

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 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</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 ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan <u>LARSON MANUFACTURING COMPANY EMPLOYEE PROFIT SHARING PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/1966</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LARSON MANUFACTURING CO. OF SD, INC.</u> <u>2333 EASTBROOK DRIVE</u> <u>BROOKINGS, SD 57006</u>	2b	Employer Identification Number (EIN) <u>46-0278504</u>
		2c	Plan Sponsor's telephone number <u>605-692-6115</u>
		2d	Business code (see instructions) <u>332900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2019	WALTER SYLTIE II
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2019	WALTER SYLTIE II
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 871
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 738
a(2) Total number of active participants at the end of the plan year	6a(2) 745
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits	6c 107
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 852
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 6
f Total. Add lines 6d and 6e	6f 858
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 858
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 23
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan LARSON MANUFACTURING COMPANY EMPLOYEE PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LARSON MANUFACTURING CO. OF SD, INC.	D Employer Identification Number (EIN) 46-0278504

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

(a) Name of insurance carrier PACIFIC LIFE INSURANCE
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-1079000	67466	GROUPED	2	01/01/2018	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	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	12478

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan LARSON MANUFACTURING COMPANY EMPLOYEE PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LARSON MANUFACTURING CO. OF SD, INC.	D Employer Identification Number (EIN) 46-0278504

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

(a) Name of insurance carrier MIDLAND NATIONAL LIFE INSURANCE
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
46-0164570	66044	GROUPED	27	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.
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(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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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	
5 Current value of plan's interest under this contract in separate accounts at year end	5	350756

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

b Premiums paid to carrier.....	6b	594
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan LARSON MANUFACTURING COMPANY EMPLOYEE PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LARSON MANUFACTURING CO. OF SD, INC.	D Employer Identification Number (EIN) 46-0278504	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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--

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

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

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

WALTER SYLTIE

2333 EASTBROOK DRIVE
BROOKINGS, SD 57006

46-0278504

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

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

LEGG MASON

100 INTERNATIONAL DRIVE
BALTIMORE, MD 21202

12-2919773

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	NONE	295267	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

WELLS FARGO INVESTMENTS

600 CALIFORNIA ST
SAN FRANCISCO, CA 94108

41-6370378

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	NONE	153787	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

FIRST BANK & TRUST

PO BOX 5057
BROOKINGS, SD 57006

46-0418030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64	NONE	16504	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

MARKS GROUP

4350 BAKER RD STE 245
MINNETONKA, MN 55343

26-3675041

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	27500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

NUVEEN ASSET MANAGEMENT

901 S. MARQUETTE AVE
MINNEAPOLIS, MN 55402

27-4357327

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	NONE	2657	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)

CINCINNATI ASSET MANAGEMENT

8845 GOVERNORS HILL DRIVE
CINCINNATI, OH 45249

31-1264576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	NONE		Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>LARSON MANUFACTURING COMPANY EMPLOYEE PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LARSON MANUFACTURING CO. OF SD, INC.</u>	D Employer Identification Number (EIN) <u>46-0278504</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/BLACKROCK S&P INDEX</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>		
c EIN-PN <u>94-3224211-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8117144</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/BALCKROCK S&P MIDCAP INDEX</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>		
c EIN-PN <u>52-2265235-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5395989</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/BALCKROCK US AGREGATE BOND INDEX</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>		
c EIN-PN <u>20-5699010-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19452685</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/BLACKROCK RUSSELL 2000 INDEX</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>		
c EIN-PN <u>52-2265233-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3073880</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/BLACKROCK LARGE CAP VALUE INDEX</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>		
c EIN-PN <u>52-2265227-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6159809</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/BLACKROCK LARGE CAP GROWTH INDEX</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>		
c EIN-PN <u>52-2265232-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6213573</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/BLACKROCK INTERNATIONAL EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>		
c EIN-PN <u>52-2265229-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8210422</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK SHORT TERM FUND**b** Name of sponsor of entity listed in (a): WELLS FARGO

c EIN-PN 41-6292499-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1838703
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan LARSON MANUFACTURING COMPANY EMPLOYEE PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 LARSON MANUFACTURING CO. OF SD, INC.	D Employer Identification Number (EIN) 46-0278504	

Part I 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)	3582040	2464070
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	70719	197974
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	3871764	4234767
(2) U.S. Government securities	1c(2)	15554	8092
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	539312	15176527
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	1139310	939640
(B) Common.....	1c(4)(B)	51398510	51269666
(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)	491099	455993
(9) Value of interest in common/collective trusts	1c(9)	63434303	58462205
(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)	35925538	15771739
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	370253	363234

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	160838402	149343907

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	44225	44860
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	44225	44860

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	160794177	149299047
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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)	6064070	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6064070
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	45341	
(B) U.S. Government securities	2b(1)(B)	975	
(C) Corporate debt instruments	2b(1)(C)	204374	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	26718	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		277408
(2) Dividends: (A) Preferred stock	2b(2)(A)	71195	
(B) Common stock	2b(2)(B)	972171	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	539360	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1582726
(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)	94991	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-94991
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-3599179	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-3599179

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-3120511
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-169188
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		940335

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11939126	
(2) To insurance carriers for the provision of benefits	2e(2)	594	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		11939720
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)	495715	
(4) Other	2i(4)	30	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		495745
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12435465

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-11495130
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KINNER & CO

(2) EIN: 46-0400356

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>LARSON MANUFACTURING COMPANY EMPLOYEE PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LARSON MANUFACTURING CO. OF SD, INC.</u>	D Employer Identification Number (EIN) <u>46-0278504</u>

Part I	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): <u>46-6062172</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**16b**

