Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ___

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
R.E. SWEENEY COMPANY, INC. STOCK BONUS PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1977

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)
R.E. SWEENEY COMPANY, INC.

3700 NOBLE AVENUE
FORT WORTH, TX 76111

2b Employer Identification Number (EIN) 75-1037451

2c Plan Sponsor's telephone number 817-834-7191

2d Business code (see instructions) 423300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	HAROLD LOONEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	DONALD DEGROOT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

R.E. SWEENEY COMPANY, INC.

3700 NOBLE AVENUE
FORT WORTH, TX 76111

3b Administrator's EIN: 75-1037451

3c Administrator's telephone number: 817-834-7191

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**	226
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)**	170
a(2) Total number of active participants at the end of the plan year	**6a(2)**	170
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	60
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	230
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f Total. Add lines **6d** and **6e**.	**6f**	232
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	213
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	31
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 2O

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

4B

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
R.E. SWEENEY COMPANY, INC. STOCK BONUS PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
R.E. SWEENEY COMPANY, INC.

D Employer Identification Number (EIN)
75-1037451

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

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

1 Coverage Information:

(a) Name of insurance carrier
REASSURE LIFE INSURANCE COMPANY

(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
38-0779740	65765	04827	6	01/01/2017	12/31/2017

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ RATES FILE WITH THE DEPARTMENT OF INSURANCE

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	0
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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
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)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

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** [X] 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)**	0
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)**	0
(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)**	0
(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 [X] No

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

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

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

A Name of plan
R.E. SWEENEY COMPANY, INC. STOCK BONUS PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
R.E. SWEENEY COMPANY, INC.

D Employer Identification Number (EIN)
75-1037451

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

WEAVER LLP

2821 WEST SEVENTH STREET
SUITE 700
FORT WORTH, TX 76107

75-0786316

(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?
10	CPA	14200	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FROST NATIONAL BANK

4200 SOUTH HULEN #230
FORT WORTH, TX 76109

75-1584019

(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?
21 50	TRUSTEE	10429	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

401K PLUS, INC

5850 I-20 WEST
SUITE 200
ARLINGTON, TX 76017

75-1793879

(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	TPA	9875	Yes [ ] No [X]	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)

GEORGE VALUATION ADVISORS, INC.

555 REPUBLIC DRIVE
SUITE 200
PLANO, TX 75074

75-2626337

(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?
34	APPRAISAL	8100	Yes [ ] No [X]	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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
R.E. SWEENEY COMPANY, INC. STOCK BONUS PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
R.E. SWEENEY COMPANY, INC.

D Employer Identification Number (EIN)
75-1037451

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	700000
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	947	625
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	85279	142211
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	806926	377495
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1340738	1529884
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	232791	244368

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	7506369	7589200
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	9973050	10583783
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	9973050	10583783

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)**	700000	
	(B) Participants	**2a(1)(B)**	0	
	(C) Others (including rollovers)	**2a(1)(C)**	0	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		700000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	1048	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	0	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		1048
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**	10913	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	57278	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		68191
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	596355	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	551237	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		45118
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	69409	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		69409

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		108498
c Other income	2c		94816
d Total income. Add all **income** amounts in column (b) and enter total	2d		1087080
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	429663	
(2) To insurance carriers for the provision of benefits	2e(2)	3910	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		433573
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	32175	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	10599	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		42774
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		476347
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		610733
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: WEAVER AND TIDWELL, LLP **(2)** EIN: 75-0786316

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

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

A Name of plan
R.E. SWEENEY COMPANY, INC. STOCK BONUS PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
R.E. SWEENEY COMPANY, INC.

D Employer Identification Number (EIN)
75-1037451

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** 0

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): 75-1584019

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**

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): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

R.E. Sweeney Company, Inc.
Stock Bonus Profit Sharing Plan and Trust

Financial Report
December 31, 2017



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All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of the conditions under which they would apply.

