

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information—enter all requested information						
1a	Name of plan <u>POLLOCK RETIREMENT PLAN</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>01/01/1972</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>001</u>	1c	Effective date of plan <u>01/01/1972</u>		
1b	Three-digit plan number (PN) ▶ <u>001</u>						
1c	Effective date of plan <u>01/01/1972</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>POLLOCK INVESTMENTS INC.</u> <u>1 POLLOCK PLACE</u> <u>GRAND PRAIRIE, TX 75050-7939</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>75-1015406</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>972-337-3833</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>424100</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>75-1015406</u>	2c	Plan Sponsor's telephone number <u>972-337-3833</u>	2d	Business code (see instructions) <u>424100</u>
2b	Employer Identification Number (EIN) <u>75-1015406</u>						
2c	Plan Sponsor's telephone number <u>972-337-3833</u>						
2d	Business code (see instructions) <u>424100</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.	10/12/2018	RICHARD POLLOCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	RICHARD POLLOCK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <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	5 452
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) 135
a(2) Total number of active participants at the end of the plan year	6a(2) 135
b Retired or separated participants receiving benefits	6b 94
c Other retired or separated participants entitled to future benefits	6c 177
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 406
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 45
f Total. Add lines 6d and 6e	6f 451
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

1A 1I

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan POLLOCK RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 POLLOCK INVESTMENTS INC.	D Employer Identification Number (EIN) 75-1015406	

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 PRINCIPAL LIFE INSURANCE COMPANY
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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
42-0127290	61271	625112	451	09/01/2017	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 1879	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid UBS FINANCIAL SERVICES INC PAYMENTS AND CASH MANAGEMENT 315 DEADERICK ST NASHVILLE, TN 37238-3000

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1879	0		3

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

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

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

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

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

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	(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	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	9290276

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	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 ☐ 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ Round off amounts to nearest dollar.
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan POLLOCK RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF POLLOCK INVESTMENTS INC.	D Employer Identification Number (EIN) 75-1015406

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500
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Part I	Basic Information
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1 Enter the valuation date: Month 01 Day 01 Year 2017			
2 Assets:			
a Market value	2a	8698094	
b Actuarial value	2b	8828912	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	141	5017048	5017048
b For terminated vested participants	176	2882316	2882316
c For active participants	140	2401766	2407621
d Total	457	10301130	10306985
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.86 %	
6 Target normal cost	6	190000	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
Signature of actuary	09/25/2018	Date
COLIN B. CASSIDY, A.S.A., E.A.	17-05294	Most recent enrollment number
Type or print name of actuary	508-903-6011	Telephone number (including area code)
TRANSAMERICA		
Firm name		
24 SUPERIOR DRIVE, SUITE 400 NATICK, MA 01760-1528		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>7.53</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.06</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	85.65%
15 Adjusted funding target attainment percentage	15	85.65%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.13%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/13/2017	66454				
07/14/2017	66454				
10/13/2017	66454				
01/12/2018	66454				
09/14/2018	127929				
Totals ▶			18(b)	393745	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	372226

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	190000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	1478073		182148
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	372148	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	372148	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	372226	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	78	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan POLLOCK RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 POLLOCK INVESTMENTS INC.	D Employer Identification Number (EIN) 75-1015406	

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
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

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

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(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	CONTRACT ADMINISTRATOR	31941	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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:	TRANSAMERICA	b EIN:	36-6071399
c Position:	ENROLLED ACTUARY		
d Address:	4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499	e Telephone:	800-755-5801

Explanation: MOVED TO PRINCIPAL

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>POLLOCK RETIREMENT 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>POLLOCK INVESTMENTS INC.</u>	D Employer Identification Number (EIN) <u>75-1015406</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>PRIN INTL EMERG MARKETS SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-013</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>181636</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN INTL SMALLCAP SEP ACCT-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-014</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>210783</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL U.S. PROPERTY SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>556341</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCP S&P 500 INDEX SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3131764</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP S&P 600 INDEX SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-028</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>102819</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP S&P 400 IDX SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-023</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>280216</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LDI LONG DURATION SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-104</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1483421</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL OVERSEAS SEP ACCT-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-116	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1132132

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LDI INTRM DUR SEP ACCT-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-128	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2211164

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH QUALITY BOND FUND		
b Name of sponsor of entity listed in (a): TRANSAMERICA RETIREMENT SOLUTIONS		
c EIN-PN 04-6784256-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD BOND FUND		
b Name of sponsor of entity listed in (a): TRANSAMERICA RETIREMENT SOLUTIONS		
c EIN-PN 04-6784256-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND FUND		
b Name of sponsor of entity listed in (a): TRANSAMERICA RETIREMENT SOLUTIONS		
c EIN-PN 04-6784256-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG BOND FUND		
b Name of sponsor of entity listed in (a): TRANSAMERICA RETIREMENT SOLUTIONS		
c EIN-PN 04-6784256-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL GROWTH FUND		
b Name of sponsor of entity listed in (a): TRANSAMERICA RETIREMENT SOLUTIONS		
c EIN-PN 04-6784256-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND		
b Name of sponsor of entity listed in (a): TRANSAMERICA RETIREMENT SOLUTIONS		
c EIN-PN 04-6784256-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL VALUE FUND		
b Name of sponsor of entity listed in (a): TRANSAMERICA RETIREMENT SOLUTIONS		
c EIN-PN 04-6784256-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MID GROWTH FUND		
b Name of sponsor of entity listed in (a): TRANSAMERICA RETIREMENT SOLUTIONS		
c EIN-PN 04-6784256-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STOCK INDEX FUND**b** Name of sponsor of entity listed in (a): TRANSAMERICA RETIREMENT SOLUTIONS

c EIN-PN 04-6784256-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: REAL ESTATE FUND**b** Name of sponsor of entity listed in (a): TRANSAMERICA RETIREMENT SOLUTIONS

c EIN-PN 04-6784256-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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
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
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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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>POLLOCK RETIREMENT 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>POLLOCK INVESTMENTS INC.</u>	D Employer Identification Number (EIN) <u>75-1015406</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	99253	194383
	(2) Participant contributions	1b(2)	0	0
	(3) Other.....	1b(3)	0	39
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)	6020397	0
	(10) Value of interest in pooled separate accounts.....	1c(10)	0	9290276
	(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)	2580183	0
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8699833	9484698

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8699833	9484698
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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)	393745	
(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)		393745
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	10286	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		10286
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		404541
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		394802
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		442215
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1645589

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	636519	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		636519
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	29957	
(2) Contract administrator fees	2i(2)	32162	
(3) Investment advisory and management fees	2i(3)	3325	
(4) Other	2i(4)	158761	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		224205
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		860724

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		784865
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(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: LANE GORMAN TRUBITT, LLC

(2) EIN: 75-1044330

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	0
4b		X	0

		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	0
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	0
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			
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 4101946. (See instructions.)

