

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>11/01/2017</u> and ending <u>10/31/2018</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information						
1a	Name of plan <u>SCOTT M AND A CORPORATION 401(K) PLAN</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>01/01/1989</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>001</u>	1c	Effective date of plan <u>01/01/1989</u>		
1b	Three-digit plan number (PN) ▶ <u>001</u>						
1c	Effective date of plan <u>01/01/1989</u>						
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SCOTT M AND A CORPORATION</u> <u>218 W ASH ST.</u> <u>PIQUA, OH 45356</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>31-1761354</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>937-773-7200</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>722513</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>31-1761354</u>	2c	Plan Sponsor's telephone number <u>937-773-7200</u>	2d	Business code (see instructions) <u>722513</u>
2b	Employer Identification Number (EIN) <u>31-1761354</u>						
2c	Plan Sponsor's telephone number <u>937-773-7200</u>						
2d	Business code (see instructions) <u>722513</u>						

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/14/2019	RICHARD V. WENDELN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 336
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 6a(2) 1051 6b 6c 6d 1051 6e 6f 1051 6g 189 6h 3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 11/01/2017 and ending 10/31/2018	
A Name of plan SCOTT M AND A CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SCOTT M AND A CORPORATION	D Employer Identification Number (EIN) 31-1761354

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier MASSMUTUAL LIFE INSURANCE CO.

(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
04-1590850	65935	GA842986	189	01/01/2018	12/31/2018

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 603	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid MERRILL LYNCH PIERCE FENNER & 1400 AMERICAN BLVD BLDG #4 PENNINGTON, NJ 08534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
603	0		3

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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	129334
5 Current value of plan's interest under this contract in separate accounts at year end	5	3757990

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

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b Balance at the end of the previous year **7b** 0

c Additions: (1) Contributions deposited during the year	7c(1)	166	
(2) Dividends and credits	7c(2)	687	
(3) Interest credited during the year	7c(3)	13048	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)..... ▶ ACQUISITION	7c(5)	115618	

(6) Total additions **7c(6)** 129519**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 129519**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	168	
(2) Administration charge made by carrier	7e(2)	7	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)..... ▶ LOAN W/D	7e(4)	10	

(5) Total deductions **7e(5)** 185**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 129334

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 11/01/2017 and ending 10/31/2018	
A Name of plan SCOTT M AND A CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SCOTT M AND A CORPORATION	D Employer Identification Number (EIN) 31-1761354

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 54 55 59 60 62 63 64 65 66 99 50	N/A	7253	Yes ☒ No ☐	Yes ☒ No ☐	0	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
MASSACHUSETTS MUTUAL LIFE INSURANCE	15 23 37 38 54 55 59 60 62 63 64 65 66 99 50	0
(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.	
SEE ATTACHED 04-1590850	SEE ATTACHED	
(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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 11/01/2017 and ending 10/31/2018

A Name of plan <u>SCOTT M AND A CORPORATION 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SCOTT M AND A CORPORATION</u>	D Employer Identification Number (EIN) <u>31-1761354</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)	

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT SCAI

b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE CO.

c EIN-PN <u>04-1590850-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3757990</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) 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 SCOTT M AND A CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SCOTT M AND A CORPORATION	D Employer Identification Number (EIN) 31-1761354	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	53906	65510
(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)	3600148	3757990
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		129334
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3654054	3952834

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3654054	3952834
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	55881	
(B) Participants	2a(1)(B)	262617	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		318498
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	2408	
(F) Other	2b(1)(F)	687	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3095
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	201308	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		201308
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(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)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-82408
(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)		-11447
c Other income	2c		7793
d Total income. Add all income amounts in column (b) and enter total.....	2d		436839

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	102545	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		102545
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	22459	
(4) Other	2i(4)	13055	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		35514
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		138059

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		298780
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: MCRATE DELAET & COMPANY

(2) EIN: 34-1205613

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 11/01/2017 and ending 10/31/2018		
A Name of plan SCOTT M AND A CORPORATION 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SCOTT M AND A CORPORATION		D Employer Identification Number (EIN) 31-1761354
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-1590850		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Scott M & A Corporation 401(k) Plan

Financial Statements
October 31, 2018 and 2017

Table of Contents

	Page No.
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplemental Schedule	11

INDEPENDENT AUDITOR'S REPORT

To Management
Scott M & A Corporation 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Scott M & A Corporation 401(k) Plan, which comprise the statements of net assets available for benefits as of October 31, 2018 and 2017 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements."

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 11, which was certified by Mass Mutual, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Prior Year Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Scott M & A Corporation 401(k) Plan as of October 31, 2017, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

The supplemental schedules of Assets Held for Investment Purposes for the year ended October 31, 2018 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rule and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McCrate, DeLaet & Co.