Independent Auditor's Report

To the Trustees of
R.E. Sweeney Company, Inc.
Stock Bonus Profit Sharing Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of R.E. Sweeney Company, Inc. Stock Bonus Profit Sharing Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

The Trustees
R.E. Sweeney Company, Inc. Stock Bonus Profit Sharing Plan and Trust

Other Matter

The supplementary information listed in the table of contents as of and for the year ended December 31, 2017 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplementary information.

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

The form and content of the information included in the financial statements and supplementary information, other than that derived from the information certified by the trustee, have been audited by us in accordance with U.S. GAAS and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Fort Worth, Texas
October 10, 2018

R.E. Sweeney Company, Inc.
Stock Bonus Profit Sharing Plan and Trust
Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	2017	2016
ASSETS		
Investments at fair value	$ 9,883,158	$ 9,972,103
Receivables		
Employer contribution	700,000	-
Accrued income	625	947
Total receivables	700,625	947
TOTAL ASSETS	10,583,783	9,973,050
TOTAL LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 10,583,783	$ 9,973,050

The Notes to Financial Statements are an integral part of these statements.

R.E. Sweeney Company, Inc.
Stock Bonus Profit Sharing Plan and Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2017 and 2016

	2017	2016
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	$ 317,841	$ 540,862
Interest and dividend income	69,239	70,187
Net investment income	387,080	611,049
Contributions		
Employer	700,000	800,000
Total additions	1,087,080	1,411,049
DEDUCTIONS		
Benefits paid to participants	429,663	1,350,889
Administrative expenses	46,684	53,242
Total deductions	476,347	1,404,131
Net increase in net assets available for benefits	610,733	6,918
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	9,973,050	9,966,132
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 10,583,783	$ 9,973,050

The Notes to Financial Statements are an integral part of these statements.

R.E. Sweeney Company, Inc.
Stock Bonus Profit Sharing Plan and Trust
Notes to Financial Statements

Note 1. Description of the Plan

The following description of the R.E. Sweeney Company, Inc. Stock Bonus Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan document, which is available from Plan management, for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan that was established January 1, 1977 for the exclusive benefit of eligible employees of R.E. Sweeney Company, Inc. (the Company) and other associated companies who qualify for participation. Subsequently, the trust instrument has been revised for the purpose of complying with the provisions of changes in government regulations. The effective date of the trust's latest revision was January 1, 2017. The trust is administered by the trustee (consisting of one or more members) as selected and designated by the Board of Directors of R.E. Sweeney Company, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

All employees of the Company who have completed one hour of service are eligible to participate in the Plan except employees who are members of a collective bargaining unit.

Contributions

For each of its taxable periods, the employer shall contribute to the Plan (from its current or accumulated profits) an amount determined by its Board of Directors, provided, however, that the amount contributed shall not exceed the amount constituting an allowable deduction under the Internal Revenue Code of 1986, as amended. During the years ended December 31, 2017 and 2016, the Company's directors authorized contributions of $700,000 and $800,000, respectively. Employee contributions are not permitted.

Participant Accounts

At each valuation date (December 31) the net income of the Plan, exclusive of any gain or loss on Company stock, is allocated to the participants in the ratio which the participant's interest in the Plan assets other than Company stock, determined as of the beginning of the year, bears to the total interest of all participants. Any gain or loss on Company common stock during the year is allocated based on the number of shares held by each participant on the valuation date. At the end of each year, the employer contribution to the trust and forfeitures are prorated among all participants having completed at least 1,000 hours of service and who are employed by the Company on December 31, in the ratio which the total aggregate compensation of each such participant for the Plan year bears to the sum of the total aggregate compensation of all such participants for the Plan year. On December 31 all net assets available for benefits are allocated to participants as defined above.

Vesting

Each participant shall have a further vested interest in the proportionate share of employer contributions, net income and forfeitures as follows:

a. Upon completion of two years of service, the participant shall have a vested interest of 20%. This vested interest shall increase 20% for each additional year of service so that at the end of six years of service the participant shall be 100% vested.

b. In the event of the death or disability of a participant such amounts shall be fully vested.