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

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

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

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

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

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

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

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

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

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

LARSON MANUFACTURING COMPANY



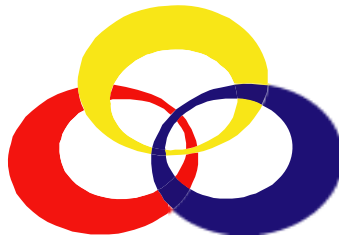
EMPLOYEE PROFIT SHARING PLAN

Financial Statements
December 31, 2018 and 2017

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN

Index to Financial Statements
December 31, 2018 and 2017

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Kinner & Company Ltd

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Larson Manufacturing Company
Employee Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Larson Manufacturing Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 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

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

Auditor's Responsibility

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

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

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

404 3rd Avenue, PO Box 690, Brookings, SD 57006
605-692-2515 or 800-692-2515, fax 605-692-8151
Visit our website at www.kinner.co

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Larson Manufacturing Profit Sharing Plan as of December 31, 2018 and 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.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of year and schedule of reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in cursive script that reads "Kinner & Company Ltd.".

Kinner & Company Ltd
Certified Public Accountants
Brookings, South Dakota
October 14, 2019

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018 AND 2017

	2018	2017
Assets		
Investments at Fair Value		
Cash and Cash Equivalents	\$ 4,234,767	\$ 3,871,764
Mutual Funds	15,771,739	35,925,538
Common and Collective Trust Funds	58,462,205	63,434,303
Corporate Bonds	15,176,527	539,312
Common Stocks	51,269,666	51,398,510
Preferred Stocks	939,640	1,139,310
Mortgage-Backed Securities	8,092	15,554
Total Investments at Fair Value	<u>145,862,636</u>	<u>156,324,291</u>
Receivables		
Employer Contribution Receivable	2,464,070	3,582,040
Notes Receivable from Participants	455,993	491,099
Interest and Dividends Receivable	197,974	70,719
Total Receivables	<u>3,118,037</u>	<u>4,143,858</u>
Other Assets		
Cash surrender value of life insurance, net of policy loans	<u>363,234</u>	<u>370,253</u>
Total Other Assets	<u>363,234</u>	<u>370,253</u>
Total Assets	149,343,907	160,838,402
Liabilities		
Accrued Expenses	44,860	44,225
Net Assets Available for Benefits	<u><u>\$ 149,299,047</u></u>	<u><u>\$ 160,794,177</u></u>

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

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2018 AND 2017

	<u>2018</u>	<u>2017</u>
Additions:		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ (6,983,869)	\$ 23,596,518
Dividends	1,582,726	1,520,805
Interest	250,690	44,678
Total Investment Income	<u>(5,150,453)</u>	<u>25,162,001</u>
Interest Income on Notes Receivable from Participants	26,718	30,968
Contributions		
Employer Contributions	<u>6,064,070</u>	<u>6,132,040</u>
Total Additions	940,335	31,325,009
Deductions:		
Benefits Paid to Participants	11,939,126	10,983,759
Benefits Paid to Insurance Carriers	594	557
Investment Management Fees & Administrative Expenses	495,745	425,479
Total Deductions	<u>12,435,465</u>	<u>11,409,795</u>
Net Increase (Decrease)	(11,495,130)	19,915,214
Net Assets Available for Benefits:		
Beginning of Year	<u>160,794,177</u>	<u>140,878,963</u>
End of Year	<u><u>\$ 149,299,047</u></u>	<u><u>\$ 160,794,177</u></u>

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

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2018 and 2017

Note 1 Description of Plan

The following description of the Larson Manufacturing Company Employee Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a single employer defined contribution plan originally effective January 1, 1966. The Plan has been amended throughout the years to comply with tax legislation and most recently amended effective January 1, 2016. The Plan excludes collective bargaining (union) employees and non-resident aliens. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Directors determines the appropriateness of the Plan's investments and monitors investment performance.

Eligibility

All employees of Larson Manufacturing Company, Inc., Larson Manufacturing Company of South Dakota, Inc., Larson Manufacturing Company of Iowa, Inc., Larson Transportation, LLC, Larson Installation, LLC, and CLO Larson Manufacturing Company (the Companies) who have attained age 18 are eligible to become participants upon completion of one year and 1,000 hours of service, as defined in the Plan. The employees enter the Plan on the first day of January or July following the completion of the eligibility requirements.

Contributions

The Plan does not currently allow participant contributions. Employer contributions to the Plan are determined by their respective Boards of Directors subject to certain limitations. For 2018 and 2017, the contribution was 15% of the eligible employees' gross wages.

The Plan does not currently allow distributions from other qualified defined benefit or defined contribution plans (rollover). The Plan administrator directs the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with an allocation of the employer contribution, Plan earnings or losses, and forfeitures of terminated participants' non-vested amounts. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2018 and 2017

Note 1 Description of Plan (continued)

Vesting

Employer contributions to participant's accounts vest according to the following:

Effective with respect to participants who are credited with an hour of service on or after January 1, 2007, the vested portion of any such participant's account shall be a percentage of the total amount credited to the participant's account determined on the basis of the participant's number of years of service according to the following schedule:

Vesting Schedule

<u>Years of Service</u>	<u>Percentage</u>
Less than 2	0%
2 years but less than 3 years	20%
3 years but less than 4 years	40%
4 years but less than 5 years	60%
5 years but less than 6 years	80%
6 years or more	100%

The vested portion of any participant's account that is not credited with an hour of service on or after January 1, 2009, shall be a percentage of the total amount credited to such participant's account determined on the basis of the participant's number of years of service according to the following schedule:

Vesting Schedule

<u>Years of Service</u>	<u>Percentage</u>
Less than 3	0%
3 years but less than 4 years	20%
4 years but less than 5 years	40%
5 years but less than 6 years	60%
6 years but less than 7 years	80%
7 years or more	100%

The Plan also provides for 100% vesting at the normal retirement date (age 55), upon retirement due to disability or upon the death of the participant. Employee contributions, which were allowed prior to January 1, 1992, are 100% vested regardless of length of service.