August 09, 2019

Scott M & A Corporation 401(k) Plan
Statements of Net Assets Available for Benefits
October 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Investments:		
Investments	\$ 3,757,990	\$ 3,600,148
Held in insurance company general accounts - unallocated	129,334	-
Receivables:		
Employee loans	<u>65,510</u>	<u>53,906</u>
Total assets	<u>3,952,834</u>	<u>3,654,054</u>
Net Assets Available for Benefits	<u>\$ 3,952,834</u>	<u>\$ 3,654,054</u>

Scott M & A Corporation 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended October 31, 2018 and 2017

	2018	2017
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation (depreciation) in fair value of investments in pooled separate accounts	\$ (93,855)	\$ 368,274
Interest, dividends & capital gain distributions	204,403	99,339
Other Income	7,793	-
Total Investment Income	<u>118,341</u>	<u>467,613</u>
Contributions:		
Participant	262,617	230,827
Employer	55,881	49,186
Total Contributions	<u>318,498</u>	<u>280,013</u>
Total Additions	<u>436,839</u>	<u>747,626</u>
Deductions From Net Assets Attributed to:		
Benefits paid to participants	102,545	224,381
Administrative Expenses	<u>35,514</u>	<u>27,273</u>
Total Deductions	<u>138,059</u>	<u>251,654</u>
Net Increase (Decrease) in Net Assets	<u>298,780</u>	<u>495,972</u>
Net Assets Available for Benefits:		
Beginning of the Year	<u>3,654,054</u>	<u>3,158,082</u>
End of the Year	<u>\$ 3,952,834</u>	<u>\$ 3,654,054</u>

Scott M & A Corporation 401(k) Plan
Notes to Financial Statements

Note 1 - Description of the Plan:

The following description of the Scott M & A Corporation 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of the Company who have completed one year of service of at least 1,000 hours and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to the maximum allowable under the tax law of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Employee deferrals for the years ended October 31, 2018 and 2017 were \$262,617 and \$230,827, respectively. The Company matches up to 30% of the employees' contributions, with a limit of 5% of employees' compensation (highest match possible 1.5%). The Company's discretionary matching contributions for the years ended October 31, 2018 and 2017 were \$55,881 and \$49,186 respectively.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (1) the Company's contributions and (2) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is fully vested after six years of service.

Note 1 - (Continued)

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions to several investment options.

For the year ended October 31, 2018 employees had the following investment options:

INVESCO EQUITY AND INCOME R6
JPMORGAN US EQUITY R6
SELECT T ROWE PRICE BLUE CHIP GROWTH I
SELECT OVERSEAS I
SELECT WESTERN STRATEGIC BOND I
MFS VALUE R6
VANGUARD MID-CAP INDEX ADM
VANGUARD SMALL-CAP INDEX ADM
VANGUARD TOTAL BOND MARKET IND ADM
AMERICAN FUNDS TRGT DATE RET 2060 R6
AMERICAN FUNDS TRGT DATE RET 2055 R6
AMERICAN FUNDS TRGT DATE RET 2050 R6
AMERICAN FUNDS TRGT DATE RET 2045 R6
AMERICAN FUNDS TRGT DATE RET 2040 R6
AMERICAN FUNDS TRGT DATE RET 2035 R6
AMERICAN FUNDS TRGT DATE RET 2030 R6
AMERICAN FUNDS TRGT DATE RET 2025 R6
AMERICAN FUNDS TRGT DATE RET 2020 R6
AMERICAN FUNDS TRGT DATE RET 2015 R6
AMERICAN FUNDS TRGT DATE RET 2010 R6
VANGUARD TOTAL INTL STOCK ADM
VANGUARD 500 INDEX ADM
DELAWARE EMERGING MARKETS R6
FIXED ACCOUNT

Loans to Participants

Participants may borrow a minimum of \$1,000 and a maximum equal to 50% of their vested account balances, not to exceed \$50,000, reduced by their highest outstanding loan balance during the preceding twelve months with a maximum of three outstanding loans. The maximum term permitted for repayment of a loan is five years except for loans used for the purchase of a principal residence, which may be repaid over a maximum of fifteen years. Loans bear interest at a rate based on similar commercial loans by a person in the business of lending money. A loan set-up charge equal to \$100 per loan will be deducted from the participant's account. A maintenance fee of \$50 will be charged annually.

Payment of Benefits

On termination of service, a participant will receive a lump-sum amount equal to the value of his or her account or cash installments.

Forfeited Accounts

For the years ended October 31, 2018 and 2017 there was \$4,909 and \$1,222 of forfeited nonvested accounts, respectively.

Plan Expenses

Administrative expenses may be paid by the Plan or Company.

Note 2 - Summary of the Accounting Policies:

Basis of Accounting

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Investment contracts held in Guaranteed Interest Funds are valued at fair value, which represents contributions, reinvested income, less any withdrawals plus accrued interest. Fair value is adjusted to contract value on the financial statements. Interest rates approximate market rates. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Payments and Benefits

Benefits are recorded when paid.

Estimates

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

Subsequent Events

For the year ended October 31, 2018, the Company has evaluated subsequent events for potential recognition and disclosure through the report date, the date the financial statements were available to be issued.

Note 3 - Plan Termination

Although it has not expressed any 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.

Note 4 - Tax Status

The Plan obtained a determination letter, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan is no longer subject to examination by the IRS for years before October 31, 2015.