Payment of Benefits

Under the terms of the Plan, participants must commence distribution of their account (as defined by the Plan) within sixty days after the close of the Plan year in which the latest occurs: (1) participant reaches normal retirement age; (2) participant terminates employment; or (3) the fifth anniversary of the year in which the participant commenced participation in the Plan. The participant may elect to receive benefits in cash or R.E. Sweeney Company, Inc. common stock.

Forfeited Accounts

The amount of forfeitures allocated to the eligible plan participants was $39,117 and $7,818 in 2017 and 2016, respectively.

Put Option

Under federal income tax regulations, the Company stock that is held by the Plan and its participants and is not readily tradable on an established market or is subject to trading limitations includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

Voting Rights

Each participant is entitled to exercise voting rights attributable to the shares allocated to his or her account with respect to major corporate events, as defined in the Plan Agreement.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Payment of Benefits

Benefits are recorded when paid.

Expenses

Administrative expenses include investment management fees, plan administration fees, and legal fees. The Company absorbs certain other costs of the Plan. Expenses that are paid by the Company are excluded from these financial statements.

Plan Management's Review of Subsequent Events

The Plan has evaluated subsequent events through October 10, 2018, the date these financial statements were available to be issued.

Note 3. Certified Investments

All investment information, excluding that related to the common stock of R.E. Sweeney Company, Inc. and the cash value of life insurance, disclosed in the accompanying financial statements and supplementary information, including investments held at December 31, 2017 and 2016, and net appreciation in fair value of investments of $223,434 and $75,808, respectively, and all interest and dividend income for the years then ended, was obtained or derived from information provided to Plan management and certified as complete and accurate by Frost Bank, the trustee of the Plan.

Note 4. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Cash and cash equivalents: Held primarily in short-term money market funds, which are valued at cost plus accrued interest, which approximates fair value.

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.

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

Cash value of life insurance contracts: Valued at their cash surrender value, which approximates fair value.

Common stock of R.E. Sweeney Company, Inc.: Valuation by independent appraisal at the reporting date by a qualified expert. This appraisal was based on a combination of the market and asset-based valuation techniques consistent with prior years.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

	2017	2016
Level 1:		
Cash and cash equivalents	$ 142,211	$ 85,279
Mutual funds	1,529,884	1,340,738
Common stock	377,495	806,926
	2,049,590	2,232,943
Level 3:		
Cash value of life insurance	244,368	232,791
Common stock of R.E. Sweeney Company, Inc.	7,589,200	7,506,369
	7,833,568	7,739,160
Assets at fair value	$ 9,883,158	$ 9,972,103

Changes in Fair Value of Level 3 Assets and Related Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2017:

	Common Stock of R.E. Sweeney Company, Inc.	Cash Value of Life Insurance	Total
Balance, beginning of year	$ 7,506,369	$ 232,791	$ 7,739,160
Realized gains (losses)	-	-	-
Unrealized gains (losses) relating to instruments still held at the reporting date	82,831	11,577	94,408
Purchases	-	-	-
Sales	-	-	-
Settlements	-	-	-
Balance, end of year	$ 7,589,200	$ 244,368	$ 7,833,568

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2016:

	Common Stock of R.E. Sweeney Company, Inc.	Cash Value of Life Insurance	Total
Balance, beginning of year	$ 7,054,027	$ 255,026	$ 7,309,053
Realized gains (losses)	-	-	-
Unrealized gains (losses) relating to instruments still held at the reporting date	452,342	34,429	486,771
Purchases	-	-	-
Sales	-	-	-
Settlements	-	(56,664)	(56,664)
Balance, end of year	$ 7,506,369	$ 232,791	$ 7,739,160