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018 and 2017

Note 1 Description of Plan (continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$10,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at a rate available for similar loans from commercial lending institutions at the time the loan application is made as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions. The loan must provide at least quarterly payments under a level amortization schedule. The loan terms range from one to five years or up to fifteen years for the purchase of a primary residence. The maximum number of loans a participant may have outstanding at any one time is four. In 2018 and 2017 interest rates ranged from 6.0% - 7.0%

Payment of Benefits

Upon termination of service due to death, disability, retirement, or for termination of service due to other reasons, a participant may elect to receive the value of the vested interest in his or her account in the form of a lump-sum amount, or installments. Participants with vested balances of less than \$5,000 receive their benefit payment in a lump-sum.

Plan Administration

Plan assets are managed by three officers who are stockholders and the Plan trustees, who are parties in interest.

Forfeited Accounts

Forfeited non-vested accounts are reallocated to participant accounts in the year of forfeiture. At December 31, 2018 and 2017, forfeited non-vested accounts totaled \$75,956 and \$75,925, respectively.

Note 2 Summary of Significant Accounting Policies

Basis of Accounting

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

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, a contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2018 and 2017

Note 2 Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Directors determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation (depreciation) in the fair value of plan investments presented in the Statement of Changes in Net Assets Available for Plan Benefits consist of realized gains and losses and unrealized appreciation or depreciation of those investments.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2018 or 2017. If a participant ceases to make note repayments and the Plan administrator deems the participant note to be in default, the participant note balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company.

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2019, the date the financial statements were available to be issued. No subsequent events have been identified.

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018 and 2017

Note 3 Fair Value Measurements

FASB ASC Topic 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

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

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018 and 2017

Note 3 Fair Value Measurements (continued)

Common collective funds: The fair values of participation units in the stable value collective trust are based upon the net asset values per unit as reported by the fund manager. The Plan invests in eight different common collective trust funds. The Short-Term Investment Fund's objective is to invest primarily in short-term fixed income securities. The Fund will pursue its objective through the investment of one or more underlying collective investment funds maintained by BlackRock Institutional Trust Company, N.A. Units of the funds are issued and redeemed at the latest net asset value which is determined daily. There are no advance notification requirements for these funds.

The seven remaining common collective funds seek to approximate as closely as practicable the total return, before deductions of fees and expenses, of the appropriate index noted below. The Funds are index funds that invest in equity securities of companies that compose the Index. The Funds will pursue its objective through investments in one or more underlying collective investment funds maintained by BlackRock Institutional Trust Company, N.A. Units of the funds are issued and redeemed at the latest net asset value which is determined daily. There are no advance notification requirements for these funds.

<u>Fund</u>	<u>Index</u>
International Equity Index CIT F	Morgan Stanley Capital International Europe, Australasia and Far East Index
Large Cap Growth Index CIT F	Russell 1000 Growth Index
Large Cap Value Index CIT F	Russell 1000 Value Index
Russell 2000 Index CIT F	Russell 2000 Index
S&P 500 Index CIT F	Standard & Poor's 500 Index
S&P MidCap Index CIT F	Standard & Poor's 400 MidCap Index
US Aggregate Bond Index CIT F	Barclays Government/Credit Bond Index

Corporate bonds and U.S. government obligations: Valued using observable inputs including benchmark yields, reported trades, broker/dealer quotes or alternative pricing sources with reasonable levels of price transparency.

Common and preferred stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Mortgage-backed securities: Valued at the net present value of future cash flows.

Life insurance policies: Valued at the cash surrender value of the life insurance policies which approximates fair value.

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018 and 2017

Note 3 Fair Value Measurements (continued)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

December 31, 2018			
	Level 1	Level 2	Level 3
Common Collective Funds		\$ 58,462,205	
Mutual Funds	15,771,739		
Corporate Bonds		15,176,527	
Common Stock	51,269,666		
Preferred Stock	939,640		
Mortgage-Backed Securities		8,092	
Life Insurance Cash Surrender Value			363,234
	<u>\$ 67,981,045</u>	<u>\$ 73,646,824</u>	<u>\$ 363,234</u>
			<u>\$ 141,991,103</u>

December 31, 2017			
	Level 1	Level 2	Level 3
Common Collective Funds		\$ 63,434,303	
Mutual Funds	35,925,538		
Corporate Bonds		539,312	
Common Stock	51,398,510		
Preferred Stock	1,139,310		
Mortgage-Backed Securities		15,554	
Life Insurance Cash Surrender Value			370,253
	<u>\$ 88,463,358</u>	<u>\$ 63,989,169</u>	<u>\$ 370,253</u>
			<u>\$ 152,822,780</u>

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

Life Insurance Contracts			
Cash Surrender Value			
	2018	2017	
Beginning Balance	\$ 370,253	\$ 383,561	
Premiums Paid	594	557	
Change in Value	(7,613)	5,388	
Transfers or Surrenders	-	(19,253)	
Ending Balance	<u>\$ 363,234</u>	<u>\$ 370,253</u>	

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018 and 2017

Note 4 Cash and Investments

Deposits

Custodial Credit Risk - Deposits – Custodial credit risk is the risk that in the event of a bank failure, the Profit Sharing Plan's deposits may not be returned to it. Deposits in financial institutions, reported as cash, had a carrying balance of \$4,234,767 at December 31, 2018 and \$3,871,764 at December 31, 2017.