Note 5 - Risks & Uncertainties

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

Note 6 - Related Party and Party in Interest Transactions:

Section 3(14) of ERISA defines a party in interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Certain Plan investments are shares of pooled separate accounts managed by Mass Mutual Insurance Company. Mass Mutual Insurance Company is the custodian as defined by the Plan and therefore, these transactions qualify as a party in interest transactions. Certain employees and the officer of the Company, who are also participants in the Plan, perform administrative services to the Plan at no cost to the plan.

Note 7 - Fair Value Measurements

Generally accepted accounting principles establishes 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 the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following tables present by level, within the fair value hierarchy, the Plan's investment assets at fair value, as of October 31, 2018 and 2017. As required by FASB ASC 820, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

<u>Assets at Fair Value as of October 31, 2018</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 3,757,990	\$ -	\$ -	\$ 3,757,990
Group Annuity Contract	-	129,334	-	129,334
Total	<u>\$ 3,757,990</u>	<u>\$ 129,334</u>	<u>\$ -</u>	<u>\$ 3,887,324</u>

<u>Assets at Fair Value as of October 31, 2017</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 3,600,148	\$ -	\$ -	\$ 3,600,148
Group Annuity Contract	-	-	-	-
Total	<u>\$ 3,600,148</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,600,148</u>

The Level 2 fixed maturity securities have liquidation value based on actuarial formula as defined under the terms of the contract. No unobservable inputs.

Note 8 - Information Prepared and Certified by Trustee:

At October 2018, the Plan's investments were held by the Trustee. The following is a summary of the Plan's financial information that is included in the financial statements based on the information certified by the Trustee as complete and accurate in accordance with section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the employee Retirement Income Security Act of 1974.

	<u>10/31/18</u>
Investments at fair value:	
Interest in Mutual Funds	\$ 3,757,990
Held in insurance company general accounts - unallocated	129,334
Investment income (loss)	(93,855)

Supplemental Schedule

Scott M & A Corporation 401(k) Plan
Schedule H - Part IV Line 4(I) - Schedule of Assets Held for Investment Purposes
EIN #31-1761354, Plan #001

(a)	Identity of issue, borrower, lessor, or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value (c)	Cost (d)		Current Value (e)	
*	Mass Mutual Insurance Company	Group Annuity Contract	Part. Direct Interest Range	Not Available	\$	129,334.00
			UNITS	UNIT VALUE		
*	Mass Mutual Insurance Company	INVESCO EQUITY AND INCOME R6	584.5585	10.42000	Not Available	6,091.10
*	Mass Mutual Insurance Company	JPMORGAN US EQUITY R6	8,687.2820	16.49000	Not Available	143,253.28
*	Mass Mutual Insurance Company	SELECT TROWE PRICE BLUE CHIP GROWTH I	5,328.3382	104.02000	Not Available	554,253.74
*	Mass Mutual Insurance Company	SELECT OVERSEAS I	20,191.5851	8.58000	Not Available	173,243.80
*	Mass Mutual Insurance Company	SELECT WESTERN STRATEGIC BOND I	54,402.0860	10.00000	Not Available	544,020.86
*	Mass Mutual Insurance Company	MFS VALUE R6	12,596.7360	38.83000	Not Available	489,131.26
*	Mass Mutual Insurance Company	VANGUARD MID-CAP INDEX ADM	1,865.1771	186.27000	Not Available	347,426.53
*	Mass Mutual Insurance Company	VANGUARD SMALL-CAP INDEX ADM	4,155.3837	70.01000	Not Available	290,918.41
*	Mass Mutual Insurance Company	VANGUARD TOTAL BOND MARKET IND ADM	14,201.7446	10.26000	Not Available	145,709.90
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2060 R6	497.1795	12.20000	Not Available	6,065.59
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2055 R6	833.2587	18.48000	Not Available	15,398.62
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2050 R6	948.8564	14.83000	Not Available	14,071.54

(a)	Identity of issue, borrower, lessor, or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value (c)			Cost (d)	Current Value (e)
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2045 R6	718.3707	15.16000	Not Available	10,890.50
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2040 R6	274.3756	14.91000	Not Available	4,090.94
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2035 R6	480.2670	14.57000	Not Available	6,997.49
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2030 R6	2,455.4700	14.17000	Not Available	34,794.01
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2025 R6	690.6026	13.21000	Not Available	9,122.86
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2020 R6	329.1916	12.37000	Not Available	4,072.10
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2015 R6	89.3310	11.39000	Not Available	1,017.48
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2010 R6	53.1363	10.71000	Not Available	569.09
*	Mass Mutual Insurance Company	VANGUARD TOTAL INTL STOCK ADM	3,768.8328	26.61000	Not Available	100,288.64
*	Mass Mutual Insurance Company	VANGUARD 500 INDEX ADM	2,933.4029	250.68000	Not Available	735,345.43
*	Mass Mutual Insurance Company	DELAWARE EMERGING MARKETS R6	7,138.6502	16.98000	Not Available	121,214.28
						<u>\$ 3,887,321.45</u>

Note: * in column (a) identifies person known to be a party in interest.

Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator (“you”) in completing the Form 5500 Schedule C¹ by identifying different types of compensation paid with respect to the product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 11/01/2017 - 10/31/2018 and indirect compensation is presented on a calendar year basis ending 12/31/2017.