Gains and losses (realized and unrealized) included in changes in net assets for the periods above are reported in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs
R.E. Sweeney Company, Inc. Common Stock	$7,589,200	Combination of Market and Asset-based approaches	-EBITDA -Selection of EBITDA and revenue multiples -Risk factors -Lack of marketability discount -Lack of voting rights discount -Discount rate -Weighted average cost of capital
Cash Value of Life Insurance	$244,368	Discounted cash flows approach	-Risk factors -Discount rate -Yield rates of similar instruments with comparable durations

The valuation process of R.E. Sweeney Company, Inc. common stock involves the selection of an appraiser. Plan management accumulates the data for the appraiser from historical and projected financial information of the Company. The appraiser prepares a report of estimated per share value that a participant will receive upon distribution. The appraiser prepares a preliminary report which the Profit Sharing Plan Committee (the Committee), along with the trustee of the Plan, reviews in detail, discusses and approves. The results of this process are documented in the minutes of the Committee.

Note 5. Related Party Transactions and Party in Interest Transactions

Certain Plan investments are shares of mutual funds managed by Frost Bank. Frost Bank is the Custodian and Trustee for the Plan. The Plan also invests in the common stock of R.E. Sweeney Company, Inc. These affiliated companies are considered parties in interest (as defined in ERISA) to the Plan. Additionally, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

Note 6. Plan Termination

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

Note 7. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated November 20, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code.

Note 8. Risks and Uncertainties

The Plan's assets are highly concentrated in securities of R.E. Sweeney Company, Inc. This concentration increases the Plan's vulnerability to the risk of a near-term severe impact. In addition, the fair value of these securities was determined by independent appraisal. These securities and the other investment securities in which the Plan invests are exposed to various risks, such as interest rate, market, and credit risks, as well as valuation assumptions based on earnings, cash flows, and other such techniques. Due to the level of risk associated with certain investment securities and to uncertainties inherent in estimates and assumptions, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the statement of net assets available for benefits.

Supplementary Information

R.E. Sweeney Company, Inc.
Stock Bonus Profit Sharing Plan and Trust
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 75-1037451 Plan Number 003
December 31, 2017

(a)	(b) Identity of issue, 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
	Employer securities			
*	R. E. Sweeney Company, Inc.	Common Stock Voting Shares	$ 22,800	$ 77,425
*	R. E. Sweeney Company, Inc.	Common Stock Nonvoting Shares	2,257,200	7,511,775
	Total employer securities		2,280,000	7,589,200
	Common stock			
	Abbvie Incorporated	Common Stock	5,397	8,801
	Alphabet Incorporated Class A	Common Stock	2,464	6,320
	Alphabet Incorporated Class C	Common Stock	2,450	6,278
	Amazon. Com Inc.	Common Stock	2,496	11,701
	American International Group Inc.	Common Stock	3,578	5,422
	American Express Co.	Common Stock	5,525	8,243
	American Tower Corporation	Common Stock	2,354	2,996
	Apple Inc.	Common Stock	2,839	6,938
	Bank of America Corp.	Common Stock	4,928	6,052
	Blackrock Incorporated	Common Stock	1,109	3,082
	Bank of New York Mellon Corp	Common Stock	5,559	6,355
	Broadcom Limited	Common Stock	2,321	2,312
	Boeing Co.	Common Stock	3,354	8,257
	Becton Dickinson	Common Stock	2,837	4,281
	Carnival Corp.	Common Stock	2,428	3,584
	Canadian Pacific Railway Ltd.	Common Stock	2,260	3,290
	Celgene Corp.	Common Stock	3,014	4,487
	Capital One Financial Corp.	Common Stock	4,266	5,875
	Chevron Corp.	Common Stock	4,710	5,508
	Citigroup Incorporated	Common Stock	5,617	7,813
	Cinga Corp.	Common Stock	2,275	2,843
	Cisco System Inc.	Common Stock	1,427	2,107
	Comcast Corporation New Class A	Common Stock	2,850	3,805
	Corning Inc.	Common Stock	1,874	2,623
	Costco Wholesale Corp New	Common Stock	1,624	3,536
	Danaher Corporation	Common Stock	3,469	4,734
	Disney (Walt) Company Holding Co.	Common Stock	1,780	1,935
	DXC Tech	Common Stock	1,794	1,993
	DOW Chemical Co.	Common Stock	4,075	6,267
	Ebay Incorporated	Common Stock	2,519	4,038
	Eaton	Common Stock	3,340	3,792
	Electronic Arts Incorporated	Common Stock	1,382	2,206

