Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
POTTER HOLDINGS, INC. 401K PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1998

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)

POTTER HOLDINGS INC

2400 E PIONEER DR.
IRVING, TX 75061

2b Employer Identification Number (EIN)
75-1868716

2c Plan Sponsor's telephone number
214-630-2191

2d Business code (see instructions)
238100

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	JOHN CAFFEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	725
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)**	725
a(2) Total number of active participants at the end of the plan year	**6a(2)**	600
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	600
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	600
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	534
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	26
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 3D 3H 2S 2T 2A

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
POTTER HOLDINGS, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
POTTER HOLDINGS INC

D Employer Identification Number (EIN)
75-1868716

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

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

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSSETS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	84349-1	600	01/01/2017	12/31/2017

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
53878	0

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

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

S.STRICKER,D.STRICKER
P.O. BOX 248
WILLS POINT, TX 76262

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
53878	0	N/A	3

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(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	1791050
5	Current value of plan's interest under this contract in separate accounts at year end	5	9850460

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ 1958 CSO

b	Premiums paid to carrier	6b	450
c	Premiums due but unpaid at the end of the year	6c	0
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 ▶ N/A	6d	0

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

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 ▶ GIC

b	Balance at the end of the previous year			7b	1790342
c	Additions: (1) Contributions deposited during the year	7c(1)	1495326		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	53170		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	727551		
	▶ LN INT, LN PRIN, LOAN DEFAULT, LOAN DEFAULT OFFSET, ROLLOVER, TRANS ASSETS, TRANSFERRED FORFEITURES				
	(6) Total additions			7c(6)	2276047
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	4066389
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	33487		
	(2) Administration charge made by carrier	7e(2)	16261		
	(3) Transferred to separate account	7e(3)	2190753		
	(4) Other (specify below)	7e(4)	34838		
	▶ INSUR PREM WD, LN DISTRIB				
	(5) Total deductions			7e(5)	2275339
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1791050

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)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
POTTER HOLDINGS, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
POTTER HOLDINGS INC

D Employer Identification Number (EIN)
75-1868716

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

1295 STATE STREET
SPRINGFIELD, MA 01111

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 63 64 60 72 68	CONTRACT ADMINISTRATOR	88600	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

STRICKER BENEFIT TPA

P.O. BOX 248
WILLS POINT, TX 75169

45-4792064

(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?
50	TPA	6379	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SCOTT STRICKER

P.O. BOX 248
WILLS POINT, TX 75169

(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?
53	SHAREHOLDER SERVICE PROV	0	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

DONALD G STRICKER

P.O. BOX 248
WILLS POINT, TX 75169

(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?
53	SHAREHOLDER SERVICE	0	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE CO	52 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VARIOUS FUND DETAILED ATTACHEMNT 04-1590850	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
N/A	52 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
N/A 95-2513084	BASIS POINTS * ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
N/A	52 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
N/A 90-0342299	BASIS POINTS * ASSETS

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

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.

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

A Name of plan
POTTER HOLDINGS, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
POTTER HOLDINGS INC

D Employer Identification Number (EIN)
75-1868716

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AG PREMIUM U.S. GOVT MONEY MRKT

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

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)
04-1590850-000	P	1

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AX MM S&P 500 INDEX

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

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)
04-1590850-000	P	146177

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-C9 DEVELOPING MARKETS

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

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)
90-0342299-000	P	58989

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CBY MM S&P MID CAP INDEX

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

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)
90-0342299-000	P	17454

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CCE MM MSCI EAFE INTL. INDX

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

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)
90-0779283-000	P	56158

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-DA MM RETIRESMART MODERATE GRW

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

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)
04-1590850-000	P	183955

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-DM MM RETIRESMART MODERATE

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

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)
04-1590850-000	P	89742

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-HD COMSTOCK			
b Name of sponsor of entity listed in (a): MASS. MUTUAL LIFE INSURANCE CO.			
c EIN-PN 04-1590850-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	188133
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-HU PREMIER DISCIPLINED GROWTH			
b Name of sponsor of entity listed in (a): MASS. MUTUAL LIFE INSURANCE CO.			
c EIN-PN 04-1590850-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	237155
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-IG INTERNATIONAL			
b Name of sponsor of entity listed in (a): MASS. MUTUAL LIFE INSURANCE CO.			
c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17499
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-JO RETIREMENT 2015			
b Name of sponsor of entity listed in (a): MASS. MUTUAL LIFE INSURANCE CO.			
c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	85167
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-KO RETIREMENT 2025			
b Name of sponsor of entity listed in (a): MASS. MUTUAL LIFE INSURANCE CO.			
c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	995382
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LO RETIREMENT 2035			
b Name of sponsor of entity listed in (a): MASS. MUTUAL LIFE INSURANCE CO.			
c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2898101
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-M3 CEREDEX MID CP VAL EQ			
b Name of sponsor of entity listed in (a): MASS. MUTUAL LIFE INSURANCE CO.			
c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28526
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-MO RETIREMENT 2045			
b Name of sponsor of entity listed in (a): MASS. MUTUAL LIFE INSURANCE CO.			
c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3431156
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-0L NFJ INTERNATIONAL VALUE			
b Name of sponsor of entity listed in (a): MASS. MUTUAL LIFE INSURANCE CO.			
c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6357
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-PE SELECT STRATEGIC BOND			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY			
c EIN-PN 04-1590850-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	214155