<div>SCHEDULE R (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>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017					
A Name of plan POLLOCK RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 POLLOCK INVESTMENTS INC.				D Employer Identification Number (EIN) 75-1015406	
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): 42-0127290 13-3689044					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.					
Schedule R (Form 5500) 2017 v. 170203					

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Statements and Independent Auditor's Report

Pollock Retirement Plan

For the years ended December 31, 2017 and 2016



LANE GORMAN TRUBITT, LLC
Accountants & Advisors

2626 Howell Street, Ste 700
Dallas, Texas 75204

P: 214-871-7500
E: askus@lgt-cpa.com

www.lgt-cpa.com

POLLOCK RETIREMENT PLAN

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Independent Auditor's Report

Pension Committee and Participants
Pollock Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pollock Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits (modified cash basis) 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 the modified cash basis of accounting as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in these circumstances. Management is also responsible for the design, implementation, and maintenance of internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Principal Life Insurance Company and State Street Bank and Trust Company, the Trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that State Street Bank and Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2016 and for the period January 1, 2016 to September 30, 2017 and that Principal Life Insurance Company held the Plan's investment assets and executed investment transactions as of December 31, 2017 and for the period from October 1, 2017 to December 31, 2017. The Plan Administrator has obtained certifications from the Trustees as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan Administrator by the Trustees 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.

Other Matters

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2017 and the Schedule of Reportable Transactions for the year ended December 31, 2017 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our disclaimer of opinion is not modified with respect to this matter.

LANE GORMAN TRUBITT, LLC

Dallas, Texas
October 11, 2018

Pollock Retirement Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(Modified Cash Basis)
December 31,

	<u>2017</u>	<u>2016</u>
ASSETS		
Investments, at fair value:		
Mutual funds	\$ -	\$ 2,580,183
Pooled separate accounts	<u>9,290,277</u>	<u>-</u>
	9,290,277	2,580,183
Investments, at contract value:		
Common / collective trusts	<u>-</u>	<u>6,020,398</u>
Total investments	9,290,277	8,600,581
Contributions receivable	<u>194,422</u>	<u>99,253</u>
TOTAL ASSETS	9,484,699	8,699,834
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 9,484,699</u>	<u>\$ 8,699,834</u>

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

Pollock Retirement Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(Modified Cash Basis)
Years Ended December 31,

	<u>2017</u>	<u>2016</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 1,241,558	\$ 594,022
Dividends	10,286	25,705
Employer contribution	<u>393,745</u>	<u>278,680</u>
Total additions	1,645,589	898,407
DEDUCTIONS		
Payments to beneficiaries and participants	636,519	581,980
Administrative expenses	<u>224,205</u>	<u>178,906</u>
Total deductions	<u>860,724</u>	<u>760,886</u>
NET INCREASE	784,865	137,521
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	<u>8,699,834</u>	<u>8,562,313</u>
NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u><u>\$ 9,484,699</u></u>	<u><u>\$ 8,699,834</u></u>

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

Pollock Retirement Plan
NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of the Pollock Retirement 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 was formed January 1, 1972 to provide retirement and incidental benefits to covered employees of Pollock Investments, Inc. (the “Company”). The Plan is a defined benefit plan that covered all employees of the Company whose benefits were not subject to collective bargaining. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan was amended effective January 1, 2016; this amendment did not change benefits or participation requirements.

The Plan is administered by the Pension Committee which is appointed by the Board of Directors of the Company. The duties of the Plan Administrator are to oversee the operations and administration of the Plan in accordance with the specific terms of the Plan, provide for prudent investment of the Plan’s assets and keeping accurate records and reports. The Plan’s trustee’s, State Street Bank and Trust Company through September 30, 2017 and Principal Life Insurance Company (“Principal”) from October 1, 2017 through December 31, 2017 are responsible for the custody and management of the Plan’s assets.

Employees participated in the Plan upon attaining the age of 21 years and completion of six months of eligible service. Participants were fully vested with respect to their contributions and became fully vested in the Company’s contributions after five years of vesting service. No new employees could enter the Plan after July 31, 2005.

Expenses incurred in the administration of the Plan are paid by both the Company and the Plan.

Normal Retirement Benefit

The normal retirement age is 65 years. Normal retirement benefits are payable monthly for life and commence at normal retirement date, subject to formulas and limitations set forth in the Plan. Benefit amounts were frozen effective July 31, 2005, accordingly no further credit for service years after July 31, 2005 shall be considered in the determination of benefits.

Minimum Benefit

In no event will a participant receive less as a monthly pension than the amount which can be provided by their contributions to the plan, with interest credited at the rate of 4% per annum through 1975, 5% per annum from 1975 through 1987 and 120% of the applicable Federal mid-term rate to date of termination and at Pension Benefit Guaranty Corporation (“PBGC”) rates from date of termination to the participant’s normal retirement date.

Early Retirement Benefit

A participant may elect early retirement after attainment of the age of 55 years and ten years of vesting service. Early retirement benefits are payable for life and are deferred to the normal retirement date at which time they are reduced by the ratio of accrued benefit service to anticipated benefit service. At the participant’s request, a reduced benefit may be paid beginning upon actual retirement. The reduction is 1/15 for each of the first five years and 1/30 for each of the next five years that the starting date of the benefit precedes normal retirement date.

Late Retirement Benefit

The benefit is computed as for normal retirement, considering benefit service and compensation to actual retirement date, with a minimum of the actuarial equivalent of the benefit payable at normal retirement.