R.E. Sweeney Company, Inc.
Stock Bonus Profit Sharing Plan and Trust
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
EIN: 75-1037451 Plan Number 003
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par	(d) Cost	(e) Current value
	Common stock (continued)			
	Edwards Lifesciences	Common Stock	2,838	2,818
	Facebook Incorporated	Common Stock	3,987	9,705
	FNF Group Tracking Stock	Common Stock	3,559	5,297
	Fortive Corporation	Common Stock	1,287	2,098
	Firstenergy Corp.	Common Stock	3,011	3,062
	General Electric Co.	Common Stock	3,051	1,989
	Home Depot Inc.	Common Stock	3,092	7,771
	Incyte Corp.	Common Stock	1,997	1,610
	Ingredion Incorp.	Common Stock	4,418	5,312
	Johnson Controls International, PLC	Common Stock	5,421	4,611
	Kansas City Southern	Common Stock	4,564	5,366
	LAM Research Corporation	Common Stock	828	3,313
	Las Vegas Sands Corporation	Common Stock	6,947	9,173
	Lowes Cos Inc.	Common Stock	3,910	5,112
	MasterCard Incorporated Class A	Common Stock	3,785	7,114
	Medtronic PLC.	Common Stock	4,121	4,441
	Moodys Corp.	Common Stock	1,109	3,395
	Morgan Stanley	Common Stock	4,670	4,670
	Microsoft Corporation	Common Stock	6,819	10,949
	Nucor Corporation	Common Stock	2,263	2,416
	NASDAQ OMX	Common Stock	3,659	5,685
	NXP Semiconductors	Common Stock	1,828	2,459
	Netflix Incorporated	Common Stock	1,363	2,687
	Novartis Ag ADR	Common Stock	3,908	4,786
	Nielsen Holdings	Common Stock	5,727	4,987
	Occidental Petroleum Corp	Common Stock	5,430	5,451
	O'Reilly Auto	Common Stock	1,550	1,443
	Pay Pal	Common Stock	2,338	4,785
	Perrigo	Common Stock	2,079	2,092
	Pioneer Natural Resources	Common Stock	2,533	2,938
	Priceline Group Inc.	Common Stock	2,626	3,475
	Raytheon Co.	Common Stock	2,036	3,006
	Royal Dutch Shell PLC	Common Stock	5,642	7,102
	Service Now Inc.	Common Stock	1,864	2,477
	Salesforce.com	Common Stock	2,268	3,680
	Schwab Charles Corp.	Common Stock	2,550	4,777
	Sherwin-Williams Co.	Common Stock	1,738	2,460
	Shire PLC	Common Stock	3,637	3,102
	Southwest Airlines Co.	Common Stock	2,254	3,142