This report includes compensation actually paid to or by MassMutual within the indicated plan year as part of your MassMutual-serviced product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your MassMutual customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than MassMutual). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

Please contact your MassMutual Service Team should you require additional information regarding the compensation paid to or by MassMutual with respect to your plan.

Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan’s service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

¹Please refer to the Schedule C of the Form 5500 and its instructions (available at: <http://www.dol.gov/ebsa/5500main.html>), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

SCOTT M & A CORP 401(K) PLAN (842986)
EIN #: 31-1761354

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 11/01/2017 - 10/31/2018 and indirect compensation is presented on a calendar year basis ending 12/31/2017.

For use with lines 2(h), 3(c), 3(d), 3(e)

Total Direct Compensation Paid **\$11,319.82**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

Recipient: Massachusetts Mutual Life Insurance Company EIN: 04-1590850

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

Direct Compensation **\$7,252.90**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2017 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Massachusetts Mutual Life Insurance Company ("MMLIC") are the net result of aggregating direct compensation after the effects of adjustments processed in 2017, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

Indirect Compensation

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. MassMutual's Code of Conduct generally restricts MassMutual employees from giving to or receiving gifts from customers and/or business partners having a value of over \$100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the calendar year, including MassMutual, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual.

Please consult with your legal or tax advisors if you have any questions.

Recipient: MERRILL LYNCH PIERCE FENNER SMITH INC EIN: 13-5674085

Service Codes:

Please contact your Service Provider for the list of applicable services performed and Service Codes.

Direct Compensation

\$4,066.92

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2018 plan year for the above named recipient.

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation are the net result of aggregating direct compensation after the effects of adjustments processed in 2018, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

Indirect Compensation

\$0.00

Our records indicate that this recipient did not receive any Indirect Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Direct Revenue Detail

Recipient: *Massachusetts Mutual Life Insurance Company*

<u>Fee Description</u>	<u>Dollar Amount</u>
Program and Administration Fee	\$6,390.90
Loan Set-up Fee	\$200.00
One-Time Distribution Fee	\$320.00
Loan Administration Fee	\$342.00
Total Direct Revenue:	\$7,252.90

Recipient: *MERRILL LYNCH PIERCE FENNER SMITH INC*

<u>Fee Description</u>	<u>Dollar Amount</u>
Expense Budget Account: Service Provider Fee	\$4,066.92
Total Direct Revenue:	\$4,066.92

Grand Total Direct Fees:

\$11,319.82



Schedule C Soft Dollar Compensation Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in the MassMutual Premier or Select Funds, the funds listed below had soft dollar arrangements during the previous fiscal year-end. For details, please refer to the Portfolio Transactions and Brokerage section of the Statement of Additional Information (“SAI”). For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information (“SAI”).

For additional information on soft dollar compensation, refer to the section of the mutual fund’s SAI that discusses brokerage allocation and other practices.

MassMutual Premier Funds

MassMutual Premier Balanced Fund
MassMutual Premier Disciplined Gr Fund
MassMutual Premier Disciplined Value Fund
MassMutual Premier FundInternational Eq Fund
MassMutual Premier Global Fund
MassMutual Premier Main Street Fund
MassMutual Premier Small Cap Opps Fund
MassMutual Premier Strat Emerg Mkts Fund

MassMutual Select Funds

MassMutual Select BlackRock Gbl Allc Fund
MassMutual Select Blue Chip Growth Fund
MassMutual Select Diversified Value Fund
MassMutual Select Equity Opports Fund
MassMutual Select Fundamental Growth Fund
MassMutual Select Fundamental Value A
MassMutual Select Fundamental Value Adm
MassMutual Select Fundamental Value Fund
MassMutual Select Growth Opps Fund
MassMutual Select Mid Cap Growth Fund
MassMutual Select Mid Cap Value Fund
MassMutual Select Mid-Cap Value Fund
MassMutual Select Overseas Fund
MassMutual Select Small Cap Gr Eq Fund
MassMutual Select Small Cap Growth Eq Fund
MassMutual Select Small Cap Val Eq Fund
MassMutual Select Small Company Val Fund
MassMutual Select Small Company Value Fund

Scott M & A Corporation 401(k) Plan

Financial Statements
October 31, 2018 and 2017

Table of Contents

	Page No.
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplemental Schedule	11

INDEPENDENT AUDITOR'S REPORT

To Management
Scott M & A Corporation 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Scott M & A Corporation 401(k) Plan, which comprise the statements of net assets available for benefits as of October 31, 2018 and 2017 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements."

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 11, which was certified by Mass Mutual, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Prior Year Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Scott M & A Corporation 401(k) Plan as of October 31, 2017, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

The supplemental schedules of Assets Held for Investment Purposes for the year ended October 31, 2018 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rule and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McCrate, DeLaet & Co.