Pollock Retirement Plan
NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN (Continued)

Disability Benefit

Participants with ten or more years of vesting service are eligible for disability benefits after termination for reason of disability. Benefits are payable for life, commencing at normal retirement date, if the participant is continuously disabled until that time. The benefit is the normal retirement benefit, considering compensation to the date of disablement and benefit service to the normal retirement date. Benefit service is given for the period of disability. Effective July 31, 2005, any benefit accruals under the disability provisions of the Plan were eliminated.

Deferred Vested Benefit

A participant who terminates for reasons other than death or retirement with five or more years of eligible service is eligible for a benefit, deferred to normal retirement date, determined as for early retirement. At the participant's request, a benefit reduced in the same manner as for early retirement may be paid after age 55, but prior to normal retirement date.

In-Service Death Benefit

The surviving spouse of an active employee who had completed five years of vesting service on the date of death shall be eligible for an in-service benefit provided the employee had been married to the surviving spouse for at least 12 months immediately preceding the employee's death. The monthly annuity shall be determined as though the employee had terminated employment on the date of their death and elected to receive the qualified 50% survivor pension with payments commencing at the earliest date permissible and with their death occurring the day after commencement.

Death Benefit After Retirement But Before Commencement of Payments

If a participant dies after early retirement but prior to commencement of payments, then, provided the participant was continuously married for at least one year immediately preceding their death, their surviving spouse will receive a pension for life. The benefit is 50% of the pension the employee would have received had they taken early retirement on the date of their death with the 50% joint and survivor option.

Death Benefit After Normal Retirement, Disability Retirement or After Commencement of Early Retirement

Unless an employee with spousal consent makes an election to the contrary prior to his date of death, the death benefit will be paid as under the qualified joint and survivor option. In the event that an employee rejected the qualified joint and survivor option or if they were not married on their date of death, no death benefit shall be paid to or for them unless they elected an optional form of payment.

Death Benefit After Deferred Vested Retirement Before Commencement of Payments

If an employee terminates with a deferred vested benefit and subsequently dies prior to commencement of benefits, the surviving spouse of such employee shall be eligible to receive a monthly annuity determined as though the employee had survived to the earliest date their pension could commence and elected to receive the qualified joint and survivor option, with their death occurring on the day after commencement.

Return of Contributions with Interest

If a participant terminates before being eligible for a pension, a benefit is payable equal to the Contribution Accumulation. This amount is the participant's contributions to the Plan, plus interest credited at the rate of 4% per annum through 1975, 5% per annum from 1975 through 1987, and 120% of the Federal mid-term rate to date of refund.

If, upon payment of all benefits to a participant and their beneficiary, the total of the benefits paid is less than the Contribution Accumulation, then the excess is paid to the beneficiary or the estate. If a participant terminates while eligible for a Deferred Vested pension, they may receive their Contribution Accumulation, and any subsequent benefit will be reduced.

Pollock Retirement Plan
NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the significant accounting policies consistently used in the preparation of the Plan's financial statements.

Method of Accounting

The financial statements are prepared under the modified cash basis of accounting. Accordingly, income and the related assets, except for employer contributions, are recognized when received rather than when earned and expenses, including benefit payments, are recognized when paid rather than when the obligation is incurred.

Use of Estimates

In preparing financial statements under the basis of accounting used by the plan, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, with the exception of the common / collective trusts which are fully benefit-responsive investments. Changes in fair value are reflected in operations. Mutual funds, pooled separate accounts, and common / collective trusts represent investments with various investment managers. The respective fair values of these investments are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Quoted market prices are used to value investments. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value of shares held by the Plan at year end. Units held in pooled separate accounts and common / collective trusts are valued at the unit value of units held by the Plan at year end as reported by the investment managers.

Purchase and sales of securities are recorded on the trade date. Gains or losses on sales of securities are based upon the average cost of securities. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

For the period from January 1, 2016 to September 30, 2017, the Plan was invested in the Long Bond Fund ("LBF"), a common / collective trust fund with underlying investments in bond funds. The LBF is valued at fair value and then adjusted by the issuer to contract value. The investment objective of the LBF is to maximize total return through investment in a diversified portfolio of long duration fixed income securities. Fair value of the LBF is determined by the last available bid price on the bonds held as determined by an independent pricing service. Individual participant accounts invested in the LBF are maintained on a unit value basis. Participants do not have beneficial ownership in specific underlying securities or other assets in the LBF but have an interest therein represented by units valued daily. Participants may withdraw from the fund at the stated unit value at the close of business on any business day. Issuances and redemptions of units are made on such days based upon the net asset value per unit. The LBF earns interest income which is automatically reinvested in additional units.

For the years ended December 31, 2017 and 2016, fees were charged by the LBF based on 0.45% of daily net assets; this fee is accounted for within the net asset value. Generally, contributions to and withdrawal payments from the LBF are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants' accounts are charged or credited with the number of units properly attributable to each participant. All investment in this fund was liquidated with the transfer of Plan assets to Principal.

For the period from January 1, 2016 to September 30, 2017, the Plan was invested in the Real Estate Fund ("REF"), a common / collective trust fund with underlying investments in real estate investment trusts. The REF is valued at fair value and then adjusted by the issuer to contract value. The investment objective of the REF is to maximize total return through investment in public real estate securities with a combination of above average income and long term growth of capital. Investment in the REF involves certain unique risks as valuations are dependent upon management skills, are not diversified, and are subject to heavy cash flow dependency, default by borrowers, and self-liquidation. The REF is also subject to interest rate risks.

Pollock Retirement Plan
NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

Fair value of the REF is determined by the value of the individual investments as follows:

- Equity securities are valued at the official closing price or the last sales price on the exchange on which they are primarily traded or the last quoted bid price for securities in which there were no sales during the day.
- Securities listed on the NASDAQ National Market and NASDAQ Small Cap Market for which reliable market quotations are available are valued at the official closing price, or if there is no official closing price on that day, at the last sales price.
- Investments in open-end investment companies are valued at such investment company's current day closing net asset value per share and may be redeemed daily. When valuations are not readily available, securities will be valued at their fair market value as determined by the advisor.