Investments

Market volatility of equity-based investments may substantially impact the value of such investments at any given item. It is possible that the value of the Plan's investments, both in total and in individual participant accounts, have changed significantly since December 31, 2018.

Net appreciation (depreciation) in fair value of investments represents the net realized gains or losses and net unrealized appreciation or depreciation on investments. Realized gains or losses are the difference between the proceeds and cost, determined by the average cost of the investments sold. Unrealized appreciation or depreciation is the change in the difference between fair value and the cost of investments.

Note 5 Life Insurance Policies

A participant may designate a portion of the employer's contribution credit to this account, subject to certain limitation, to acquire or pay premiums on life insurance policies on the life of the participant. All policies acquired designate the trustee as sole owner and beneficiary for the account of the insured participant. All premiums paid by the Trustee are charged to the account of the insured participant.

Note 6 Fidelity Bond

The Plan was covered by a \$2,000,000 fidelity bond during 2018 and 2017.

Note 7 Risks and Uncertainties

The Plan offers a number of investment options including mutual funds, common and collective trust funds, corporate bonds, common stock, preferred stock and mortgage-backed securities. The investment funds consist of U.S. equities, international equities and fixed income securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonable to expect that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances. The Plan's exposure to a concentration of credit risk is limited by the diversification of investments.

LARSON MANUFACTURING COMPANY

EMPLOYEE PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018 and 2017

Note 7 Risks and Uncertainties (continued)

Additionally, the investments within each participant-directed fund election are further diversified into varied financial instruments, with the exception of the investments in common stock. The Plan invests indirectly in securities with contractual cash flows, such as mortgage-backed securities. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate values, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

Note 8 Plan Termination

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

Note 9 Plan Tax Status

The Plan is placing reliance on an opinion letter dated July 8, 2010 received from the IRS on the prototype plan indicating that the Plan is qualified under Section 401 of the IRC and is therefore not subject to tax under current income tax law. The prototype Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 10 Party in Interest Transactions

Three officers, who are stockholders of the Companies, serve as trustees for the Plan. An employee of the Companies has been designated as the Plan Administrator. These services are provided at no cost to the Plan. All administrative and legal expenses incurred in connection with the operation of the Plan are paid directly by the Companies. If not paid by the Plan sponsor, the administrative expenses become the responsibility of the Plan.

Supplemental Information

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2018

(a)	(b) Identity of issuer, borrower lessor, or similar party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		<u>Mutual Funds</u>		
*	Charles Schwab	Cohen & Steers Real Estate	509,539	470,078
*	Charles Schwab	Northern Global Real Estate	1,017,810	938,877
*	Wells Fargo	Oppenheimer Developing Markets Class R6	1,706,127	1,514,564
*	Charles Schwab	Vanguard 500 Index Fund	4,330,805	9,060,996
*	First Bank & Trust	Vanguard Star Fund - Total International Stock Index	182,684	179,301
*	First Bank & Trust	Vanguard Total Bond Market Admiral	159,311	156,870
*	First Bank & Trust	Vanguard Total Retirement 2015	161,067	165,502
*	First Bank & Trust	Vanguard Total Retirement 2020	1,750,998	2,027,882
*	First Bank & Trust	Vanguard Total Retirement 2025	533,402	606,270
*	First Bank & Trust	Vanguard Chester Funds - Target Retirement 2055	45,229	48,677
*	First Bank & Trust	Vanguard Total Stock Market Index Admiral	637,530	602,722
		Total Mutual Funds	11,034,502	15,771,739
		<u>Common and Collective Trust Funds</u>		
*	Wells Fargo	Wells Fargo/BlackRock International Equity Index CIT F	6,888,980	8,210,421
*	Wells Fargo	Wells Fargo/BlackRock Large Cap Growth Index CIT F	3,393,349	6,213,573
*	Wells Fargo	Wells Fargo/BlackRock Large Cap Value Index CIT F	4,051,338	6,159,809
*	Wells Fargo	Wells Fargo/BlackRock Russell 2000 Index CIT F	2,404,692	3,073,880
*	Wells Fargo	Wells Fargo/BlackRock S&P 500 Index CIT F	4,764,674	8,117,144
*	Wells Fargo	Wells Fargo/BlackRock S&P Midcap Index CIT F	3,438,005	5,395,989
*	Wells Fargo	Wells Fargo/BlackRock US Aggregate Bond Index CIT F	18,062,329	19,452,685
*	Wells Fargo	Wells Fargo/BlackRock Short-Term Investment Fund	1,838,704	1,838,704
		Total Common and Collective Trust Funds	44,842,071	58,462,205
		<u>Corporate Bonds</u>		
	American Airlines ABS	Corporate Bond, 3.375%, Due 5-1-2027	317,693	315,452
	Apple Inc	Corporate Bond, 3.2%, Due 5-11-2027	382,328	386,117
	Bank of America Corp	Corporate Bond, 6.5%, Due 10-23-2024	53,875	50,625
	Bank of America Variable	Corporate Bond, 4.27%, Due 3-5-2029	389,812	388,658
	Bank of NY Mellon	Corporate Bond, 3.85%, Due 4-28-2028	405,296	400,102
	Berkshire Hathaway	Corporate Bond, 1.7%, Due 3-15-2019	348,748	349,448
	Boeing Co	Corporate Bond, 2.2%, Due 10-30-2022	312,832	313,178
	Boeing Co	Corporate Bond, 3.45%, Due 11-1-2028	195,082	197,594
	Caterpillar Financial	Corporate Bond, 2.0%, Due 11-29-2019	347,100	347,602
	Charter Communications	Corporate Bond, 4.2%, Due 3-15-2028	325,852	322,525
	Chevron Corp	Corporate Bond, 1.686%, Due 2-28-2019	349,256	349,468
	Citigroup Inc	Corporate Bond, 5.8%, Due 11-15-2019	51,062	48,627
	Citigroup Inc	Corporate Bond, 6.125%, Due 11-15-2020	105,750	97,625
	Citigroup Inc	Corporate Bond, 5.95%, Due 1-30-2023	101,874	91,260
	Citigroup Inc	Corporate Bond, 5.9%, Due 2-15-2023	50,437	46,600
	Commonwealth Edison	Corporate Bond, 3.7%, Due 8-15-2028	399,040	405,624
	Concho Resources	Corporate Bond, 3.75%, Due 10-1-2027	382,528	376,000
	Constellation Brands	Corporate Bond, 3.6%, Due 2-15-2028	375,784	368,054
	Cyrusone LP	Corporate Bond, 5.375%, Due 3-15-2027	410,000	382,000
	Discovery Communications	Corporate Bond, 3.95%, Due 3-20-2028	383,028	366,602
	Duke Energy	Corporate Bond, 3.7%, Due 9-1-2028	400,624	401,079
	Energys Louisiana	Corporate Bond, 3.12%, Due 9-1-2027	285,600	285,140
	General Dynamics	Corporate Bond, 3.75%, Due 5-15-2028	407,408	404,214
	Hershey Co	Corporate Bond, 4.125%, Due 12-1-2020	334,584	331,735
	Intel Corp	Corporate Bond, 3.3%, Due 10-1-2021	328,991	328,404
	John Deere Capital	Corporate Bond, 3.45%, Due 6-17-2023	327,460	325,288
	JP Morgan Chase	Corporate Bond, 2.7%, Due 5-18-2023	314,265	312,196
		Subtotal Forwarded	8,086,309	7,991,217