a Name of MTIA, CCT, PSA, or 103-12 IE:	SIA-PJ MUTUAL GLOBAL DISCOVERY		
b Name of sponsor of entity listed in (a):	MASS. MUTUAL LIFE INSURANCE CO.		
c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	69461
a Name of MTIA, CCT, PSA, or 103-12 IE:	SIA-RD SMALL CAP DISCOVERY		
b Name of sponsor of entity listed in (a):	MASS. MUTUAL LIFE INSURANCE CO.		
c EIN-PN 04-1590850-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15605
a Name of MTIA, CCT, PSA, or 103-12 IE:	SIA-RT RETIREMENT BALANCED		
b Name of sponsor of entity listed in (a):	MASS. MUTUAL LIFE INSURANCE CO.		
c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	639358
a Name of MTIA, CCT, PSA, or 103-12 IE:	SIA-T MID CAP GROWTH		
b Name of sponsor of entity listed in (a):	MASS. MUTUAL LIFE INSURANCE CO.		
c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	115008
a Name of MTIA, CCT, PSA, or 103-12 IE:	SIA-TI MID CAP VALUE		
b Name of sponsor of entity listed in (a):	MASS. MUTUAL LIFE INSURANCE CO.		
c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	88846
a Name of MTIA, CCT, PSA, or 103-12 IE:	SIA-TY CAP WORLD GROWTH AND INC.		
b Name of sponsor of entity listed in (a):	MASS. MUTUAL LIFE INSURANCE CO.		
c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1345
a Name of MTIA, CCT, PSA, or 103-12 IE:	SIA-UV VALUE		
b Name of sponsor of entity listed in (a):	MASS. MUTUAL LIFE INSURANCE CO.		
c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	50470
a Name of MTIA, CCT, PSA, or 103-12 IE:	SIA-VK EQUITY & INCOME		
b Name of sponsor of entity listed in (a):	MASS. MUTUAL LIFE INSURANCE CO.		
c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8262
a Name of MTIA, CCT, PSA, or 103-12 IE:	SIA-ZA (SYCAMORE SM CO OPPTY)		
b Name of sponsor of entity listed in (a):	MASS. MUTUAL LIFE INSURANCE CO.		
c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	23565
a Name of MTIA, CCT, PSA, or 103-12 IE:	SIA-CBR (MM RSL 2000 SMCAP INDX)		
b Name of sponsor of entity listed in (a):	MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3299

a Name of MTIA, CCT, PSA, or 103-12 IE:	SIA-OH (GLOBAL OPPORTUNITIES)		
b Name of sponsor of entity listed in (a):	MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 04-1590850-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	52805
a Name of MTIA, CCT, PSA, or 103-12 IE:	SIA-DC (MM RETIRESMART CONSERVATIVE		
b Name of sponsor of entity listed in (a):	MASS. MUTUAL LIFE INSURANCE CO.		
c EIN-PN 04-1590850-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	76550
a Name of MTIA, CCT, PSA, or 103-12 IE:	SIA-DE (MM RETIRESMART GROWTH)		
b Name of sponsor of entity listed in (a):	MASS. MUTUAL LIFE INSURANCE CO.		
c EIN-PN 04-1590850-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	51779
a Name of MTIA, CCT, PSA, or 103-12 IE:	N/A		
b Name of sponsor of entity listed in (a):	MASS. MUTUAL LIFE INSURANCE CO.		
c EIN-PN 90-0342299-000	**d** Entity code P	**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:	N/A		
b Name of sponsor of entity listed in (a):	MASS. MUTUAL LIFE INSURANCE CO.		
c EIN-PN 90-0342299-000	**d** Entity code P	**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:	N/A		
b Name of sponsor of entity listed in (a):	MASS. MUTUAL LIFE INSURANCE CO.		
c EIN-PN 90-0342299-000	**d** Entity code P	**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:	N/A		
b Name of sponsor of entity listed in (a):	MASS. MUTUAL LIFE INSURANCE CO.		
c EIN-PN 90-0342299-000	**d** Entity code P	**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:	N/A		
b Name of sponsor of entity listed in (a):	MASS. MUTUAL LIFE INSURANCE CO.		
c EIN-PN 90-0342299-000	**d** Entity code P	**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:	N/A		
b Name of sponsor of entity listed in (a):	MASS. MUTUAL LIFE INSURANCE CO.		
c EIN-PN 90-0342299-000	**d** Entity code P	**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:	N/A		
b Name of sponsor of entity listed in (a):	MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
POTTER HOLDINGS, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
POTTER HOLDINGS INC

D Employer Identification Number (EIN)
75-1868716

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	21051	16019
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	872098	921425
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	8050437	9850460
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1790342	1791051
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	10733928	12578955
	Liabilities			
g	Benefit claims payable	1g	0	11056
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	42757	59176
k	Total liabilities (add all amounts in lines 1g through1j)	1k	42757	70232
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10691171	12508723

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)	0	
	(B) Participants	2a(1)(B)	1473443	
	(C) Others (including rollovers)	2a(1)(C)	2996	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1476439
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	29752	
	(F) Other	2b(1)(F)	53170	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		82922
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1544273
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-265
d Total income. Add all **income** amounts in column (b) and enter total	2d		3103369
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1186637	
(2) To insurance carriers for the provision of benefits	2e(2)	450	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1187087
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		3751
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	6379	
(2) Contract administrator fees	2i(2)	30560	
(3) Investment advisory and management fees	2i(3)	58040	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		94979
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1285817
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1817552
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: HUSELTON, MORGAN & MAULTSBY **(2)** EIN: 75-2409112

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

POTTER HOLDINGS, INC.

401(k) PLAN

FINANCIAL STATEMENTS

AND SUPPLEMENTAL INFORMATION

As of December 31, 2017 and 2016

And for the Year Ended December 31, 2017

with

Independent Auditors' Report

POTTER HOLDINGS, INC. 401(k) PLAN

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
SUPPLEMENTAL INFORMATION:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	16

Huselton, Morgan & Maultsby
A Professional Corporation

INDEPENDENT AUDITORS' REPORT

To the Trustees of
Potter Holdings, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Potter Holdings, Inc. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Plan Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, plan management instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mass Mutual Life Insurance Company, the custodian of the Plan's investments, except for comparing the information with the related information included in the financial statements and supplemental information. We have been informed by plan management that the custodian holds the Plan's investment assets and executes investment transactions. Plan management has obtained a certification from the custodian as of December 31, 2017 and 2016 and for the year ended December 31, 2017, that the information provided to plan management by the custodian 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 Matter

The supplemental information as of December 31, 2017 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental information.