Individual participant accounts invested in the REF are maintained on a unit value basis. Participants do not have beneficial ownership in specific underlying securities or other assets in the REF but have an interest therein represented by units valued daily. Participants may withdraw from the fund at the stated unit value at the close of business on any business day. Issuances and redemptions of units are made on such days based upon the net asset value per unit. For the years ended December 31, 2017 and 2016, fees were charged by the REF based on 0.75% (for unbundled units) to 1.35% (for bundled units) of daily net assets; this fee is accounted for within the net asset value. Generally, contributions to and withdrawal payments from the REF are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants' accounts are charged or credited with the number of units properly attributable to each participant. All investment in this fund was liquidated with the transfer of Plan assets to Principal.

For the period from January 1, 2016 to September 30, 2017, the Plan was invested in the Stock Index Fund ("SIF"), a common / collective trust fund with underlying investments in the BlackRock Equity Index Fund E ("BlackRock") which is a bank collective trust. The SIF is valued at contract value. The investment objective of the SIF is to match the performance of the S&P 500 Index. Fair value of the SIF is determined by the net asset value per unit of BlackRock as determined at the close of business on each business day. The net asset value of a unit of BlackRock is determined based upon market quotations provided by independent pricing services. BlackRock is a non-registered collective trust not listed on the New York Stock Exchange. Individual participant accounts invested in the SIF are maintained on a unit value basis. Participants do not have beneficial ownership in specific underlying securities or other assets in the SIF but have an interest therein represented by units valued daily. Participants may withdraw from the fund at the stated unit value at the close of business on any business day. Issuances and redemptions of units are made on such days based upon the net asset value per unit. Net investment income and realized gains (losses) earned by BlackRock are not distributed or allocated to the SIF, but are accumulated and reinvested and are not therefore included in the determination of the SIF's unit value. For the years ended December 31, 2017 and 2016, fees were charged by the SIF based on 0.15% of daily net assets; this fee is accounted for within the net asset value. Generally, contributions to and withdrawal payments from the SIF are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants' accounts are charged or credited with the number of units properly attributable to each participant. All investment in this fund was liquidated with the transfer of Plan assets to Principal.

Pollock Retirement Plan
NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

All collective funds held (the “Funds”) are common / collective trust funds with underlying investments in equity securities and are valued at contract value. The investment objective of the Funds is shown by the individual fund names and the Funds are designed to maximize total return through investment in a diversified portfolio of equity securities. Fair value of the Funds are determined by the valuations of the investments in equity securities which are valued at the official closing price or the last sales price on the exchange on which they are primarily traded or the last quoted bid price for securities in which there were no sales during the day. Individual participant accounts invested in the Funds are maintained on a unit value basis.

Participants do not have beneficial ownership in specific underlying securities or other assets in the Funds but have an interest therein represented by units valued daily. Participants may withdraw from the Funds at the stated unit value at the close of business on any business day. Issuances and redemptions of units are made on such days based upon the net asset value per unit. The Funds earn dividend and interest income which is automatically reinvested in additional units. For the years ended December 31, 2017 and 2016, fees were charged by the Funds based on a range of 0.40% to 0.90% of daily net assets; this fee is accounted for within the net asset value. Generally, contributions to and withdrawal payments from the Funds are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants’ accounts are charged or credited with the number of units properly attributable to each participant. All investment in this fund was liquidated with the transfer of Plan assets to Principal.

Net Appreciation/Depreciation in Fair Value of Investments

Net appreciation (depreciation) in fair value of investments include realized and unrealized investment gains and losses. Brokerage fees, if any, are added to the acquisition costs of assets purchased and subtracted from the proceeds of assets sold.

Administration

For the period from January 1, 2016 to September 30, 2017, State Street Bank and Trust Company served as Trustee for the Plan and was responsible for holding the investment assets and executing investment transactions. Effective October 1, 2017, Principal Life Insurance Company was appointed as Trustee for the Plan’s assets and assumed responsibility for holding the Plan’s assets and executing investment transactions for the period from October 1, 2017 to December 31, 2017.

Under the terms of the trust agreements between the Trustees and the Company, the Trustees manage a trust fund on behalf of the Plan. Accordingly, the Trustees have been granted certain discretionary authority concerning investment and management powers.

Risks and Uncertainties

The Plan provides for investments in various investment securities which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Further, due to the level of risk associated with certain investment securities, it is at least reasonably possible that change in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Pollock Retirement Plan
NOTES TO FINANCIAL STATEMENTS

3. FUNDING POLICY

As of January 1, 1992, employees are not required nor permitted to make contributions under this Plan. There were \$75,396 of employees' accumulated contributions at January 1, 2017 and 2016 (excluding interest accumulated). Including accumulated interest, there were \$316,025 and \$310,638 as of January 1, 2017 and 2016, respectively. Contributions to the Plan are made by the Company to the trustee in amounts, as determined by consulting actuaries using the entry age actuarial cost method, sufficient to pay all benefits under the Plan. The Company made contributions of \$393,745 and \$278,680 for the years ended December 31, 2017 and 2016, respectively, which was in compliance with the minimum funding requirements of ERISA.

4. PLAN TERMINATION

The plan was amended and restated effective January 1, 1992. Benefits under the Plan as it existed prior to its amendment and restatement were frozen as of December 31, 1991. No further credit for service years is available to Participants after July 31, 2005. Benefits under the amended and restated Plan are funded solely through Company contributions as determined from time to time by the Company, based on actuarial advice. Although it has not expressed any intention 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 set forth in ERISA.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during each of the years 2017 and 2016, that monthly ceiling, which is adjusted periodically, was \$5,369 and \$5,011, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For young annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits after payment of administration, termination, and liquidation expenses in the order indicated:

- a) Benefits attributable to employee contributions.
- b) Annuity benefits former employees or their beneficiaries have been receiving for at least three years, or those employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan, subject to certain limitations.
- c) Other vested benefits insured by the PBGC up to the applicable limitations.
- d) All other vested benefits (that is, vested benefits not insured by the PBGC).
- e) All non-vested benefits.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Pollock Retirement Plan
NOTES TO FINANCIAL STATEMENTS

5. INCOME TAX STATUS

The Company has received a favorable determination letter from the United States Internal Revenue Service (“IRS”) dated December 7, 1993 stating that the Plan is qualified under the provision of Section 401(a) of the United States Internal Revenue Code (the “Code”) and therefore is exempt from taxation. The Plan has been amended subsequent to receiving this determination letter however the Plan Committee believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

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 Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2014.