August 09, 2019

Scott M & A Corporation 401(k) Plan
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Investments	\$ 3,757,990	\$ 3,600,148
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Receivables:		
Employee loans	<u>65,510</u>	<u>53,906</u>
Total assets	<u>3,952,834</u>	<u>3,654,054</u>
Net Assets Available for Benefits	<u>\$ 3,952,834</u>	<u>\$ 3,654,054</u>

Scott M & A Corporation 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended October 31, 2018 and 2017

	2018	2017
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation (depreciation) in fair value of investments in pooled separate accounts	\$ (93,855)	\$ 368,274
Interest, dividends & capital gain distributions	204,403	99,339
Other Income	7,793	-
Total Investment Income	<u>118,341</u>	<u>467,613</u>
Contributions:		
Participant	262,617	230,827
Employer	55,881	49,186
Total Contributions	<u>318,498</u>	<u>280,013</u>
Total Additions	<u>436,839</u>	<u>747,626</u>
Deductions From Net Assets Attributed to:		
Benefits paid to participants	102,545	224,381
Administrative Expenses	<u>35,514</u>	<u>27,273</u>
Total Deductions	<u>138,059</u>	<u>251,654</u>
Net Increase (Decrease) in Net Assets	<u>298,780</u>	<u>495,972</u>
Net Assets Available for Benefits:		
Beginning of the Year	<u>3,654,054</u>	<u>3,158,082</u>
End of the Year	<u>\$ 3,952,834</u>	<u>\$ 3,654,054</u>

Scott M & A Corporation 401(k) Plan
Notes to Financial Statements

Note 1 - Description of the Plan:

The following description of the Scott M & A Corporation 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of the Company who have completed one year of service of at least 1,000 hours and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to the maximum allowable under the tax law of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Employee deferrals for the years ended October 31, 2018 and 2017 were \$262,617 and \$230,827, respectively. The Company matches up to 30% of the employees' contributions, with a limit of 5% of employees' compensation (highest match possible 1.5%). The Company's discretionary matching contributions for the years ended October 31, 2018 and 2017 were \$55,881 and \$49,186 respectively.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (1) the Company's contributions and (2) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is fully vested after six years of service.

Note 1 - (Continued)

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions to several investment options.

For the year ended October 31, 2018 employees had the following investment options:

INVESCO EQUITY AND INCOME R6
JPMORGAN US EQUITY R6
SELECT T ROWE PRICE BLUE CHIP GROWTH I
SELECT OVERSEAS I
SELECT WESTERN STRATEGIC BOND I
MFS VALUE R6
VANGUARD MID-CAP INDEX ADM
VANGUARD SMALL-CAP INDEX ADM
VANGUARD TOTAL BOND MARKET IND ADM
AMERICAN FUNDS TRGT DATE RET 2060 R6
AMERICAN FUNDS TRGT DATE RET 2055 R6
AMERICAN FUNDS TRGT DATE RET 2050 R6
AMERICAN FUNDS TRGT DATE RET 2045 R6
AMERICAN FUNDS TRGT DATE RET 2040 R6
AMERICAN FUNDS TRGT DATE RET 2035 R6
AMERICAN FUNDS TRGT DATE RET 2030 R6
AMERICAN FUNDS TRGT DATE RET 2025 R6
AMERICAN FUNDS TRGT DATE RET 2020 R6
AMERICAN FUNDS TRGT DATE RET 2015 R6
AMERICAN FUNDS TRGT DATE RET 2010 R6
VANGUARD TOTAL INTL STOCK ADM
VANGUARD 500 INDEX ADM
DELAWARE EMERGING MARKETS R6
FIXED ACCOUNT

Loans to Participants

Participants may borrow a minimum of \$1,000 and a maximum equal to 50% of their vested account balances, not to exceed \$50,000, reduced by their highest outstanding loan balance during the preceding twelve months with a maximum of three outstanding loans. The maximum term permitted for repayment of a loan is five years except for loans used for the purchase of a principal residence, which may be repaid over a maximum of fifteen years. Loans bear interest at a rate based on similar commercial loans by a person in the business of lending money. A loan set-up charge equal to \$100 per loan will be deducted from the participant's account. A maintenance fee of \$50 will be charged annually.

Payment of Benefits

On termination of service, a participant will receive a lump-sum amount equal to the value of his or her account or cash installments.

Forfeited Accounts

For the years ended October 31, 2018 and 2017 there was \$4,909 and \$1,222 of forfeited nonvested accounts, respectively.

Plan Expenses

Administrative expenses may be paid by the Plan or Company.

Note 2 - Summary of the Accounting Policies:

Basis of Accounting

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Investment contracts held in Guaranteed Interest Funds are valued at fair value, which represents contributions, reinvested income, less any withdrawals plus accrued interest. Fair value is adjusted to contract value on the financial statements. Interest rates approximate market rates. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Payments and Benefits

Benefits are recorded when paid.

Estimates

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

Subsequent Events

For the year ended October 31, 2018, the Company has evaluated subsequent events for potential recognition and disclosure through the report date, the date the financial statements were available to be issued.

Note 3 - Plan Termination

Although it has not expressed any 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.

Note 4 - Tax Status

The Plan obtained a determination letter, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan is no longer subject to examination by the IRS for years before October 31, 2015.

Note 5 - Risks & Uncertainties

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

Note 6 - Related Party and Party in Interest Transactions:

Section 3(14) of ERISA defines a party in interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Certain Plan investments are shares of pooled separate accounts managed by Mass Mutual Insurance Company. Mass Mutual Insurance Company is the custodian as defined by the Plan and therefore, these transactions qualify as a party in interest transactions. Certain employees and the officer of the Company, who are also participants in the Plan, perform administrative services to the Plan at no cost to the plan.