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2018

(a)	(b) Identity of issuer, borrower lessor, or similar party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current	
			(d) Cost	Value
		Subtotal Carried Forward	8,086,309	7,991,217
	JP Morgan Chase	Corporate Bond, 6.75%, Due 2-1-2024	104,236	103,325
	JP Morgan Chase Variable	Corporate Bond, 4.18%, Due 1-23-2029	377,508	379,132
	L3 Technologies	Corporate Bond, 4.4%, Due 6-15-2028	400,632	396,758
	Martin Marietta	Corporate Bond, 3.5%, Due 12-15-2027	373,352	365,087
*	Morgan Stanley Variable	Corporate Bond, 4.12%, Due 7-22-2028	382,804	377,474
	Nstar Electric	Corporate Bond, 3.2%, Due 5-15-2027	388,056	386,662
	Oracle Corp	Corporate Bond, 3.25%, Due 11-15-2027	388,688	384,552
	PepsiCo Inc	Corporate Bond, 3.6%, Due 3-1-2024	332,845	329,770
	Progressive Insurance	Corporate Bond, 4.0%, Due 3-1-2029	249,570	257,243
	Public Storage	Corporate Bond, 3.094%, Due 9-15-2027	379,184	375,659
	QVC Inc	Corporate Bond, 4.45%, Due 2-15-2025	382,600	371,994
	Salesforce Company	Corporate Bond, 3.7%, Due 4-11-2028	399,320	401,358
	Target Corp	Corporate Bond, 2.9%, Due 1-15-2022	324,025	323,989
	United Continental ABS	Corporate Bond, 3.1%, Due 4-7-2030	353,282	349,491
	United Health	Corporate Bond, 2.875%, Due 12-15-2021	323,287	322,880
	United Parcel Service	Corporate Bond, 2.8%, Due 9-15-2024	314,619	312,226
	US Bancorp	Corporate Bond, 3.1%, Due 4-27-2026	382,009	379,112
	Visa Inc	Corporate Bond, 2.2%, Due 12-14-2020	320,264	321,462
	Wal-Mart Stores	Corporate Bond, 3.55%, Due 12-26-2025	328,961	327,699
	Wal-Mart Stores	Corporate Bond, 3.7%, Due 6-26-2028	404,340	404,278
*	Wells Fargo Bank	Corporate Bond, 3.55%, Due 9-29-2025	319,800	315,159
		Total Corporate Bonds	15,315,691	15,176,527
		<u>Common Stock</u>		
	3M Company	Common Stock	180,622	200,258
	51Job Inc	Common Stock	41,435	34,342
	AAC Technology Holdings	Common Stock	21,897	13,879
	AIA Group LTD ADR	Common Stock	257,484	234,632
	AMC Networks Inc	Common Stock	27,077	87,808
	ASE Industrial Holdings	Common Stock	52,540	45,112
	ASML Holding NV	Common Stock	109,801	159,977
	AT&T	Common Stock	130,135	136,792
	Adidas AG	Common Stock	132,447	135,642
	Adobe Systems	Common Stock	149,543	443,657
	Aflac Inc	Common Stock	227,272	261,606
	Akamai Technologies	Common Stock	193,815	315,906
	Alexion Pharmaceutical	Common Stock	328,031	243,789
	Alibaba Group	Common Stock	477,057	445,203
	Allergan Inc	Common Stock	774,647	531,566
	Alphabet Inc Class A	Common Stock	93,268	473,367
	Alphabet Inc Class C	Common Stock	192,516	662,790
	Amadeus Group SA ADR	Common Stock	161,656	196,952
	Amazon Com Inc	Common Stock	106,520	1,024,344
	Amdocs Ltd	Common Stock	44,870	44,872
	American Express	Common Stock	278,971	352,207
	American International Group Inc	Common Stock	137,962	139,314
	American Tower REIT	Common Stock	177,250	272,245
	Anadarko Petroleum Corp	Common Stock	618,679	539,670
	Anheuser Busch Inbev SA	Common Stock	586,748	457,182
	Apple Inc	Common Stock	499,378	670,868
	Asos PLC ADR	Common Stock	144,924	56,002
		Subtotal Forwarded	6,146,545	8,179,982

