutual Fund	4,963.959	199,507	204,664
Fidelity Advisor Strategic Income	Bond Fund	13,626.028	165,365	165,829
MFS Global High Yield	Bond Fund	27,196.360	172,490	165,354
MFS Value	Large Cap Mutual Fund	3,947.276	131,348	161,996
Blackrock Total Return	Bond Fund	13,610.781	160,656	152,577
MFS Global Real Estate Fund Class I	Mid Cap Mutual Fund	8,309.589	123,418	132,621
iShares TR Core S&P 500 ETF	Exchange-Traded Fund	436.000	90,984	127,630
MFS International Growth	Large Cap Mutual Fund	3,145.502	96,259	121,951
Templeton Global Bond	Bond Fund	10,385.210	134,582	118,703
Capital World Growth & Income	Large Cap Mutual Fund	2,309.747	86,127	118,097
Carillon Clarivest Capital Appreciation	Large Cap Mutual Fund	2,324.997	74,158	115,134
iShares TR Core S&P Mid-Cap ETF	Exchange-Traded Fund	557.000	105,133	112,119
iShares MSCI USA Minimum Volatility	Exchange-Traded Fund	1,960.000	88,218	111,798
iShares Core S&P Small-Cap	Exchange-Traded Fund	1,254.000	69,861	109,399
Oppenheimer Senior Floating Rate	Bank Loan Fund	12,152.585	99,457	98,801
Oakmark Select	Large Cap Mutual Fund	2,041.424	84,281	93,579
iShares MSCI EAFE Minimum Volatili	Exchange-Traded Fund	1,060.000	68,543	77,179
Vanguard Health Care	Exchange-Traded Fund	391.000	50,678	70,540
Fidelity Advisor Floating Rate High	Bank Loan Fund	6,789.186	66,501	65,448
General Money Market	Cash and Money Funds	N/A	37,658	37,658
Oppenheimer Steelpath MLP	Small Cap Mutual Fund	4,757.197	36,011	30,065
Boeing Co	Equity	80.000	10,280	29,752
Wal Mart Stores Inc	Equity	296.000	20,358	27,797
United Technologies Corp	Equity	169.000	19,016	23,628
Gilead Sciences Inc	Equity	194.000	15,348	14,979
Lilly Eli & Co	Equity	139.000	10,278	14,916
Exxon Mobil Corp	Equity	174.000	15,344	14,793
Mosaic Co	Equity	402.000	10,354	13,057

See Auditors' Report.

SPATES FABRICATORS, INC.
PROFIT SHARING PLAN

SUPPLEMENTARY SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Plan Year Ended: September 30, 2018 Plan No: 001

Sponsor: Spates Fabricators, Inc. Sponsor EIN: 33-0121502

Schedule of Assets Held for Investment Purposes - Schedule H, Line 4i

Identity	Description	Shares	Cost	Value
CVS Health Corp	Equity	164.000	12,329	12,910
Merck & Co Inc	Equity	180.000	10,310	12,769
Danaher 235851AF9	Bond 0.000% 01/22/21	3,000.000	3,245	12,444
Archer Daniels Midland Co	Equity	247.000	10,300	12,417
Ford Motor Co	Equity	1,144.000	12,988	10,582
Procter & Gamble Co	Equity	125.000	10,408	10,404
Vulcan Matls Co	Equity	91.000	10,358	10,119
Smucker J M Co	Equity	71.000	10,294	7,285
FNMA 31359MGK3	Govt Sec 6.625% 11/15/30	2,000.000	2,289	2,635
Wells Fargo Preferred	Preferred Stock	1.000	830	1,291
				$3,989,509

See Auditors' Report.

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 10/01/2017 and ending 09/30/2018

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
Spates Fabricators, Inc. Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1985

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)
Spates Fabricators, Inc.

85-435 Middleton St.