Report on Form and Content in Compliance With DOL's Rules and Regulations

The form and content of the information included in the financial statements and supplemental information, other than that derived from the information certified by the custodian, has 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Hueselton, Morgan + Maultsby, P.C.

Dallas, Texas
October 11, 2018

POTTER HOLDINGS, INC. 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2017 and 2016

ASSETS

	2017	2016
Investments at fair value	$ 9,850,460	$ 8,050,437
Investment at contract value	1,791,051	1,790,342
Total investments	11,641,511	9,840,779
Receivables:		
Notes receivable from participants	921,425	872,098
Participant contributions	16,019	21,051
Total receivables	937,444	893,149
Total assets	12,578,955	10,733,928

LIABILITIES

Other liabilities	59,176	42,757
Total liabilities	59,176	42,757
Net assets available for benefits	$ 12,519,779	$ 10,691,171

See accompanying notes to the financial statements.

POTTER HOLDINGS, INC. 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2017

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 1,544,273
Interest income	53,170
Total investment income	1,597,443
Interest income on notes receivable from participants	29,752
Contributions:	
Participants	1,473,443
Rollovers	2,996
Total contributions	1,476,439
Total additions	3,103,634
Deductions from net assets attributed to:	
Benefits paid to participants	1,176,031
Administrative expenses	94,979
Deemed distribution of notes receivable from participants	3,751
Other expenses	265
Total deductions	1,275,026
Net increase	1,828,608
Net assets available for benefits:	
Beginning of year	10,691,171
End of year	$ 12,519,779

See accompanying notes to the financial statements.

POTTER HOLDINGS, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

1. DESCRIPTION OF PLAN

The following description of the Potter Holdings, Inc. (the "Company") 401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of the Company who have completed one year of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Trustees are responsible for the oversight of the Plan.

Contributions

Each year, participants may contribute up to 100 percent of annual compensation, as defined in the Plan's document. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at five percent of eligible compensation and their contributions invested in designated balanced funds until changed by the participant. The Company may contribute both matching and profit sharing contributions to the Plan. The Company's contributions are discretionary and determined annually by the board of directors. For the year ended December 31, 2017, the Company elected not to make contributions to the Plan. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and the Company's matching contributions, as well as allocations of the Company's discretionary profit sharing contribution and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100 percent vested after six years of credited service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account. The loans bear interest at rates of 3.25 to 4.5 percent, which is commensurate with local prevailing rates as determined by plan management. Principal and interest is paid ratably through weekly payroll deductions.

Life Insurance Provisions

The Plan allows participants to purchase term and universal life insurance policies on their behalf. Any life insurance purchased will be used to provide a death benefit for the participant's beneficiaries. Life insurance contracts are excluded from plan assets. If a policy is purchased, the participant's account is reduced on a monthly basis by the amount of insurance premiums and credited with any policy dividends. Insurance premiums paid are included with benefit payments on the Statement of Changes in Net Assets Available for Benefits and total $450 for the year ended December 31, 2017.

Payment of Benefits

On termination of service due to death, disability, retirement or other reasons, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account. Automatic lump-sum distributions are made for terminated participants with a vested interest less than $5,000.

Forfeited Accounts

As of December 31, 2017 and 2016, forfeited non-vested accounts total $2 and $44,477, respectively. These accounts may be used to pay administrative expenses or to reduce employer discretionary contributions. During 2017, $41,623 was allocated to participants as a discretionary Company contribution. Also in 2017, forfeited non-vested accounts were used to pay $6,379 of plan administrative expenses.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. If a participant ceases to make loan repayments and plan management deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding addition to corrective distributions. Excess contributions payable total $0 and $675 as of December 31, 2017 and 2016, respectively.

Expenses

Certain administrative expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are directly paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in plan expenses. Investment related expenses are included in both net appreciation in fair value of investments and administrative expenses.

Concentrations

The following presents investments that represent 10 percent or more of the Plan's net assets available for benefits as of December 31, 2017 and 2016:

	2017	2016
T. Rowe Price 2045 Retirement Fund	$ 3,431,156	$ 2,673,035
T. Rowe Price 2035 Retirement Fund	$ 2,898,101	$ 2,332,337
Guaranteed Interest Account	$ 1,791,051	$ 1,790,342

Subsequent Events

Plan management has evaluated subsequent events through October 11, 2018, the date the financial statements were available to be issued. See Note 12 for further discussion.

3. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

Plan management 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. The custodian has certified that the following data included in the accompanying financial statements and supplemental information is complete and accurate as of December 31, 2017 and 2016, and for the year ended December 31, 2017:

	2017	2016
Investments at fair value	$ 9,850,460	$ 8,050,437
Investments at contract value	$ 1,791,051	$ 1,790,342
Notes receivable from participants	$ 921,425	$ 872,098
Net appreciation in fair value of investments	$ 1,544,273	
Interest income	$ 53,170	
Interest income on notes receivable from participants	$ 29,752	

4. FAIR VALUE MEASUREMENTS

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

Pooled separate accounts: Calculated based on the observable NAV of the underlying investment. The NAV is used as a practical expedient to estimate fair value.

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2017 and 2016, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value as of 12/31/2017	Fair Value as of 12/31/2016	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	$ 9,850,460	$ 8,050,437	$ -	Daily	Daily

5. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan participates in a traditional benefit-responsive group annuity contract, the Guaranteed Interest Account ("GIA"), with Massachusetts Mutual Life Insurance Company ("Mass Mutual"). Mass Mutual maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by Mass Mutual Retirement Services ("MMRS"), a division of Mass Mutual, represents contributions made under

the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract as of December 31, 2017 and 2016 totals $1,791,051 and $1,790,342, respectively. The crediting interest rate is based on a formula agreed upon with the issuer and is established for a six-month period. At the expiration of each period, a new credit rating is declared.