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2018

(a)	(b) Identity of issuer, borrower lessor, or similar party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Subtotal Carried Forward	6,146,545	8,179,982
	Atento SA	Common Stock	29,196	23,274
	Autodesk Inc.	Common Stock	90,399	370,140
	Azul SA	Common Stock	46,670	55,242
	Baidu Inc ADR	Common Stock	203,309	134,810
	Banco Bradesco ADR	Common Stock	43,980	47,818
	Banco Macro SA	Common Stock	14,962	12,603
	Bank of New York, Inc.	Common Stock	257,246	255,778
	BankAmerica Corp	Common Stock	353,279	384,335
	Baozun Inc	Common Stock	53,127	33,884
	Biogen IDEC Inc	Common Stock	768,228	1,231,365
	Biomarin Pharmacy	Common Stock	176,791	168,512
	Blackrock Inc	Common Stock	422,982	611,228
	Broadcom LTD	Common Stock	148,846	384,980
	Burberry Group ADR	Common Stock	166,978	159,267
	CNOOC LTD ADR	Common Stock	22,238	21,800
	Canadian Pacific Railroad	Common Stock	215,562	267,673
	Caterpillar Inc	Common Stock	274,303	228,853
	Celgene Corp	Common Stock	228,034	287,123
	Cemex S.A.B. ADR	Common Stock	43,707	34,608
	Charles Schwab Corp	Common Stock	104,046	304,581
	Checkpoint Software	Common Stock	147,801	166,806
	China Construction Bank	Common Stock	43,831	41,972
	China Life Insurance	Common Stock	35,391	32,309
	China Telecom Corp	Common Stock	34,997	36,779
	Chipotle Mexican Grill	Common Stock	176,483	199,055
	Cisco Systems Inc	Common Stock	110,332	99,789
	Citrix Systems Inc	Common Stock	149,662	236,683
	Coca-Cola	Common Stock	404,310	519,098
	Comcast Class A	Common Stock	604,257	1,243,063
	Companhia Brasileira	Common Stock	50,894	49,121
	Companhia De Minas Buen	Common Stock	40,210	43,388
	Companhia De Saneament	Common Stock	32,558	35,306
	Costco Wholesale	Common Stock	186,051	236,507
	Credicorp LTD	Common Stock	49,192	48,767
	Cree Reasearch Inc.	Common Stock	193,563	256,008
	Diageo PLC ADR	Common Stock	237,605	321,035
	Discovery Holding Class A	Common Stock	153,483	126,298
	Dolby Class A	Common Stock	66,678	117,805
	Dow DuPont Inc	Common Stock	287,865	284,193
	EROS International	Common Stock	35,458	29,968
	Ecolab Inc	Common Stock	477,224	622,553
	Enbridge Inc	Common Stock	368,705	289,976
	Enel Americas SA	Common Stock	46,746	47,918
	Epiroc Aktiebolag ADR	Common Stock	103,552	94,982
	Equinix Inc	Common Stock	324,706	272,529
	Erste Group Bank ADR	Common Stock	280,042	239,949
	Exxon Mobil	Common Stock	278,665	219,094
	Facebook	Common Stock	375,861	576,009
	Fanuc Corp ADR	Common Stock	250,040	193,581
	Flextronics Int'l LTD	Common Stock	30,856	21,803
	Fluor Corp	Common Stock	141,465	97,759
	Subtotal Forwarded		15,528,911	19,997,959

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2018

(a)	(b) Identity of issuer, borrower lessor, or similar party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Subtotal Carried Forward	15,528,911	19,997,959
	Freeport McMoran Copper & Gold	Common Stock	230,306	183,941
	GCI Liberty Inc	Common Stock	-	21,486
	GDS Holdings	Common Stock	38,159	31,033
	General Motors Corp	Common Stock	217,969	198,024
	Gerdau SA	Common Stock	36,710	33,990
	Givaudan SA ADR	Common Stock	158,736	168,043
	Greentree Hospitality	Common Stock	30,185	31,163
	Grupo Aerpuert SAB	Common Stock	19,642	17,452
	Grupo Financiero Bankor	Common Stock	25,047	22,535
	HDFC Bank LTD ADR	Common Stock	185,885	184,080
	Healthcare Trust America	Common Stock	188,300	162,693
	Hollysys Auto Tech	Common Stock	27,123	23,551
	Home Depot	Common Stock	363,734	708,071
	Honeywell Inc	Common Stock	310,415	322,109
	Hong Kong Exchanges	Common Stock	204,142	190,212
	Hoya Corp ADR	Common Stock	117,413	179,533
	Huazhu Group Ltd	Common Stock	39,195	32,781
	ICICI Bank LTD	Common Stock	54,264	59,013
	IHS Markit LTD	Common Stock	224,203	212,411
	Icon PLC ADR	Common Stock	122,688	292,273
	Immunogen Inc	Common Stock	60,547	28,656
	Industria De Diseno Textile	Common Stock	140,397	101,693
	Industrial & Commercial Bank	Common Stock	44,927	44,604
	Infosys LTD	Common Stock	45,639	44,696
	Intel Corp	Common Stock	55,898	75,276
	International Paper	Common Stock	274,388	230,738
	Ionis Pharmaceuticals	Common Stock	56,074	334,902
	Ishares MSCI India Small Cap	Common Stock	28,266	26,613
	Itau Unibanco Holdings	Common Stock	44,509	46,705
	Johnson & Johnson	Common Stock	299,199	607,954
	Johnson Controls Inc	Common Stock	23,305	154,032
	KB Financial Group	Common Stock	46,266	42,610
	KBC GroupNV ADR	Common Stock	162,975	151,299
	KT Corp	Common Stock	32,317	33,061
	Kansas City Southern	Common Stock	35,279	34,553
	Kao Corp	Common Stock	149,537	177,012
	Kasikornbank Public	Common Stock	20,776	19,827
	Komatsu LTD ADR	Common Stock	31,446	25,848
	L3 Technologies Inc	Common Stock	194,450	444,570
	LVMH Moet Hennessy Louis Vuitton	Common Stock	193,092	174,328
	Latam Airls Group SA	Common Stock	21,663	20,754
	LeGrand SA	Common Stock	201,036	151,402
	Liberty Broadband Series A	Common Stock	-	21,902
	Liberty Broadband Series C	Common Stock	-	43,938
	Liberty Media Ser A	Common Stock	1,800	9,065
	Liberty Media Ser C	Common Stock	4,100	18,727
	Liberty Media Corp Ser A	Common Stock	13,000	44,896
	Liberty Sirius Group C	Common Stock	24,800	90,231
	Linde PLC	Common Stock	701,436	703,429
	Lions Gate Entertainment	Common Stock	-	12,306
	Logmein Inc	Common Stock	-	32,302
	Subtotal Forwarded		21,030,149	27,020,282