Thermal, CA 92274

2b Employer Identification Number (EIN)
33-0121502

2c Plan Sponsor's telephone number
(760) 397-4122

2d Business code (see instructions)
332900

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	[signature]	7/15/19	Brent Spates
	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 [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**	169
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)**	143
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	135
b	Retired or separated participants receiving benefits	**6b**	6
c	Other retired or separated participants entitled to future benefits	**6c**	40
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	181
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	181
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	181
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	35
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:
2A 2E 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] 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) [ ] ___ **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_____

SPATES FABRICATORS, INC.
PROFIT SHARING PLAN

SUPPLEMENTARY SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Plan Year Ended: September 30, 2018 Plan No: 001

Sponsor: Spates Fabricators, Inc. Sponsor EIN: 33-0121502

Schedule of Assets Held for Investment Purposes - Schedule H, Line 4i

Identity	Description	Shares	Cost	Value
American Century Diversified Bond	Bond Fund	51,260.999	$ 545,596	$ 530,039
Pimco Income Fund Class P	Bond Fund	25,671.748	310,911	305,237
Eaton Vance Global Macro	Bond Fund	32,818.003	296,843	284,204
Oppenheimer Developing Markets	Large Cap Mutual Fund	6,025.562	210,002	247,108
Oppenheimer International	Large Cap Mutual Fund	4,963.959	199,507	204,664
Fidelity Advisor Strategic Income	Bond Fund	13,626.028	165,365	165,829
MFS Global High Yield	Bond Fund	27,196.360	172,490	165,354
MFS Value	Large Cap Mutual Fund	3,947.276	131,348	161,996
Blackrock Total Return	Bond Fund	13,610.781	160,656	152,577
MFS Global Real Estate Fund Class I	Mid Cap Mutual Fund	8,309.589	123,418	132,621
iShares TR Core S&P 500 ETF	Exchange-Traded Fund	436.000	90,984	127,630
MFS International Growth	Large Cap Mutual Fund	3,145.502	96,259	121,951
Templeton Global Bond	Bond Fund	10,385.210	134,582	118,703
Capital World Growth & Income	Large Cap Mutual Fund	2,309.747	86,127	118,097
Carillon Clarivest Capital Appreciation	Large Cap Mutual Fund	2,324.997	74,158	115,134
iShares TR Core S&P Mid-Cap ETF	Exchange-Traded Fund	557.000	105,133	112,119
iShares MSCI USA Minimum Volatility	Exchange-Traded Fund	1,960.000	88,218	111,798
iShares Core S&P Small-Cap	Exchange-Traded Fund	1,254.000	69,861	109,399
Oppenheimer Senior Floating Rate	Bank Loan Fund	12,152.585	99,457	98,801
Oakmark Select	Large Cap Mutual Fund	2,041.424	84,281	93,579
iShares MSCI EAFE Minimum Volatili	Exchange-Traded Fund	1,060.000	68,543	77,179
Vanguard Health Care	Exchange-Traded Fund	391.000	50,678	70,540
Fidelity Advisor Floating Rate High	Bank Loan Fund	6,789.186	66,501	65,448
General Money Market	Cash and Money Funds	N/A	37,658	37,658
Oppenheimer Steelpath MLP	Small Cap Mutual Fund	4,757.197	36,011	30,065
Boeing Co	Equity	80.000	10,280	29,752
Wal Mart Stores Inc	Equity	296.000	20,358	27,797
United Technologies Corp	Equity	169.000	19,016	23,628
Gilead Sciences Inc	Equity	194.000	15,348	14,979
Lilly Eli & Co	Equity	139.000	10,278	14,916
Exxon Mobil Corp	Equity	174.000	15,344	14,793
Mosaic Co	Equity	402.000	10,354	13,057

See Auditors' Report.

SPATES FABRICATORS, INC.
PROFIT SHARING PLAN

SUPPLEMENTARY SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Plan Year Ended: September 30, 2018 Plan No: 001

Sponsor: Spates Fabricators, Inc. Sponsor EIN: 33-0121502

Schedule of Assets Held for Investment Purposes - Schedule H, Line 4i

Identity	Description	Shares	Cost	Value
CVS Health Corp	Equity	164.000	12,329	12,910
Merck & Co Inc	Equity	180.000	10,310	12,769
Danaher 235851AF9	Bond 0.000% 01/22/21	3,000.000	3,245	12,444
Archer Daniels Midland Co	Equity	247.000	10,300	12,417
Ford Motor Co	Equity	1,144.000	12,988	10,582
Procter & Gamble Co	Equity	125.000	10,408	10,404
Vulcan Matls Co	Equity	91.000	10,358	10,119
Smucker J M Co	Equity	71.000	10,294	7,285
FNMA 31359MGK3	Govt Sec 6.625% 11/15/30	2,000.000	2,289	2,635
Wells Fargo Preferred	Preferred Stock	1.000	830	1,291
				$3,989,509

See Auditors' Report.