R.E. Sweeney Company, Inc.
Stock Bonus Profit Sharing Plan and Trust
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
EIN: 75-1037451 Plan Number 003
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par	(d) Cost	(e) Current value
	Common stock (continued)			
	Starbucks Corp.	Common Stock	369	3,561
	Skyworks Solutions Inc.	Common Stock	3,496	4,178
	TJX Companies Inc.	Common Stock	2,231	2,217
	Tyson Foods Inc.	Common Stock	4,170	5,270
	Unitedhealth Group Inc.	Common Stock	2,428	3,748
	Valero Energy Corp New	Common Stock	2,706	4,136
	Visa Incorporated Class A	Common Stock	3,707	9,464
	Whirlpool Corp.	Common Stock	2,860	3,373
	Weyerhaeuser Company	Common Stock	5,283	5,818
	Wells Fargo & Co. New	Common Stock	3,082	4,186
	Zoetis Incorporated	Common Stock	1,750	3,314
	Total common stock		256,704	377,495
	Mutual funds			
*	Frost Total Return Bond	Mutual Fund	517,145	504,515
*	Frost Low Duration Bond	Mutual Fund	90,312	89,387
	Harding Loevner Emerging	Mutual Fund	51,547	64,550
	T Rowe Price International Disc	Mutual Fund	32,605	44,266
	Cohen & Steers Institutional	Mutual Fund	102,032	101,640
	Blackrock S&P 500 Stock	Mutual Fund	170,515	192,410
*	Frost Credit Fund	Mutual Fund	39,023	38,712
	T Rowe Price Mid-Cap	Mutual Fund	82,795	87,589
	Invesco Developing Markets	Mutual Fund	38,337	42,745
	American Beacon Small Cap	Mutual Fund	40,739	44,862
	John Hancock III Disciplined Mid Cap Value	Mutual Fund	79,662	88,314
	Lazard International Equity	Mutual Fund	36,777	42,700
	Victory Small Company	Mutual Fund	63,551	68,147
	Harding Loevner International	Mutual Fund	39,371	43,156
	Hartford Floating Rate	Mutual Fund	77,067	76,891
	Total mutual funds		1,461,478	1,529,884
	Contracts with insurance companies			
	Jackson National Life Insurance Co.	Life Insurance Contracts	244,368	244,368
	Total contracts with insurance companies		244,368	244,368
	Cash and cash equivalents			
	Federated Prime Obligations Fund	Money Market Fund	140,275	140,275
	Cash	Interest Bearing Cash	1,936	1,936
	Total cash and cash equivalents		142,211	142,211
	Total		$4,384,761	$ 9,883,158

* Indicates a party in interest to the Plan

R.E. Sweeney Company, Inc.
Stock Bonus Profit Sharing Plan and Trust

Schedule H, Line 4j – Schedule of Reportable Transactions
EIN: 75-1037451 Plan Number 003
Year Ended December 31, 2017

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Federated Investors, Inc.	Federated Prime Obligations Fund	$ 506,051	$ -	$ -	$ -	$ -	$ -	$ -

R.E. Sweeney Company, Inc.
Stock Bonus Profit Sharing Plan and Trust

Schedule H, Line 4j – Schedule of Reportable Transactions
EIN: 75-1037451 Plan Number 003
Year Ended December 31, 2017

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Federated Investors, Inc.	Federated Prime Obligations Fund	$ 506,051	$ -	$ -	$ -	$ -	$ -	$ -

Gains and losses (realized and unrealized) included in changes in net assets for the periods above are reported in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs
R.E. Sweeney Company, Inc. Common Stock	$7,589,200	Combination of Market and Asset-based approaches	-EBITDA -Selection of EBITDA and revenue multiples -Risk factors -Lack of marketability discount -Lack of voting rights discount -Discount rate -Weighted average cost of capital
Cash Value of Life Insurance	$244,368	Discounted cash flows approach	-Risk factors -Discount rate -Yield rates of similar instruments with comparable durations

The valuation process of R.E. Sweeney Company, Inc. common stock involves the selection of an appraiser. Plan management accumulates the data for the appraiser from historical and projected financial information of the Company. The appraiser prepares a report of estimated per share value that a participant will receive upon distribution. The appraiser prepares a preliminary report which the Profit Sharing Plan Committee (the Committee), along with the trustee of the Plan, reviews in detail, discusses and approves. The results of this process are documented in the minutes of the Committee.