Certain events limit the ability of the Plan or the Plan's participants to transact at contract value with the issuer. Such events include but may not be limited to the following: (1) temporary absence, (2) change in position or other occurrence qualifying as a temporary break in service under the plan, (3) transfer or other change of position resulting in employment by an entity controlling, controlled by, or under other common control with the employer, (4) cessation of an employment relationship resulting in reorganization, merger, layoff or the sale or discontinuance or all or part of the Company's business, (5) removal from the Plan of one or more groups or classifications of participants, (6) partial or complete plan termination, (7) plan disqualification. Plan management believes that any events that would limit the Plan or the Plan's participant's ability to transact at contract value with the issuer are not probable of occurring.

The GIA does not permit the insurance company to terminate the contract prior to the scheduled maturity date.

6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are managed by MMRS and Mass Mutual. Mass Mutual is the custodian and record-keeper as defined by the plan document and, therefore, these transactions qualify as party-in-interest transactions. As noted previously, Mass Mutual is the parent of MMRS and, therefore these transactions also qualify as party-in-interest transactions. Fees paid by the Plan for these investment management, custodial, and recordkeeping services are included in both administrative expenses and in net appreciation in fair value of investments.

Stricker Benefits Group ("Stricker") provides administrative services and investment brokerage services to the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees and commissions for these services are paid by the Company.

7. PLAN TERMINATION

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

8. TAX STATUS

The IRS has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, plan management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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

9. INACTIVE PARTICIPANTS WITH ACCOUNT BALANCES

As of December 31, 2017 and 2016, the value of the accounts held by participants who have separated from employment with the Company and who have decided to continue to invest in the Plan total $1,181,042 and $846,393, respectively. For the year ended December 31, 2017, distributions requested but not paid to participants who have elected to withdraw from the Plan total $11,056. See Note 11 for reconciliation to Form 5500.

10. RISKS AND UNCERTAINTIES

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

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefit per the financial statements at December 31, 2017, to Form 5500:

Net assets available for benefits per the financial statements	$12,519,779
Amounts allocated to withdrawing participants	(11,056)
Net assets available for benefits per the Form 5500	$12,508,723

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2017, to Form 5500:

Benefits paid to participants per the financial statements	$1,176,031
Add: Amounts allocated to withdrawing participants at December 31, 2017	11,056
Benefits paid to participants per Form 5500	$1,187,087

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to year-end, but not paid as of that date.

12. SUBSEQUENT EVENTS

Effective January 1, 2018, the Plan was restated to allow for involuntary transfers to an IRA for terminated participants with a vested interest less than $5,000.

SUPPLEMENTAL INFORMATION

Included with Schedule H of Internal Revenue Service Form 5500

As of December 31, 2017

POTTER HOLDINGS, INC. 401(k) PLAN **Plan Number: 002**
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) **EIN: 75-1868716**
As of December 31, 2017

(a)	(b) Identity or issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	T. Rowe Price	Pooled Separate Account T. Rowe Price 2045 Retirement Fund	**	$ 3,431,156
	T. Rowe Price	Pooled Separate Account T. Rowe Price 2035 Retirement Fund	**	2,898,101
*	MassMututal	Group Annuity Contract Guaranteed Interest Account	**	1,791,051
	T. Rowe Price	Pooled Separate Account T. Rowe Price 2025 Retirement Fund	**	995,382
	T. Rowe Price	Pooled Separate Account T. Rowe Price Ret Bal - R	**	639,358
*	MassMutual	Pooled Separate Account Premier Babson Capital Disciplined Growth Fd	**	237,155
	Western	Pooled Separate Account Select Strategic Bond Fund - A	**	214,155
	Invesco	Pooled Separate Account Invesco Comstock Fund	**	188,133
*	MassMutual	Pooled Separate Account RetireSMART Moderate Growth	**	183,955
	Northern Trust	Pooled Separate Account S&P 500 Index - R4	**	146,177
	Prudential Investments	Pooled Separate Account Mid Cap Growth A LW	**	115,008
*	MassMutual	Pooled Separate Account RetireSMART Moderate	**	89,742
	Janus	Pooled Separate Account Mid Cap Value (Perkins)	**	88,846
	T. Rowe Price	Pooled Separate Account T. Rowe Price 2015 Retirement Fund	**	85,167
*	MassMutual	Pooled Separate Account RetireSMART Conservative	**	76,550
	Franklin	Pooled Separate Account Franklin Mutual Global Discovery Fund - A	**	69,461

(Continued)

POTTER HOLDINGS, INC. 401(k) PLAN **Plan Number: 002**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) **EIN: 75-1868716**

As of December 31, 2017

(a)	(b) Identity or issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Oppenheimer Funds	Pooled Separate Account Developing Markets A LW	**	58,989
	Northern Trust	Pooled Separate Account MSCI EAFE International Index Fd - A	**	56,158
*	MassMutual	Pooled Separate Account Oppenheimer Global Opportunity Fd Class A	**	52,805
*	MassMutual	Pooled Separate Account RetireSMART Growth	**	51,779
	MFS	Pooled Separate Account Value R2	**	50,470
	RidgeWorth	Pooled Separate Account Mid-Cap Value Equity A LW	**	28,526
	Victory	Pooled Separate Account Victory Sm Company Opp R	**	23,565
	Artisan	Pooled Separate Account International Investor	**	17,499
	Northern Trust	Pooled Separate Account S&P Mid Cap Index Fund - A	**	17,454
	Invesco	Pooled Separate Account Small Cap Discovery A LW	**	15,605
	Oakmark	Pooled Separate Account Oakmark Equity & Income	**	8,262
	Allianz Funds	Pooled Separate Account NFJ International Value A LW	**	6,357
*	MassMutual	Pooled Separate Account MM Russell 2000 Small Cap Index Fund - A	**	3,299
	American Funds	Pooled Separate Account Capital World G/I R2	**	1,345
*	MassMutual	Pooled Separate Account Premier Money Market (Babson)	**	1
	Total assets held for investment purposes			$ 11,641,511
*	Notes receivable from participants with interest rates of 3.25 to 4.5 percent			921,425