6. ACTUARIAL ASSUMPTIONS AND CALCULATIONS

The significant actuarial assumptions used in the valuations of the Plan as of and for the years ended December 31, 2017 and 2016 are as follows:

- Life expectancy of active participants and nondisabled pensioners - life expectancy of active participants: applicable mortality table as set forth in RP 2014 Employee/Annuitant Mortality Table for Males/Females with and MP 2016 generational improvement for 2017 and MP 2015 generational improvements for 2016.

• Retirement Rates	Age	Rate
	55-61	1.0%
	62	10.0%
	63-64	7.5%
	65+	100.0%
	At January 1, 2017	At January 1, 2016
Investment return (per annum, compounded annually)	6.5%	6.75%
Discount rate	6.5%	6.75%

Employee turnover and disability assumptions (at graduated rates) and an earnings progression assumption are also used for the valuation.

The actuarial present values of accumulated plan benefits at January 1 are as follows:

	2017	2016
Vested benefits:		
Active participants	\$ 2,335,878	\$ 3,471,570
Participants with deferred benefits	2,806,655	2,579,189
Participants receiving benefits	<u>4,884,838</u>	<u>3,745,058</u>
	10,027,371	9,795,817
Non-vested benefits	<u>2,608</u>	<u>3,265</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 10,029,979</u>	<u>\$ 9,799,082</u>

Pollock Retirement Plan
NOTES TO FINANCIAL STATEMENTS

6. ACTUARIAL ASSUMPTIONS AND CALCULATIONS (Continued)

The change in actuarial present values of accumulated plan benefits for the years ended January 1 are as follows:

	<u>2017</u>	<u>2016</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 9,799,082	\$ 9,775,007
Increase for interest due to decrease in discount period	642,117	643,414
Change in actuarial assumptions (increase in plan expense for 2016 and 2017 and change in life expectancy assumptions and investment returns for 2017)	114,808	(148,929)
Benefits accrued and actuarial experience	55,952	23,542
Benefits paid	<u>(581,980)</u>	<u>(493,952)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 10,029,979</u>	<u>\$ 9,799,082</u>

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

7. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEES

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustees have certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate as of and for the years ended December 31:

	<u>2017</u>	<u>2016</u>
Investments, at fair value:		
Mutual funds	\$ -	\$ 2,580,183
Pooled separate accounts	<u>9,290,277</u>	<u>-</u>
	9,290,277	2,580,183
Investments at contract value:		
Common / collective trusts	<u>-</u>	<u>6,020,398</u>
Total investments	<u>\$ 9,290,277</u>	<u>\$ 8,600,581</u>
Investment income:		
Net appreciation in fair value of investments	\$ 1,241,558	\$ 594,022
Dividends	<u>10,286</u>	<u>25,705</u>
Total investment income	<u>\$ 1,251,844</u>	<u>\$ 619,727</u>

The Plan's independent accountants did not perform any auditing procedures with respect to this information, except for comparing such information to the related information included in the accompanying financial statements and supplemental schedules.

8. FAIR VALUE OF INVESTMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

Pollock Retirement Plan
NOTES TO FINANCIAL STATEMENTS

8. FAIR VALUE OF INVESTMENTS (Continued)

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's 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 the observable inputs and minimize the use of unobservable inputs. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2017 and 2016, there were no significant transfers in or out of levels 1, 2, or 3.

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

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end. This fair value is considered to be readily determinable.

Pooled separate accounts: Valued, as a practical expedient, at the NAV of units held by the Plan at year end. This fair value is considered to be readily determinable.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair 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 table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2017:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ -	\$ -	\$ -	\$ -
Total assets in the fair value hierarchy	\$ -	\$ -	\$ -	-
Pooled separate accounts (a)				9,290,277
Total investments at fair value				\$ 9,290,277

(a) These investments are valued using net asset value as a practical expedient, and therefore have not been classified in the fair value hierarchy.

Pollock Retirement Plan
NOTES TO FINANCIAL STATEMENTS

8. FAIR VALUE OF INVESTMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2016:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,580,183	\$ -	\$ -	\$ 2,580,183
Total investments at fair value	<u>\$ 2,580,183</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,580,183</u>

9. REPORTABLE TRANSACTIONS

There were no investments purchased and sold in the year, no loans in default or classified as uncollectable, or non-exempt transactions during the years ended December 31, 2017 and 2016 that require disclosure under DOL's Rules and Regulations.

10. SUBSEQUENT EVENTS

The Pension Committee has evaluated subsequent events through on October 11, 2018, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

Pollock Retirement Plan
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Form 5500, Schedule H, Line 4i
EIN: 75-1015406
Plan Number: 001
December 31, 2017

(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
		POOLED SEPARATE ACCOUNTS		
*	Principal Life Insurance Company	International Emerging Markets Separate Account - Class Z	\$ 176,123	\$ 181,636
*	Principal Life Insurance Company	International Small Cap Separate Account - Class Z	198,348	210,783
*	Principal Life Insurance Company	Large Cap S&P 500 Index Separate Account - Class Z	2,922,095	3,131,765
*	Principal Life Insurance Company	LDI Intermediate Duration Separate Account - Class Z	2,194,777	2,211,164
*	Principal Life Insurance Company	LDI Long Duration Separate Account - Class Z	1,441,125	1,483,421
*	Principal Life Insurance Company	Mid Cap S&P 400 Index Separate Account - Class Z	258,657	280,216
*	Principal Life Insurance Company	Overseas Separate Account - Class Z	1,081,963	1,132,132
*	Principal Life Insurance Company	Small Cap S&P 600 Index Separate Account - Class Z	94,770	102,819
*	Principal Life Insurance Company	U.S. Property Separate Account - Class Z	544,999	556,341
			<u>8,912,857</u>	<u>9,290,277</u>
		TOTAL INVESTMENTS	<u>\$ 8,912,857</u>	<u>\$ 9,290,277</u>

* Column (a) indicates each identify entity known to be a party-in-interest

Pollock Retirement Plan
SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Line 4j
EIN: 75-1015406
Plan Number: 001
December 31, 2017