Note 5. Related Party Transactions and Party in Interest Transactions

Certain Plan investments are shares of mutual funds managed by Frost Bank. Frost Bank is the Custodian and Trustee for the Plan. The Plan also invests in the common stock of R.E. Sweeney Company, Inc. These affiliated companies are considered parties in interest (as defined in ERISA) to the Plan. Additionally, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

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Note 7. Tax Status

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Supplementary Information

R.E. Sweeney Company, Inc.
Stock Bonus Profit Sharing Plan and Trust
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 75-1037451 Plan Number 003
December 31, 2017

(a)	(b) Identity of issue, 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
	Employer securities			
*	R. E. Sweeney Company, Inc.	Common Stock Voting Shares	$ 22,800	$ 77,425
*	R. E. Sweeney Company, Inc.	Common Stock Nonvoting Shares	2,257,200	7,511,775
	Total employer securities		2,280,000	7,589,200
	Common stock			
	Abbvie Incorporated	Common Stock	5,397	8,801
	Alphabet Incorporated Class A	Common Stock	2,464	6,320
	Alphabet Incorporated Class C	Common Stock	2,450	6,278
	Amazon. Com Inc.	Common Stock	2,496	11,701
	American International Group Inc.	Common Stock	3,578	5,422
	American Express Co.	Common Stock	5,525	8,243
	American Tower Corporation	Common Stock	2,354	2,996
	Apple Inc.	Common Stock	2,839	6,938
	Bank of America Corp.	Common Stock	4,928	6,052
	Blackrock Incorporated	Common Stock	1,109	3,082
	Bank of New York Mellon Corp	Common Stock	5,559	6,355
	Broadcom Limited	Common Stock	2,321	2,312
	Boeing Co.	Common Stock	3,354	8,257
	Becton Dickinson	Common Stock	2,837	4,281
	Carnival Corp.	Common Stock	2,428	3,584
	Canadian Pacific Railway Ltd.	Common Stock	2,260	3,290
	Celgene Corp.	Common Stock	3,014	4,487
	Capital One Financial Corp.	Common Stock	4,266	5,875
	Chevron Corp.	Common Stock	4,710	5,508
	Citigroup Incorporated	Common Stock	5,617	7,813
	Cinga Corp.	Common Stock	2,275	2,843
	Cisco System Inc.	Common Stock	1,427	2,107
	Comcast Corporation New Class A	Common Stock	2,850	3,805
	Corning Inc.	Common Stock	1,874	2,623
	Costco Wholesale Corp New	Common Stock	1,624	3,536
	Danaher Corporation	Common Stock	3,469	4,734
	Disney (Walt) Company Holding Co.	Common Stock	1,780	1,935
	DXC Tech	Common Stock	1,794	1,993
	DOW Chemical Co.	Common Stock	4,075	6,267
	Ebay Incorporated	Common Stock	2,519	4,038
	Eaton	Common Stock	3,340	3,792
	Electronic Arts Incorporated	Common Stock	1,382	2,206

R.E. Sweeney Company, Inc.
Stock Bonus Profit Sharing Plan and Trust
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
EIN: 75-1037451 Plan Number 003
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par	(d) Cost	(e) Current value
	Common stock (continued)			
	Edwards Lifesciences	Common Stock	2,838	2,818
	Facebook Incorporated	Common Stock	3,987	9,705
	FNF Group Tracking Stock	Common Stock	3,559	5,297
	Fortive Corporation	Common Stock	1,287	2,098
	Firstenergy Corp.	Common Stock	3,011	3,062
	General Electric Co.	Common Stock	3,051	1,989
	Home Depot Inc.	Common Stock	3,092	7,771
	Incyte Corp.	Common Stock	1,997	1,610
	Ingredion Incorp.	Common Stock	4,418	5,312
	Johnson Controls International, PLC	Common Stock	5,421	4,611
	Kansas City Southern	Common Stock	4,564	5,366
	LAM Research Corporation	Common Stock	828	3,313
	Las Vegas Sands Corporation	Common Stock	6,947	9,173
	Lowes Cos Inc.	Common Stock	3,910	5,112
	MasterCard Incorporated Class A	Common Stock	3,785	7,114
	Medtronic PLC.	Common Stock	4,121	4,441
	Moodys Corp.	Common Stock	1,109	3,395
	Morgan Stanley	Common Stock	4,670	4,670
	Microsoft Corporation	Common Stock	6,819	10,949
	Nucor Corporation	Common Stock	2,263	2,416
	NASDAQ OMX	Common Stock	3,659	5,685
	NXP Semiconductors	Common Stock	1,828	2,459
	Netflix Incorporated	Common Stock	1,363	2,687
	Novartis Ag ADR	Common Stock	3,908	4,786
	Nielsen Holdings	Common Stock	5,727	4,987
	Occidental Petroleum Corp	Common Stock	5,430	5,451
	O'Reilly Auto	Common Stock	1,550	1,443
	Pay Pal	Common Stock	2,338	4,785
	Perrigo	Common Stock	2,079	2,092
	Pioneer Natural Resources	Common Stock	2,533	2,938
	Priceline Group Inc.	Common Stock	2,626	3,475
	Raytheon Co.	Common Stock	2,036	3,006
	Royal Dutch Shell PLC	Common Stock	5,642	7,102
	Service Now Inc.	Common Stock	1,864	2,477
	Salesforce.com	Common Stock	2,268	3,680
	Schwab Charles Corp.	Common Stock	2,550	4,777
	Sherwin-Williams Co.	Common Stock	1,738	2,460
	Shire PLC	Common Stock	3,637	3,102
	Southwest Airlines Co.	Common Stock	2,254	3,142