* Party-in-interest

** Cost information not required as accounts are participant directed

Potter Holdings, Inc.
RM 84349 - 1
5500 Schedule C Service Provider Information for the period of: 01/01/2017 - 12/31/2017

The following information may be required for the preparation of Schedule C (Service Provider Information (Form 5500)) for the plan year indicated above.
It is anticipated that information not furnished below can be supplied from your own records.

Part I Service Provider Information

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

Yes **X 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.

Name **EIN**

---

2. Information on Other Service Providers Receiving Direct or Indirect Compensation

(a) Name and EIN or address of Service Provider

Name **EIN**

(b) Service Codes	(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?
Massachusetts Mutual Life Insurance Company			041590850			
52 60 63 64 68 72	Contract Administrator	88599.54	Y	Y	0.00	Y
SCOTT STRICKER PO BOX 248 WILLS POINT, TX 75169 8175289066						
53	Shareholder Service Provider	0.00	N	N	0.00	N
DONALD GENE STRICKER PO BOX 248 WILLS POINT, TX 75169 2147633673						
53	Shareholder Service Provider	0.00	N	N	0.00	N
Stricker Benefits TPA			454792064			
50	TPA	6379.00	N	N	0.00	N

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

Potter Holdings, Inc.
RM 84349 - 1
5500 Schedule C Service Provider Information for the period of: 01/01/2017 - 12/31/2017

Harris				900342299			
52	Investment Provider	0.00	Y		N	0.00	Y
Artisan				900342299			
52	Investment Provider	0.00	Y		N	0.00	Y
Invesco				760343427			
52	Investment Provider	0.00	Y		N	0.00	Y
Invesco				952513084			
52	Investment Provider	0.00	Y		N	0.00	Y
Victory				900342299			
52	Investment Provider	0.00	Y		N	0.00	Y
RidgeWorth				900342299			
52	Investment Provider	0.00	Y		N	0.00	Y
Oppenheimer				900342299			
52	Investment Provider	0.00	Y		N	0.00	Y
Oppenheimer				931036175			
52	Investment Provider	0.00	Y		N	0.00	Y
T. Rowe Price				521151266			

52	Investment Provider	0.00	Y	N	0.00	Y
T. Rowe Price			522264646			
52	Investment Provider	0.00	Y	N	0.00	Y
T. Rowe Price			562294396			
52	Investment Provider	0.00	Y	N	0.00	Y
American Funds			900342299			
52	Investment Provider	0.00	Y	N	0.00	Y
Janus Henderson			900342299			
52	Investment Provider	0.00	Y	N	0.00	Y
PGIM Investments			900342299			
52	Investment Provider	0.00	Y	N	0.00	Y
FranklinTempleton			900342299			
52	Investment Provider	0.00	Y	N	0.00	Y
Allianz Global Investors			900342299			
52	Investment Provider	0.00	Y	N	0.00	Y
MFS Investment Management			900342299			
52	Investment Provider	0.00	Y	N	0.00	Y

Potter Holdings, Inc.
RM 84349 - 1
5500 Schedule C Service Provider Information for the period of: 01/01/2017 - 12/31/2017

3. Sources of Indirect Information

Name	EIN	(b) Service Codes	(c) Enter Amount of Indirect Compensation
Invesco	952513084	52	0.00

(d) Name and EIN of source of indirect compensation
Comstock (Invesco) 952513084

(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Name	EIN	(b) Service Codes	(c) Enter Amount of Indirect Compensation
Artisan	900342299	52	0.00

(d) Name and EIN of source of indirect compensation
International (Artisan) 900342299

(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Name	EIN	(b) Service Codes	(c) Enter Amount of Indirect Compensation
Harris	900342299	52	0.00

(d) Name and EIN of source of indirect compensation
Equity & Income (Oakmark) 900342299

(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Name	EIN	(b) Service Codes	(c) Enter Amount of Indirect Compensation
Oppenheimer	900342299	52	0.00

(d) Name and EIN of source of indirect compensation
Developing Markets (OFI) 900342299

(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Name	EIN	(b) Service Codes	(c) Enter Amount of Indirect Compensation
Invesco	760343427	52	0.00

(d) Name and EIN of source of indirect compensation
Small Cap Discovery (Invesco) 760343427

(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Name	EIN	(b) Service Codes	(c) Enter Amount of Indirect Compensation
MFS Investment Management	900342299	52	0.00

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

	(d) Name and EIN of source of indirect compensation	**(e) Describe the indirect compensation including any formula...**	
	Value (MFS) 900342299	Basis points * plan assets	
Oppenheimer		931036175	
52			0.00
	(d) Name and EIN of source of indirect compensation	**(e) Describe the indirect compensation including any formula...**	
	Global Opportunities (OFI) 931036175	Basis points * plan assets	
Victory		900342299	
52			0.00
	(d) Name and EIN of source of indirect compensation	**(e) Describe the indirect compensation including any formula...**	
	Sycamore Sm Co Oppty (Victory) 900342299	Basis points * plan assets	
RidgeWorth		900342299	
52			0.00
	(d) Name and EIN of source of indirect compensation	**(e) Describe the indirect compensation including any formula...**	
	Ceredex Mid Cp Val Eq (Virtus) 900342299	Basis points * plan assets	
T. Rowe Price		562294396	
52			0.00
	(d) Name and EIN of source of indirect compensation	**(e) Describe the indirect compensation including any formula...**	
	MM Sel T. Rowe Price Ret Bal 900342299	Basis points * plan assets	
T. Rowe Price		521151266	
52			0.00
	(d) Name and EIN of source of indirect compensation	**(e) Describe the indirect compensation including any formula...**	
	MM Sel T. Rowe Price Ret 2015 900342299	Basis points * plan assets	
T. Rowe Price		521151266	
52			0.00
	(d) Name and EIN of source of indirect compensation	**(e) Describe the indirect compensation including any formula...**	
	MM Sel T. Rowe Price Ret 2025 900342299	Basis points * plan assets	