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
INDIVIDUAL TRANSACTIONS						
Transamerica Retirement Solutions	Alliance Bernstein Global Bond Fund	\$ -	\$ 454,625	\$ 449,910	\$ 454,625	\$ 4,715
Transamerica Retirement Solutions	High Quality Bond Fund	\$ -	\$ 568,926	\$ 563,921	\$ 568,926	\$ 5,006
Transamerica Retirement Solutions	High Yield Bond Fund	\$ -	\$ 825,871	\$ 772,708	\$ 825,871	\$ 53,163
Transamerica Retirement Solutions	Intermediate Bond Fund	\$ -	\$ 1,050,739	\$ 1,010,685	\$ 1,050,739	\$ 40,054
Transamerica Retirement Solutions	Long Bond Fund	\$ -	\$ 1,145,277	\$ 1,068,369	\$ 1,145,277	\$ 76,908
Transamerica Retirement Solutions	MFS Value R3 Fund	\$ -	\$ 552,671	\$ 501,331	\$ 552,671	\$ 51,341
Transamerica Retirement Solutions	Oppenheimer International Diversified A Fund	\$ -	\$ 1,253,893	\$ 989,322	\$ 1,253,893	\$ 264,572
Transamerica Retirement Solutions	Pioneer Fundamental Growth Y Fund	\$ -	\$ 565,043	\$ 478,342	\$ 565,043	\$ 86,701
Transamerica Retirement Solutions	Real Estate Fund	\$ -	\$ 458,633	\$ 442,118	\$ 458,633	\$ 16,515
Transamerica Retirement Solutions	Stock Index Fund	\$ -	\$ 1,218,885	\$ 1,074,815	\$ 1,218,885	\$ 144,070
SERIES OF TRANSACTIONS						
Transamerica Retirement Solutions	High Quality Bond Fund	\$ 482,717	\$ -	\$ -	\$ 482,717	\$ -
Transamerica Retirement Solutions	High Quality Bond Fund	\$ -	\$ 1,092,591	\$ 1,084,756	\$ 1,092,591	\$ 7,834
Transamerica Retirement Solutions	High Yield Bond Fund	\$ -	\$ 828,222	\$ 774,995	\$ 828,222	\$ 53,227
Transamerica Retirement Solutions	Long Bond Fund	\$ -	\$ 1,167,586	\$ 1,089,477	\$ 1,167,586	\$ 78,109
Transamerica Retirement Solutions	MFS Value R3 Fund	\$ -	\$ 572,920	\$ 520,436	\$ 572,920	\$ 52,484

Pollock Retirement Plan
SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)
Form 5500, Schedule H, Line 4j
EIN: 75-1015406
Plan Number: 001
December 31, 2017

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
SERIES OF TRANSACTIONS (Continued)						
Transamerica Retirement Solutions	Oppenheimer International Diversified A Fund	\$ -	\$ 1,402,267	\$ 1,119,771	\$ 1,402,267	\$ 282,496
Transamerica Retirement Solutions	Pioneer Fundamental Growth Y Fund	\$ -	\$ 606,598	\$ 516,230	\$ 606,598	\$ 90,368
Transamerica Retirement Solutions	Stock Index Fund	\$ -	\$ 1,265,058	\$ 1,118,166	\$ 1,265,058	\$ 146,893
Transamerica Retirement Solutions	Alliance Bernstein Global Bond Fund	\$ -	\$ 454,625	\$ 449,910	\$ 454,625	\$ 4,715
Transamerica Retirement Solutions	Real Estate Fund	\$ -	\$ 458,634	\$ 442,119	\$ 458,634	\$ 16,515
Principal Life Insurance Company	Principal LDI Intermediate Duration Separate Account Fund - Class Z	\$ 2,457,163	\$ -	\$ -	\$ 2,457,163	\$ -
Principal Life Insurance Company	Principal LDI Long Duration Separate Account - Class Z	\$ 1,528,131	\$ -	\$ -	\$ 1,528,131	\$ -
Principal Life Insurance Company	Principal U.S Property Separate Account Fund - Class Z	\$ 554,819	\$ -	\$ -	\$ 554,819	\$ -
Principal Life Insurance Company	Principal Largecap S&P 500 Index Fund - Class Z	\$ 3,116,236	\$ -	\$ -	\$ 3,116,236	\$ -
Principal Life Insurance Company	Principal Overseas Separate Account Fund - Class Z	\$ 1,118,886	\$ -	\$ -	\$ 1,118,886	\$ -

Column (e) and (f) were not listed on this schedule as there were no lease rental or expenses incurred with these transactions.

This supplemental schedule lists individual and series of transactions in excess of 5% of the fair market value of Plan assets.

See Independent Auditor's Report.

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

P R P

EIN 75 1015406
 PLAN NUMBER 001
 PLAN YEAR 01/01/2017 TO 12/31/2017

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
Pooled Separate Accounts PRINCIPAL LDI INTERMEDIATE DUR	3		\$ 2,457,163.21		\$ 0.00
Pooled Separate Accounts PRINCIPAL LDI INTERMEDIATE DUR		8		\$ 263,747.68	\$ 1,361.56
Pooled Separate Accounts PRINCIPAL LDI LONG DURATION SE	4		\$ 1,528,130.90		\$ 0.00
Pooled Separate Accounts PRINCIPAL LDI LONG DURATION SE		8		\$ 87,915.91	\$ 909.95
Pooled Separate Accounts PRINCIPAL U.S. PROPERTY SEPARA	2		\$ 554,819.49		\$ 0.00
Pooled Separate Accounts PRINCIPAL U.S. PROPERTY SEPARA		1		\$ 10,001.82	\$ 181.51
Pooled Separate Accounts PRINCIPAL LARGE CAP S&P 500 IND	2		\$ 3,116,236.25		\$ 0.00
Pooled Separate Accounts PRINCIPAL LARGE CAP S&P 500 IND		1		\$ 206,276.08	\$ 12,134.56
Pooled Separate Accounts PRINCIPAL OVERSEAS SEPARATE AC	2		\$ 1,118,885.98		\$ 0.00
Pooled Separate Accounts PRINCIPAL OVERSEAS SEPARATE AC		1		\$ 37,965.57	\$ 1,042.34