Note 7 - Fair Value Measurements

Generally accepted accounting principles establishes 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 the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following tables present by level, within the fair value hierarchy, the Plan's investment assets at fair value, as of October 31, 2018 and 2017. As required by FASB ASC 820, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

<u>Assets at Fair Value as of October 31, 2018</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 3,757,990	\$ -	\$ -	\$ 3,757,990
Group Annuity Contract	-	129,334	-	129,334
Total	<u>\$ 3,757,990</u>	<u>\$ 129,334</u>	<u>\$ -</u>	<u>\$ 3,887,324</u>

<u>Assets at Fair Value as of October 31, 2017</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 3,600,148	\$ -	\$ -	\$ 3,600,148
Group Annuity Contract	-	-	-	-
Total	<u>\$ 3,600,148</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,600,148</u>

The Level 2 fixed maturity securities have liquidation value based on actuarial formula as defined under the terms of the contract. No unobservable inputs.

Note 8 - Information Prepared and Certified by Trustee:

At October 2018, the Plan's investments were held by the Trustee. The following is a summary of the Plan's financial information that is included in the financial statements based on the information certified by the Trustee as complete and accurate in accordance with section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the employee Retirement Income Security Act of 1974.

	<u>10/31/18</u>
Investments at fair value:	
Interest in Mutual Funds	\$ 3,757,990
Held in insurance company general accounts - unallocated	129,334
Investment income (loss)	(93,855)

Supplemental Schedule

Scott M & A Corporation 401(k) Plan
Schedule H - Part IV Line 4(I) - Schedule of Assets Held for Investment Purposes
EIN #31-1761354, Plan #001

(a)	Identity of issue, borrower, lessor, or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value (c)	Cost (d)		Current Value (e)	
*	Mass Mutual Insurance Company	Group Annuity Contract	Part. Direct Interest Range	Not Available	\$	129,334.00
			UNITS	UNIT VALUE		
*	Mass Mutual Insurance Company	INVESCO EQUITY AND INCOME R6	584.5585	10.42000	Not Available	6,091.10
*	Mass Mutual Insurance Company	JPMORGAN US EQUITY R6	8,687.2820	16.49000	Not Available	143,253.28
*	Mass Mutual Insurance Company	SELECT TROWE PRICE BLUE CHIP GROWTH I	5,328.3382	104.02000	Not Available	554,253.74
*	Mass Mutual Insurance Company	SELECT OVERSEAS I	20,191.5851	8.58000	Not Available	173,243.80
*	Mass Mutual Insurance Company	SELECT WESTERN STRATEGIC BOND I	54,402.0860	10.00000	Not Available	544,020.86
*	Mass Mutual Insurance Company	MFS VALUE R6	12,596.7360	38.83000	Not Available	489,131.26
*	Mass Mutual Insurance Company	VANGUARD MID-CAP INDEX ADM	1,865.1771	186.27000	Not Available	347,426.53
*	Mass Mutual Insurance Company	VANGUARD SMALL-CAP INDEX ADM	4,155.3837	70.01000	Not Available	290,918.41
*	Mass Mutual Insurance Company	VANGUARD TOTAL BOND MARKET IND ADM	14,201.7446	10.26000	Not Available	145,709.90
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2060 R6	497.1795	12.20000	Not Available	6,065.59
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2055 R6	833.2587	18.48000	Not Available	15,398.62
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2050 R6	948.8564	14.83000	Not Available	14,071.54

(a)	Identity of issue, borrower, lessor, or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value (c)			Cost (d)	Current Value (e)
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2045 R6	718.3707	15.16000	Not Available	10,890.50
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2040 R6	274.3756	14.91000	Not Available	4,090.94
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2035 R6	480.2670	14.57000	Not Available	6,997.49
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2030 R6	2,455.4700	14.17000	Not Available	34,794.01
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2025 R6	690.6026	13.21000	Not Available	9,122.86
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2020 R6	329.1916	12.37000	Not Available	4,072.10
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2015 R6	89.3310	11.39000	Not Available	1,017.48
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2010 R6	53.1363	10.71000	Not Available	569.09
*	Mass Mutual Insurance Company	VANGUARD TOTAL INTL STOCK ADM	3,768.8328	26.61000	Not Available	100,288.64
*	Mass Mutual Insurance Company	VANGUARD 500 INDEX ADM	2,933.4029	250.68000	Not Available	735,345.43
*	Mass Mutual Insurance Company	DELAWARE EMERGING MARKETS R6	7,138.6502	16.98000	Not Available	121,214.28
						<u>\$ 3,887,321.45</u>

Note: * in column (a) identifies person known to be a party in interest.

Scott M & A Corporation 401(k) Plan

Financial Statements
October 31, 2018 and 2017

Table of Contents

	Page No.
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplemental Schedule	11

INDEPENDENT AUDITOR'S REPORT

To Management
Scott M & A Corporation 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Scott M & A Corporation 401(k) Plan, which comprise the statements of net assets available for benefits as of October 31, 2018 and 2017 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements."