T. Rowe Price 521151266

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM Sel T. Rowe Price Ret 2035 900342299 Basis points * plan assets

T. Rowe Price 522264646

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM Sel T. Rowe Price Ret 2045 900342299 Basis points * plan assets

Janus Henderson 900342299

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Mid Cap Value (Janus Henderson) 900342299 Basis points * plan assets

PGIM Investments 900342299

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Mid Cap Gr (Prudential Jennison) 900342299 Basis points * plan assets

American Funds 900342299

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Cap World Grwth and Incm (American) 900342299 Basis points * plan assets

FranklinTempleton 900342299

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Mutual Global Discovery (Franklin) 900342299 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Value (MFS) 900342299 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Value (MFS) 900342299 Basis points * plan assets

Allianz Global Investors 900342299

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

NFJ International Value (AllianzGI) 900342299 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Comstock (Invesco) 952513084 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Comstock (Invesco) 952513084 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM RetireSMART Growth 042483041 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM RetireSMART Growth 042483041 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM RetireSMART Growth 042483041 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM RetireSMART Moderate 042483041 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

International (Artisan) 900342299 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM RetireSMART Moderate 042483041 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM RetireSMART Moderate 042483041 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Developing Markets (OFI) 900342299 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Developing Markets (OFI) 900342299 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Equity & Income (Oakmark) 900342299 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Global Opportunities (OFI) 931036175 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Global Opportunities (OFI) 931036175 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM RetireSMART Conservative 042483041 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM RetireSMART Conservative 042483041 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM RetireSMART Conservative 042483041 Basis points * plan assets

---

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM Sel T. Rowe Price Ret Bal 900342299 Basis points * plan assets

---

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM Sel T. Rowe Price Ret 2015 900342299 Basis points * plan assets

---

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM Sel T. Rowe Price Ret 2025 900342299 Basis points * plan assets

---

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM Sel T. Rowe Price Ret 2035 900342299 Basis points * plan assets

---

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM Sel T. Rowe Price Ret 2045 900342299 Basis points * plan assets

---

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Small Cap Discovery (Invesco) 760343427 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Small Cap Discovery (Invesco) 760343427 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM RetireSMART Moderate Growth 042483041 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM S&P Mid Cap Index (Nrtn Tr) 455349772 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Ceredex Mid Cp Val Eq (Virtus) 900342299 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Sycamore Sm Co Oppty (Victory) 900342299 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation | **(e) Describe the indirect compensation including any formula...**
Ceredex Mid Cp Val Eq (Virtus) 900342299 | Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation | **(e) Describe the indirect compensation including any formula...**
MM RetireSMART Moderate Growth 042483041 | Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation | **(e) Describe the indirect compensation including any formula...**
MM S&P Mid Cap Index (Nrtn Tr) 455349772 | Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation | **(e) Describe the indirect compensation including any formula...**
Sycamore Sm Co Oppty (Victory) 900342299 | Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation | **(e) Describe the indirect compensation including any formula...**
MM RetireSMART Moderate Growth 042483041 | Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation | **(e) Describe the indirect compensation including any formula...**
MM S&P Mid Cap Index (Nrtn Tr) 455349772 | Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

52 0.00

(d) Name and EIN of source of indirect compensation | **(e) Describe the indirect compensation including any formula...**
Select Strategic Bond (Western) 260099965 | Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Mid Cap Value (Janus Henderson) 900342299 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Mid Cap Value (Janus Henderson) 900342299 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Select Strategic Bond (Western) 260099965 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Select Strategic Bond (Western) 260099965 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM MSCI EAFE Intl Indx (Nrtn Tr) 455357167 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM Rsl 2000 SmCap Indx (Nrtn Tr) 455366542 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Mid Cap Gr (Prudential Jennison) 900342299 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM MSCI EAFE Intl Indx (Nrtn Tr) 455357167 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM Rsl 2000 SmCap Indx (Nrtn Tr) 455366542 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Mid Cap Gr (Prudential Jennison) 900342299 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM MSCI EAFE Intl Indx (Nrtn Tr) 455357167 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM Rsl 2000 SmCap Indx (Nrtn Tr) 455366542 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM S&P 500 Index (Northern Trust) 043410047 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM S&P 500 Index (Northern Trust) 043410047 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MM S&P 500 Index (Northern Trust) 043410047 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Premier Disciplined Grth (Barings) 043539084 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Mutual Global Discovery (Franklin) 900342299 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Mutual Global Discovery (Franklin) 900342299 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Premier Disciplined Grth (Barings) 043539084 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Premier Disciplined Grth (Barings) 043539084 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Prem U.S. Govt Money Mrkt (Barings) 043212059 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Cap World Grwth and Incm (American) 900342299 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
NFJ International Value (AllianzGI) 900342299 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Cap World Grwth and Incm (American) 900342299 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
NFJ International Value (AllianzGI) 900342299 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Prem U.S. Govt Money Mrkt (Barings) 043212059 Basis points * plan assets

A Name of Plan	B Three-digit plan Number
Potter Holdings, Inc.	**002**
C Plan sponsor's name as shown on line 2a of Form 5500	**D Employer Identification Number**
Potter Holdings, Inc.	**751868716**