R.E. Sweeney Company, Inc.
Stock Bonus Profit Sharing Plan and Trust
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
EIN: 75-1037451 Plan Number 003
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par	(d) Cost	(e) Current value
	Common stock (continued)			
	Starbucks Corp.	Common Stock	369	3,561
	Skyworks Solutions Inc.	Common Stock	3,496	4,178
	TJX Companies Inc.	Common Stock	2,231	2,217
	Tyson Foods Inc.	Common Stock	4,170	5,270
	Unitedhealth Group Inc.	Common Stock	2,428	3,748
	Valero Energy Corp New	Common Stock	2,706	4,136
	Visa Incorporated Class A	Common Stock	3,707	9,464
	Whirlpool Corp.	Common Stock	2,860	3,373
	Weyerhaeuser Company	Common Stock	5,283	5,818
	Wells Fargo & Co. New	Common Stock	3,082	4,186
	Zoetis Incorporated	Common Stock	1,750	3,314
	Total common stock		256,704	377,495
	Mutual funds			
*	Frost Total Return Bond	Mutual Fund	517,145	504,515
*	Frost Low Duration Bond	Mutual Fund	90,312	89,387
	Harding Loevner Emerging	Mutual Fund	51,547	64,550
	T Rowe Price International Disc	Mutual Fund	32,605	44,266
	Cohen & Steers Institutional	Mutual Fund	102,032	101,640
	Blackrock S&P 500 Stock	Mutual Fund	170,515	192,410
*	Frost Credit Fund	Mutual Fund	39,023	38,712
	T Rowe Price Mid-Cap	Mutual Fund	82,795	87,589
	Invesco Developing Markets	Mutual Fund	38,337	42,745
	American Beacon Small Cap	Mutual Fund	40,739	44,862
	John Hancock III Disciplined Mid Cap Value	Mutual Fund	79,662	88,314
	Lazard International Equity	Mutual Fund	36,777	42,700
	Victory Small Company	Mutual Fund	63,551	68,147
	Harding Loevner International	Mutual Fund	39,371	43,156
	Hartford Floating Rate	Mutual Fund	77,067	76,891
	Total mutual funds		1,461,478	1,529,884
	Contracts with insurance companies			
	Jackson National Life Insurance Co.	Life Insurance Contracts	244,368	244,368
	Total contracts with insurance companies		244,368	244,368
	Cash and cash equivalents			
	Federated Prime Obligations Fund	Money Market Fund	140,275	140,275
	Cash	Interest Bearing Cash	1,936	1,936
	Total cash and cash equivalents		142,211	142,211
	Total		$4,384,761	$ 9,883,158

* Indicates a party in interest to the Plan