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 11, which was certified by Mass Mutual, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Prior Year Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Scott M & A Corporation 401(k) Plan as of October 31, 2017, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

The supplemental schedules of Assets Held for Investment Purposes for the year ended October 31, 2018 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rule and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McCrate, DeLaet & Co.

August 09, 2019

Scott M & A Corporation 401(k) Plan
Statements of Net Assets Available for Benefits
October 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Investments:		
Investments	\$ 3,757,990	\$ 3,600,148
Held in insurance company general accounts - unallocated	129,334	-
Receivables:		
Employee loans	<u>65,510</u>	<u>53,906</u>
Total assets	<u>3,952,834</u>	<u>3,654,054</u>
Net Assets Available for Benefits	<u>\$ 3,952,834</u>	<u>\$ 3,654,054</u>

Scott M & A Corporation 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended October 31, 2018 and 2017

	2018	2017
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation (depreciation) in fair value of investments in pooled separate accounts	\$ (93,855)	\$ 368,274
Interest, dividends & capital gain distributions	204,403	99,339
Other Income	7,793	-
Total Investment Income	<u>118,341</u>	<u>467,613</u>
Contributions:		
Participant	262,617	230,827
Employer	55,881	49,186
Total Contributions	<u>318,498</u>	<u>280,013</u>
Total Additions	<u>436,839</u>	<u>747,626</u>
Deductions From Net Assets Attributed to:		
Benefits paid to participants	102,545	224,381
Administrative Expenses	<u>35,514</u>	<u>27,273</u>
Total Deductions	<u>138,059</u>	<u>251,654</u>
Net Increase (Decrease) in Net Assets	<u>298,780</u>	<u>495,972</u>
Net Assets Available for Benefits:		
Beginning of the Year	<u>3,654,054</u>	<u>3,158,082</u>
End of the Year	<u>\$ 3,952,834</u>	<u>\$ 3,654,054</u>

Scott M & A Corporation 401(k) Plan
Notes to Financial Statements

Note 1 - Description of the Plan:

The following description of the Scott M & A Corporation 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of the Company who have completed one year of service of at least 1,000 hours and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to the maximum allowable under the tax law of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Employee deferrals for the years ended October 31, 2018 and 2017 were \$262,617 and \$230,827, respectively. The Company matches up to 30% of the employees' contributions, with a limit of 5% of employees' compensation (highest match possible 1.5%). The Company's discretionary matching contributions for the years ended October 31, 2018 and 2017 were \$55,881 and \$49,186 respectively.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (1) the Company's contributions and (2) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is fully vested after six years of service.

Note 1 - (Continued)

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions to several investment options.

For the year ended October 31, 2018 employees had the following investment options:

INVESCO EQUITY AND INCOME R6
JPMORGAN US EQUITY R6
SELECT T ROWE PRICE BLUE CHIP GROWTH I
SELECT OVERSEAS I
SELECT WESTERN STRATEGIC BOND I
MFS VALUE R6
VANGUARD MID-CAP INDEX ADM
VANGUARD SMALL-CAP INDEX ADM
VANGUARD TOTAL BOND MARKET IND ADM
AMERICAN FUNDS TRGT DATE RET 2060 R6
AMERICAN FUNDS TRGT DATE RET 2055 R6
AMERICAN FUNDS TRGT DATE RET 2050 R6
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AMERICAN FUNDS TRGT DATE RET 2040 R6
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AMERICAN FUNDS TRGT DATE RET 2025 R6
AMERICAN FUNDS TRGT DATE RET 2020 R6
AMERICAN FUNDS TRGT DATE RET 2015 R6
AMERICAN FUNDS TRGT DATE RET 2010 R6
VANGUARD TOTAL INTL STOCK ADM
VANGUARD 500 INDEX ADM
DELAWARE EMERGING MARKETS R6
FIXED ACCOUNT

Loans to Participants

Participants may borrow a minimum of \$1,000 and a maximum equal to 50% of their vested account balances, not to exceed \$50,000, reduced by their highest outstanding loan balance during the preceding twelve months with a maximum of three outstanding loans. The maximum term permitted for repayment of a loan is five years except for loans used for the purchase of a principal residence, which may be repaid over a maximum of fifteen years. Loans bear interest at a rate based on similar commercial loans by a person in the business of lending money. A loan set-up charge equal to \$100 per loan will be deducted from the participant's account. A maintenance fee of \$50 will be charged annually.

Payment of Benefits

On termination of service, a participant will receive a lump-sum amount equal to the value of his or her account or cash installments.

Forfeited Accounts

For the years ended October 31, 2018 and 2017 there was \$4,909 and \$1,222 of forfeited nonvested accounts, respectively.

Plan Expenses

Administrative expenses may be paid by the Plan or Company.

Note 2 - Summary of the Accounting Policies:

Basis of Accounting

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Investment contracts held in Guaranteed Interest Funds are valued at fair value, which represents contributions, reinvested income, less any withdrawals plus accrued interest. Fair value is adjusted to contract value on the financial statements. Interest rates approximate market rates. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Payments and Benefits

Benefits are recorded when paid.

Estimates

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

Subsequent Events

For the year ended October 31, 2018, the Company has evaluated subsequent events for potential recognition and disclosure through the report date, the date the financial statements were available to be issued.