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
Allianz Global Investors	900342299		Allianz Global Investors received estimated Investment Management Fees of 1.09% with respect to plan assets held in the NFJ International Value (AllianzGI) (SIA-OL).
American Funds	900342299		American Funds received estimated Investment Management Fees of 0.37% with respect to plan assets held in the Cap World Grwth and Incm (American) (SIA-TY).
Artisan	900342299		Artisan received estimated Investment Management Fees of 0.93% with respect to plan assets held in the International (Artisan) (SIA-IG).
FranklinTempleton	900342299		FranklinTempleton received estimated Investment Management Fees of 0.81% with respect to plan assets held in the Mutual Global Discovery (Franklin) (SIA-PJ).
Harris	900342299		Harris received estimated Investment Management Fees of 0.68% with respect to plan assets held in the Equity & Income (Oakmark) (SIA-VK).
Invesco	952513084		Invesco received estimated Investment Management Fees of 0.38% with respect to plan assets held in the Comstock (Invesco) (SIA-HD).
Invesco	760343427		Invesco received estimated Investment Management Fees of 0.80% with respect to plan assets held in the Small Cap Discovery (Invesco) (SIA-RD).
Janus Henderson	900342299		Janus Henderson received estimated Investment Management Fees of 0.43% with respect to plan assets held in the Mid Cap Value (Janus Henderson) (SIA-TI).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the Value (MFS) (SIA-UV).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the Value (MFS) (SIA-UV).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Comstock (Invesco) (SIA-HD).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the Comstock (Invesco) (SIA-HD).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the MM RetireSMART Growth (SIA-DE).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the MM RetireSMART Moderate (SIA-DM).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Developing Markets (OFI) (SIA-C9).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.35% with respect to plan assets held in the International (Artisan) (SIA-IG).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the Developing Markets (OFI) (SIA-C9).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Global Opportunities (OFI) (SIA-OH).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.50% with respect to plan assets held in the Equity & Income (Oakmark) (SIA-VK).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the MM RetireSMART Conservative (SIA-DC).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the Global Opportunities (OFI) (SIA-OH).

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Small Cap Discovery (Invesco) (SIA-RD).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.65% with respect to plan assets held in the MM Sel T. Rowe Price Ret Bal (SIA-RT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Ceredex Mid Cp Val Eq (Virtus) (SIA-M3).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the MM RetireSMART Moderate Growth (SIA-DA).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the Sycamore Sm Co Oppty (Victory) (SIA-ZA).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the MM RetireSMART Growth (SIA-DE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the Small Cap Discovery (Invesco) (SIA-RD).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.65% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2015 (SIA-JO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.65% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2025 (SIA-KO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.65% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2035 (SIA-LO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.65% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2045 (SIA-MO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the MM S&P Mid Cap Index (Nrtn Tr) (SIA-CBY).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Mid Cap Value (Janus Henderson) (SIA-TI).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Select Strategic Bond (Western) (SIA-PE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.30% with respect to plan assets held in the Mid Cap Gr (Prudential Jennison) (SIA-T).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the Sycamore Sm Co Oppty (Victory) (SIA-ZA).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.50% with respect to plan assets held in the Ceredex Mid Cp Val Eq (Virtus) (SIA-M3).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the MM RetireSMART Moderate (SIA-DM).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.20% with respect to plan assets held in the Mid Cap Gr (Prudential Jennison) (SIA-T).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the Mid Cap Value (Janus Henderson) (SIA-TI).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the MM MSCI EAFE Intl Indx (Nrtn Tr) (SIA-CCE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the MM Rsl 2000 SmCap Indx (Nrtn Tr) (SIA-CBR).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the MM S&P 500 Index (Northern Trust) (SIA-AX).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Premier Disciplined Grth (Barings) (SIA-HU).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the Mutual Global Discovery (Franklin) (SIA-PJ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the NFJ International Value (AllianzGI) (SIA-OL).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.74% with respect to plan assets held in the Cap World Grwth and Incm (American) (SIA-TY).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the Mutual Global Discovery (Franklin) (SIA-PJ).
Massachusetts Mutual Life Insurance	041590850	MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets

Company		held in the MM RetireSMART Conservative (SIA-DC).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the NFJ International Value (AllianzGI) (SIA-OL).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.36% with respect to plan assets held in the Cap World Grwth and Incm (American) (SIA-TY).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.53% with respect to plan assets held in the MM RetireSMART Growth (SIA-DE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the MM RetireSMART Moderate Growth (SIA-DA).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.47% with respect to plan assets held in the MM RetireSMART Moderate (SIA-DM).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the Select Strategic Bond (Western) (SIA-PE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.20% with respect to plan assets held in the MM S&P Mid Cap Index (Nrtn Tr) (SIA-CBY).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.20% with respect to plan assets held in the MM MSCI EAFE Intl Indx (Nrtn Tr) (SIA-CCE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.20% with respect to plan assets held in the MM Rsl 2000 SmCap Indx (Nrtn Tr) (SIA-CBR).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.25% with respect to plan assets held in the MM S&P 500 Index (Northern Trust) (SIA-AX).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the Premier Disciplined Grth (Barings) (SIA-HU).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.44% with respect to plan assets held in the MM RetireSMART Conservative (SIA-DC).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.10% with respect to plan assets held in the Prem U.S. Govt Money Mrkt (Barings) (SIA-AG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.50% with respect to plan assets held in the MM RetireSMART Moderate Growth (SIA-DA).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.10% with respect to plan assets held in the MM S&P Mid Cap Index (Nrtn Tr) (SIA-CBY).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.40% with respect to plan assets held in the Select Strategic Bond (Western) (SIA-PE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.09% with respect to plan assets held in the MM S&P 500 Index (Northern Trust) (SIA-AX).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.10% with respect to plan assets held in the MM MSCI EAFE Intl Indx (Nrtn Tr) (SIA-CCE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.10% with respect to plan assets held in the MM Rsl 2000 SmCap Indx (Nrtn Tr) (SIA-CBR).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.45% with respect to plan assets held in the Premier Disciplined Grth (Barings) (SIA-HU).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.35% with respect to plan assets held in the Prem U.S. Govt Money Mrkt (Barings) (SIA-AG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to Premier Disciplined Grth (Barings) (SIA-HU).
MFS Investment Management	900342299	MFS Investment Management received estimated Investment Management Fees of 0.47% with respect to plan assets held in the Value (MFS) (SIA-UV).
Oppenheimer	900342299	Oppenheimer received estimated Investment Management Fees of 0.78% with respect to plan assets held in the Developing Markets (OFI) (SIA-C9).
Oppenheimer	931036175	Oppenheimer received estimated Investment Management Fees of 0.69% with respect to plan assets held in the Global Opportunities (OFI) (SIA-OH).
PGIM Investments	900342299	PGIM Investments received estimated Investment Management Fees of 0.56% with respect to plan assets held in the Mid Cap Gr (Prudential Jennison) (SIA-T).
RidgeWorth	900342299	RidgeWorth received estimated Investment Management Fees of 0.70% with respect to plan assets held in the Ceredex Mid Cp Val Eq (Virtus) (SIA-M3).
T. Rowe Price	562294396	T. Rowe Price received estimated Investment Management Fees of 0.39% with respect to