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

P R P

EIN 75 1015406
 PLAN NUMBER 001
 PLAN YEAR 01/01/2017 TO 12/31/2017

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(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
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN INTL EMERG MARKETS SA-Z	\$ 176,123.00	\$ 181,635.51
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN INTL SMALLCAP SEP ACCT-Z	\$ 198,347.96	\$ 210,782.61
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LDI INTRM DUR SEP ACCT-Z	\$ 2,194,777.09	\$ 2,211,163.72
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LDI LONG DURATION SA-Z	\$ 1,441,124.94	\$ 1,483,421.27
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LGCP S&P 500 INDEX SA-Z	\$ 2,922,094.73	\$ 3,131,764.30
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MIDCAP S&P 400 IDX SA-Z	\$ 258,656.84	\$ 280,216.35
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN SMCAP S&P 600 INDEX SA-Z	\$ 94,769.63	\$ 102,819.49
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL OVERSEAS SEP ACCT-Z	\$ 1,081,962.75	\$ 1,132,132.39
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL U.S. PROPERTY SA-Z	\$ 544,999.18	\$ 556,340.53

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan POLLOCK RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF POLLOCK INVESTMENTS INC.	D Employer Identification Number (EIN) 75-1015406	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date:	Month 01	Day 01	Year 2017		
2 Assets:					
a Market value				2a	8698094
b Actuarial value				2b	8828912
3 Funding target/participant count breakdown				(1) Number of participants	(2) Vested Funding Target
a For retired participants and beneficiaries receiving payment				141	5017048
b For terminated vested participants				176	2882316
c For active participants				140	2401766
d Total				457	10301130
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐					
a Funding target disregarding prescribed at-risk assumptions				4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor				4b	
5 Effective interest rate				5	5.86 %
6 Target normal cost				6	190000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary Colin B. Cassidy, A.S.A., E.A. Type or print name of actuary Transamerica Firm name 24 Superior Drive, Suite 400 Natick, MA 01760-1528 Address of the firm	09/25/2018 Date 17-05294 Most recent enrollment number (508) 903-6011 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2017
v. 170203

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>7.53</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.06</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	85.65 %
15	Adjusted funding target attainment percentage	15	85.65 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.	16	89.13 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04-13-2017	66454						
07-14-2017	66454						
10-13-2017	66454						
01-12-2018	66454						
09-14-2018	127929						
			Totals ►	18(b)	393745	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	372226

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	190000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	1478073	182148	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	372148	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	372148	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	372226	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	78	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

**Attachment to 2017 Form 5500 Schedule SB,
Line 22 – Description of Weighted Average Retirement Age**

**Plan Name: Pollock Retirement Plan
Plan Sponsor: Pollock Investments, Inc.**

**E.I.N.: 75-1015406 Plan No.: 001
Plan Year: January 1, 2017 to December 31, 2017**

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.01	1,000,000	1	0.01	0.55
56	0.01	990,000	0.99	0.0099	0.5544
57	0.01	980,100	0.9801	0.0098	0.558657
58	0.01	970,299	0.9703	0.0097	0.5627734
59	0.01	960,596	0.9606	0.00961	0.5667516
60	0.01	950,990	0.95099	0.00951	0.570594
61	0.01	941,480	0.94148	0.00941	0.5743029
62	0.1	932,065	0.93207	0.09321	5.7788052
63	0.075	838,859	0.83886	0.06291	3.9636079
64	0.075	775,944	0.77594	0.0582	3.7245331
65	1	717,749	0.71775	0.71775	46.653657

Average age at retirement

64.058082

Rounded for Schedule SB item 22

64

**Attachment to 2017 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Pollock Retirement Plan
Plan Sponsor: Pollock Investments, Inc.**

**E.I.N.: 75-1015406 Plan No.: 001
Plan Year: January 1, 2017 to December 31, 2017**

A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;
2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year. However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

**Attachment to 2017 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Pollock Retirement Plan
Plan Sponsor: Pollock Investments, Inc.**

**E.I.N.: 75-1015406 Plan No.: 001
Plan Year: January 1, 2017 to December 31, 2017**

C INTEREST RATE METHODS

Target Liability Interest Rates

Segment rates for September prior to the valuation date as adjusted in accordance with Code Section 430(h)(2)(C)(iv).

PBGC Interest Rates

Based on the alternative premium funding target and the Target Liability Interest Rates, unadjusted by Code Section 430(h)(2)(C)(iv).

Expected Investment Return/
ASC 960-20 Interest Rate

6.50% (previously, 6.75%).

D ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality

Funding: Optional small plan mortality table in accordance with IRS Regulation 1.430(h)(3)-1 for the valuation year.

Accounting (ASC 960-20): RP-2014 Employee and Healthy Annuitant Tables adjusted back to 2006 and then projected forward with Scale MP-2016 for all years (previously, projected forward with Scale MP-2015).

Withdrawal Rates

Based upon the following probabilities of withdrawal shown at sample ages:

<u>Age</u>	<u>Rate</u>
20	16.61%
25	12.84%
30	10.02%
35	7.63%
40	5.63%
45	3.93%
50	2.48%
55	0.00%

**Attachment to 2017 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Pollock Retirement Plan
Plan Sponsor: Pollock Investments, Inc.**

**E.I.N.: 75-1015406 Plan No.: 001
Plan Year: January 1, 2017 to December 31, 2017**

Retirement Rates

Probabilities of retiring from active status are as follows:

<u>Age</u>	<u>Rate</u>
55-61	1.00%
62	10.00%
63-64	7.50%
65+	100.00%

Terminated vested participants are assumed to commence benefits at age 65.

Form of Payment

100% life annuity; 0% all other forms.

Marital Assumption

It has been assumed that 100% of all active participants are married. Husbands are assumed to be three years older than wives.

Plan Expenses

\$190,000 (previously, \$155,000).