Note 3 - Plan Termination

Although it has not expressed any 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.

Note 4 - Tax Status

The Plan obtained a determination letter, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan is no longer subject to examination by the IRS for years before October 31, 2015.

Note 5 - Risks & Uncertainties

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

Note 6 - Related Party and Party in Interest Transactions:

Section 3(14) of ERISA defines a party in interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Certain Plan investments are shares of pooled separate accounts managed by Mass Mutual Insurance Company. Mass Mutual Insurance Company is the custodian as defined by the Plan and therefore, these transactions qualify as a party in interest transactions. Certain employees and the officer of the Company, who are also participants in the Plan, perform administrative services to the Plan at no cost to the plan.

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Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
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A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following tables present by level, within the fair value hierarchy, the Plan's investment assets at fair value, as of October 31, 2018 and 2017. As required by FASB ASC 820, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

<u>Assets at Fair Value as of October 31, 2018</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 3,757,990	\$ -	\$ -	\$ 3,757,990
Group Annuity Contract	-	129,334	-	129,334
Total	<u>\$ 3,757,990</u>	<u>\$ 129,334</u>	<u>\$ -</u>	<u>\$ 3,887,324</u>

<u>Assets at Fair Value as of October 31, 2017</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 3,600,148	\$ -	\$ -	\$ 3,600,148
Group Annuity Contract	-	-	-	-
Total	<u>\$ 3,600,148</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,600,148</u>

The Level 2 fixed maturity securities have liquidation value based on actuarial formula as defined under the terms of the contract. No unobservable inputs.

Note 8 - Information Prepared and Certified by Trustee:

At October 2018, the Plan's investments were held by the Trustee. The following is a summary of the Plan's financial information that is included in the financial statements based on the information certified by the Trustee as complete and accurate in accordance with section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the employee Retirement Income Security Act of 1974.

	<u>10/31/18</u>
Investments at fair value:	
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Investment income (loss)	(93,855)

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Scott M & A Corporation 401(k) Plan
Schedule H - Part IV Line 4(I) - Schedule of Assets Held for Investment Purposes
EIN #31-1761354, Plan #001

(a)	Identity of issue, borrower, lessor, or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value (c)	Cost (d)		Current Value (e)	
*	Mass Mutual Insurance Company	Group Annuity Contract	Part. Direct Interest Range	Not Available	\$	129,334.00
			UNITS	UNIT VALUE		
*	Mass Mutual Insurance Company	INVESCO EQUITY AND INCOME R6	584.5585	10.42000	Not Available	6,091.10
*	Mass Mutual Insurance Company	JPMORGAN US EQUITY R6	8,687.2820	16.49000	Not Available	143,253.28
*	Mass Mutual Insurance Company	SELECT TROWE PRICE BLUE CHIP GROWTH I	5,328.3382	104.02000	Not Available	554,253.74
*	Mass Mutual Insurance Company	SELECT OVERSEAS I	20,191.5851	8.58000	Not Available	173,243.80
*	Mass Mutual Insurance Company	SELECT WESTERN STRATEGIC BOND I	54,402.0860	10.00000	Not Available	544,020.86
*	Mass Mutual Insurance Company	MFS VALUE R6	12,596.7360	38.83000	Not Available	489,131.26
*	Mass Mutual Insurance Company	VANGUARD MID-CAP INDEX ADM	1,865.1771	186.27000	Not Available	347,426.53
*	Mass Mutual Insurance Company	VANGUARD SMALL-CAP INDEX ADM	4,155.3837	70.01000	Not Available	290,918.41
*	Mass Mutual Insurance Company	VANGUARD TOTAL BOND MARKET IND ADM	14,201.7446	10.26000	Not Available	145,709.90
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2060 R6	497.1795	12.20000	Not Available	6,065.59
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2055 R6	833.2587	18.48000	Not Available	15,398.62
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2050 R6	948.8564	14.83000	Not Available	14,071.54

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*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2045 R6	718.3707	15.16000	Not Available	10,890.50
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2040 R6	274.3756	14.91000	Not Available	4,090.94
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2035 R6	480.2670	14.57000	Not Available	6,997.49
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2030 R6	2,455.4700	14.17000	Not Available	34,794.01
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2025 R6	690.6026	13.21000	Not Available	9,122.86
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2020 R6	329.1916	12.37000	Not Available	4,072.10
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2015 R6	89.3310	11.39000	Not Available	1,017.48
*	Mass Mutual Insurance Company	AMERICAN FUNDS TRGT DATE RET 2010 R6	53.1363	10.71000	Not Available	569.09
*	Mass Mutual Insurance Company	VANGUARD TOTAL INTL STOCK ADM	3,768.8328	26.61000	Not Available	100,288.64
*	Mass Mutual Insurance Company	VANGUARD 500 INDEX ADM	2,933.4029	250.68000	Not Available	735,345.43
*	Mass Mutual Insurance Company	DELAWARE EMERGING MARKETS R6	7,138.6502	16.98000	Not Available	121,214.28
						<u><u>\$ 3,887,321.45</u></u>

Note: * in column (a) identifies person known to be a party in interest.