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2018

(a)	(b) Identity of issuer, borrower lessor, or similar party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Subtotal Carried Forward	21,030,149	27,020,282
	London Stock Exchange Group ADR	Common Stock	245,783	287,401
	L'Oreal ADR	Common Stock	172,241	177,526
	Mastercard Inc	Common Stock	147,263	255,243
	McCormick and Co	Common Stock	118,243	168,480
	McDonalds	Common Stock	150,982	224,093
	Medtronics	Common Stock	91,667	173,734
	Merck & Co	Common Stock	209,404	407,342
	MetLife Inc	Common Stock	274,160	243,404
	Mettler Toledo Internat'l ADR	Common Stock	139,611	197,387
	Microsoft Corp	Common Stock	447,278	1,210,308
	Mobile Telesystems ADR	Common Stock	23,634	20,755
	Momo Inc	Common Stock	43,493	32,062
	Mondelez International	Common Stock	240,130	230,693
	Monotaro Co LTD ADR	Common Stock	78,044	89,575
	Naspers LTD	Common Stock	61,412	54,922
	National Oilwell Varco	Common Stock	167,261	103,185
	Nestle SA ADR	Common Stock	555,365	674,558
	New Oriental Education	Common Stock	25,317	19,458
	Nextera Energy	Common Stock	151,304	229,442
	Nidec Corp	Common Stock	184,033	158,763
	Nintendo Co ADR	Common Stock	96,951	80,301
	Noah Holdings LTD	Common Stock	43,813	40,288
	Novo-Nordisk ADR	Common Stock	92,912	142,633
	Now Inc	Common Stock	81,676	38,412
	Nuance Communications	Common Stock	164,025	146,866
	Nucor Corp	Common Stock	159,851	197,085
	Nutanix Inc Class A	Common Stock	175,884	179,918
	Nvidia Corp	Common Stock	140,446	117,346
	Oracle Systems	Common Stock	395,137	366,889
	Orix Corp ADR	Common Stock	163,546	170,289
	PNC Bank	Common Stock	289,328	244,810
	PPG Industries	Common Stock	317,271	335,212
	Palo Alto Networks	Common Stock	188,577	289,682
	Paypal Holdings	Common Stock	71,976	346,030
	Pentair Inc.	Common Stock	-	49,303
	PepsiCo Inc	Common Stock	128,255	140,752
	Petro China Co LTD	Common Stock	39,799	35,761
	Pfizer Inc	Common Stock	222,938	296,995
	Phillips 66	Common Stock	195,573	215,203
	Ping AN Insurance ADR	Common Stock	233,279	208,819
	Pioneer Natural Resources	Common Stock	201,091	150,590
	Posco	Common Stock	41,419	35,986
	Proctor & Gamble	Common Stock	331,635	356,833
	Qualcomm Inc	Common Stock	297,991	305,664
	Qurate Retail Inc QVC Ser A	Common Stock	108,712	119,658
	Raytheon Co. Class A	Common Stock	202,891	267,289
	Red Hat Inc	Common Stock	83,148	300,520
	Regeneron Pharm	Common Stock	219,938	243,895
	Rentokil Group PLC ADR	Common Stock	285,645	360,782
	Roche Holdings ADR	Common Stock	168,720	172,059
	Rogers Communications Class B	Common Stock	191,052	184,331
		Subtotal Forwarded	29,890,253	38,118,814