**Attachment to 2017 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: Pollock Retirement Plan
Plan Sponsor: Pollock Investments, Inc.**

**E.I.N.: 75-1015406 Plan No.: 001
Plan Year: January 1, 2017 to December 31, 2017**

<u>Effective Date</u>	January 1, 1972.
<u>Eligibility</u>	January 1 st or July 1 st coinciding with or following attainment of age 21 and 6 months of eligibility service. No new participants will enter the plan after July 31, 2005.
<u>Eligibility Service</u>	A year of Eligibility Service is credited for each computation period with at least one hour of service. The initial computation period is the 12-month period beginning with date of hire. Thereafter, the computation period is the Plan Year.
<u>Benefit Service</u>	<p>Benefit Service is calculated using elapsed time. All years of benefit service are taken into account while an eligible employee except service prior to January 1, 1972.</p> <p>No Benefit Service will be earned after July 31, 2005.</p>
<u>Vesting Service</u>	Vesting Service is calculated using elapsed time.
<u>Base Compensation</u>	The monthly compensation payable to an employee is based on total W-2 pay, excluding bonus payments. No compensation earned after July 31, 2005 shall be considered in the determination of benefits.
<u>Average Base Compensation</u>	The highest average Base Compensation of any five consecutive plan years preceding termination.

**Attachment to 2017 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: Pollock Retirement Plan
Plan Sponsor: Pollock Investments, Inc.**

**E.I.N.: 75-1015406 Plan No.: 001
Plan Year: January 1, 2017 to December 31, 2017**

Normal Retirement Benefit

Eligible at age 65 or 5 years of Benefit Service, if later. The Normal Retirement Benefit is a monthly benefit payable in the normal form equal to the greater of:

- 0.5% of average monthly compensation multiplied by benefit service;
- Monthly accrued benefit as of December 31, 1991 plus 0.5% of average monthly compensation multiplied by benefit service earned after January 1, 1992;
- Monthly accrued benefit as of December 31, 1988 plus 0.5% of average monthly compensation multiplied by benefit service earned after January 1, 1989; or
- Monthly amount provided by employee contribution balance converted to a life annuity.

Benefits were frozen as of July 31, 2005

Deferred Retirement Benefit

The greater of (i) the actuarial equivalent of the normal retirement benefit, or (ii) the monthly benefit based on the normal retirement benefit formula using benefit service and compensation through late retirement date.

Early Retirement Benefit

Eligible at age 55 with 10 years of Vesting Service. The Early Retirement Benefit is the accrued Normal Retirement Benefit reduced 1/180th for each of the first 60 months and 1/360th for each additional month that commencement precedes age 65.

Disability Benefit

Effective July 31, 2005, any benefit accruals under the disability provisions of the plan were eliminated.

**Attachment to 2017 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: Pollock Retirement Plan
Plan Sponsor: Pollock Investments, Inc.**

**E.I.N.: 75-1015406 Plan No.: 001
Plan Year: January 1, 2017 to December 31, 2017**

Form of Benefit

The normal form of payment is a life only benefit for single employees and a 50% Joint & Survivor benefit for married employees.

Pre-retirement Death Benefit

The surviving spouse becomes eligible upon the death of an employee or former employee who completed 5 or more years of Vesting Service.

The surviving spouse will receive the benefit that would have been paid if the employee or former employee had retired on the day prior to his death and had elected a 50% Joint & Survivor option.

Employee Contributions

None. The entire cost of the plan is paid by the employer.

Optional Forms of Payment

Life annuity; life annuity with 5 or 10 years guaranteed; 10 year certain only; joint and survivor with 50%, 67%, 75% or 100% continuing to beneficiary; joint and survivor option with 50% continuing to survivor after the first death.

Optional forms are actuarially equivalent using 8.5% interest and the 71 GAM male table projected by Sale D to 1975.

The 10 year certain option is based on Internal Revenue Code Section 417(e) applicable mortality and interest rates.

Summary of Plan Changes

None.

Summary of Significant Events

None.

**Attachment to 2017 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions**

**Plan Name: Pollock Retirement Plan
Plan Sponsor: Pollock Investments, Inc.**

**E.I.N.: 75-1015406 Plan No.: 001
Plan Year: January 1, 2017 to December 31, 2017**

For 2017, the expense load was increased to \$190,000 (previously, \$155,000 for 2016).

**Attachment to 2017 Form 5500 Schedule SB,
Line 32 – Schedule of Amortization Bases**

**Plan Name: Pollock Retirement Plan
Plan Sponsor: Pollock Investments, Inc.**

**E.I.N.: 75-1015406 Plan No.: 001
Plan Year: January 1, 2017 to December 31, 2017**

Amortization Schedule				
(a) <u>Year</u>	(b) <u>Type</u>	(c) <u>Present Value</u>	(d) <u>Years Left</u>	(e) <u>Payment</u>
2010	Shortfall	\$ 611,124	8*	\$ 90,307
2011	Shortfall	690,382	9*	93,194
2012	Shortfall	130,117	2	66,384
2013	Shortfall	(311,719)	3	(108,169)
2014	Shortfall	(196,210)	4	(52,091)
2015	Shortfall	(37,299)	5	(8,080)
2016	Shortfall	157,281	6	29,270
2017	Shortfall	<u>434,397</u>	7	<u>71,333</u>
Total		\$ 1,478,073		\$ 182,148

**Elected Funding Relief for 2010 and 2011.*

**Attachment to 2017 Form 5500 Schedule SB,
Line 26 – Schedule of Active Participant Data**

**Plan Name: Pollock Retirement Plan
Plan Sponsor: Pollock Investments, Inc.**

**E.I.N.: 75-1015406 Plan No.: 001
Plan Year: January 1, 2017 to December 31, 2017**

.....Completed Years of Credited Service											
<u>Age</u>	0 to <u>1</u>	1 to <u>4</u>	5 to <u>9</u>	10 to <u>14</u>	15 to <u>19</u>	20 to <u>24</u>	25 to <u>29</u>	30 to <u>34</u>	35 to <u>39</u>	40 +	<u>Total</u>
0 – 24	0	0	0	0	0	0	0	0	0	0	0
25 – 29	0	0	0	0	0	0	0	0	0	0	0
30 – 34	0	1	0	0	0	0	0	0	0	0	1
35 – 39	0	7	1	0	0	0	0	0	0	0	8
40 – 44	0	6	5	3	0	0	0	0	0	0	14
45 – 49	3	8	8	4	2	0	0	0	0	0	25
50 – 54	0	7	13	5	4	1	0	0	0	0	30
55 – 59	1	11	6	6	3	4	1	0	0	0	32
60 – 64	0	10	5	1	3	2	1	1	0	0	23
65 – 69	0	1	3	0	1	0	0	0	0	0	5
70 & Up	<u>0</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>2</u>
Totals	4	53	41	19	13	7	2	1	0	0	140