T. Rowe Price	521151266	plan assets held in the MM Sel T. Rowe Price Ret Bal (SIA-RT).
T. Rowe Price	521151266	T. Rowe Price received estimated Investment Management Fees of 0.43% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2015 (SIA-JO).
T. Rowe Price	521151266	T. Rowe Price received estimated Investment Management Fees of 0.49% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2025 (SIA-KO).
T. Rowe Price	521151266	T. Rowe Price received estimated Investment Management Fees of 0.54% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2035 (SIA-LO).
T. Rowe Price	522264646	T. Rowe Price received estimated Investment Management Fees of 0.57% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2045 (SIA-MO).
Victory	900342299	Victory received estimated Investment Management Fees of 0.76% with respect to plan assets held in the Sycamore Sm Co Oppty (Victory) (SIA-ZA).

SUPPLEMENTAL INFORMATION

Included with Schedule H of Internal Revenue Service Form 5500

As of December 31, 2017

POTTER HOLDINGS, INC. 401(k) PLAN **Plan Number: 002**
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) **EIN: 75-1868716**
As of December 31, 2017

(a)	(b) Identity or issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	T. Rowe Price	Pooled Separate Account T. Rowe Price 2045 Retirement Fund	**	$ 3,431,156
	T. Rowe Price	Pooled Separate Account T. Rowe Price 2035 Retirement Fund	**	2,898,101
*	MassMututal	Group Annuity Contract Guaranteed Interest Account	**	1,791,051
	T. Rowe Price	Pooled Separate Account T. Rowe Price 2025 Retirement Fund	**	995,382
	T. Rowe Price	Pooled Separate Account T. Rowe Price Ret Bal - R	**	639,358
*	MassMutual	Pooled Separate Account Premier Babson Capital Disciplined Growth Fd	**	237,155
	Western	Pooled Separate Account Select Strategic Bond Fund - A	**	214,155
	Invesco	Pooled Separate Account Invesco Comstock Fund	**	188,133
*	MassMutual	Pooled Separate Account RetireSMART Moderate Growth	**	183,955
	Northern Trust	Pooled Separate Account S&P 500 Index - R4	**	146,177
	Prudential Investments	Pooled Separate Account Mid Cap Growth A LW	**	115,008
*	MassMutual	Pooled Separate Account RetireSMART Moderate	**	89,742
	Janus	Pooled Separate Account Mid Cap Value (Perkins)	**	88,846
	T. Rowe Price	Pooled Separate Account T. Rowe Price 2015 Retirement Fund	**	85,167
*	MassMutual	Pooled Separate Account RetireSMART Conservative	**	76,550
	Franklin	Pooled Separate Account Franklin Mutual Global Discovery Fund - A	**	69,461

(Continued)

POTTER HOLDINGS, INC. 401(k) PLAN **Plan Number: 002**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) **EIN: 75-1868716**

As of December 31, 2017

(a)	(b) Identity or issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Oppenheimer Funds	Pooled Separate Account Developing Markets A LW	**	58,989
	Northern Trust	Pooled Separate Account MSCI EAFE International Index Fd - A	**	56,158
*	MassMutual	Pooled Separate Account Oppenheimer Global Opportunity Fd Class A	**	52,805
*	MassMutual	Pooled Separate Account RetireSMART Growth	**	51,779
	MFS	Pooled Separate Account Value R2	**	50,470
	RidgeWorth	Pooled Separate Account Mid-Cap Value Equity A LW	**	28,526
	Victory	Pooled Separate Account Victory Sm Company Opp R	**	23,565
	Artisan	Pooled Separate Account International Investor	**	17,499
	Northern Trust	Pooled Separate Account S&P Mid Cap Index Fund - A	**	17,454
	Invesco	Pooled Separate Account Small Cap Discovery A LW	**	15,605
	Oakmark	Pooled Separate Account Oakmark Equity & Income	**	8,262
	Allianz Funds	Pooled Separate Account NFJ International Value A LW	**	6,357
*	MassMutual	Pooled Separate Account MM Russell 2000 Small Cap Index Fund - A	**	3,299
	American Funds	Pooled Separate Account Capital World G/I R2	**	1,345
*	MassMutual	Pooled Separate Account Premier Money Market (Babson)	**	1
	Total assets held for investment purposes			$ 11,641,511
*	Notes receivable from participants with interest rates of 3.25 to 4.5 percent			921,425

* Party-in-interest

** Cost information not required as accounts are participant directed