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2018

(a)	(b) Identity of issuer, borrower lessor, or similar party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current	
			(d) Cost	Value
		Subtotal Carried Forward	29,890,253	38,118,814
	Royal Dutch Shell	Common Stock	27,230	26,254
	SAP AG ADR	Common Stock	186,591	266,993
	SK Telecom ADR	Common Stock	42,040	43,952
	Sberbank Russia	Common Stock	30,719	27,134
	Sciedad Quimica Minera	Common Stock	183,733	149,178
	Schlumberger	Common Stock	676,866	350,337
	Seagate Technology	Common Stock	292,548	405,118
	Shinhan Financial Group	Common Stock	39,737	37,087
	Shiseido LTD ADR	Common Stock	192,171	377,934
	Shopify Inc	Common Stock	97,662	97,607
	Sina Corp	Common Stock	24,785	19,310
	Splunk Inc	Common Stock	159,196	278,482
	Suncor Energy Inc	Common Stock	193,502	164,575
	Sysco Corp	Common Stock	177,115	208,219
	TE Connectivity LTD	Common Stock	188,628	386,847
	Taiwan Semiconductor LTD ADR	Common Stock	79,369	76,810
	Technopro Holdings	Common Stock	111,355	69,383
	Telefonica Brasil SA	Common Stock	29,487	30,004
	Teleperformance SA	Common Stock	140,223	130,314
	Temenos Group AG	Common Stock	89,817	130,249
	Tencent Holdings ADR	Common Stock	166,514	154,328
	Texas Instruments	Common Stock	224,253	528,160
	Thermo Fisher Scientific	Common Stock	99,013	453,175
	Tower Semiconductor	Common Stock	46,344	40,461
	Travelers Companies	Common Stock	147,469	155,316
	Twitter Inc	Common Stock	452,999	665,015
	US Bancorp Delaware	Common Stock	277,782	243,535
	UBS 8.5% Autocall NKY	Common Stock	100,000	90,200
	Ultrapar Participacoes	Common Stock	56,914	66,522
	Umicore SA	Common Stock	180,070	164,465
	Unilever PLC ADR	Common Stock	35,845	34,276
	Union Pacific Corp	Common Stock	180,677	246,326
	United Parcel Service CL B	Common Stock	561,914	577,573
	UnitedHealth Group	Common Stock	409,229	1,635,224
	VMWare Inc	Common Stock	90,595	170,315
	Vale SA ADR	Common Stock	55,303	81,672
	Vedanta LTD	Common Stock	34,284	32,485
	Verizon Communications	Common Stock	159,862	177,037
	Vertex Pharmaceuticals	Common Stock	77,708	282,038
	Visa Inc	Common Stock	271,614	865,263
	Vulcan Materials Co	Common Stock	170,070	179,322
	WEC Energy Group	Common Stock	242,366	297,541
	WNS Holdings Ltd	Common Stock	49,599	45,386
	WW Grainger Inc	Common Stock	328,436	369,609
	Walt Disney Co.	Common Stock	445,151	729,502
	Waste Management Inc	Common Stock	180,577	230,395
	Weatherford Intl LTD	Common Stock	687,128	38,130
	Western Digital Corp	Common Stock	271,340	186,552
	Williams Companies Inc	Common Stock	314,848	244,072
	Yum China Holdings	Common Stock	188,060	293,321
	ZTO Express Cayman Inc	Common Stock	34,735	30,632
	Zoetis Inc	Common Stock	256,477	567,217
	Total Common Stocks		39,650,203	51,269,666

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2018

(a)	(b) Identity of issuer, borrower lessor, or similar party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		<u>Preferred Stock</u>		
	Citigroup Inc 6.875%	Preferred Stock	126,980	131,100
	Colony Northstar 8.75%	Preferred Stock	100,000	92,560
	Goldman Sacs Group 6.375%	Preferred Stock	125,000	127,000
	Hartford Financial 7.875%	Preferred Stock	50,000	54,700
*	Morgan Stanley 6.375%	Preferred Stock	150,000	151,380
*	Morgan Stanley 7.125%	Preferred Stock	250,000	263,700
	Nustar Logistics LP 7.65%	Preferred Stock	133,347	119,200
		Total Preferred Stocks	935,327	939,640
		<u>Mortgage-Backed Securities</u>		
	GNMA	Mortgage-Backed Securities, 8.0% Due 8-1-24 Pool 385914	4,148	4,204
	GNMA	Mortgage-Backed Securities, 8.0% Due 7-15-26, Pool 433086X	1,122	1,129
	FNMA	Mortgage-Backed Securities, 8.50% Due 5-25-21, Pool F 11-Z	111	207
	FNMA	Mortgage-Backed Securities, 7.50% Due 9-25-21, Pool 91-113 ZE	84	86
	FHLMC	Mortgage-Backed Securities, 8.0% Due 6-15-22, Pool 1316Z	1,622	1,941
	FNMA	Mortgage-Backed Securities, 8.0% Due 8-25-22, Pool 1992-146 PZ	453	525
		Total Mortgage-Backed Securities	7,540	8,092
		<u>Participant Loans</u>		
*	Participant Loans	Notes Receivable, Interest Rates at 6.0% - 7.0%, Maturity Dates from 1/15/19 to 9/30/2033	-	455,993
		<u>Life Insurance</u>		
	Midland National Life	Cash Surrender Value of Life Insurance	-	350,756
	First Capital Life Insurance	Cash Surrender Value of Life Insurance	-	12,478
		Total Cash Surrender Value of Life Insurance	-	363,234
		Total	111,785,334	142,447,096

*Represents party-in-interest

LARSON MANUFACTURING COMPANY
EMPLOYEE PROFIT SHARING PLAN
 Schedule H, Line 4j - Schedule of Reportable Transactions
 Year Ended December 31, 2018

(a) Identity of Party Involved	(b) Description of Asset (include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Assets on Transaction Date	(i) Net Gain or (Loss)
Vanguard	Vanguard Total Stock Market Index Admiral - 301491.123 Shares	7,034,944		-	-	7,034,944	7,034,944	-
Vanguard	Vanguard Total Stock Market Index Admiral - 301491.123 Shares		21,221,960			7,034,944	7,034,944	14,187,016

Schedule H(4)(i)
Assets held for investment

See Audit report for this information

Schedule H(4)(j)
Reportable Transactions

See Audit report for this information

Schedule H(4)(i)
Assets held for investment

See Audit report for this information

Schedule H(4)(j)
Reportable Transactions

See Audit report for this information