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
COX & COMPANY, INC. EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/2003

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)
COX & COMPANY, INC.

1664 OLD COUNTRY ROAD
PLAINVIEW, NY 11803

2b Employer Identification Number (EIN)
13-5618975

2c Plan Sponsor's telephone number
212-366-0200

2d Business code (see instructions)
339900

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.	10/15/2018	JAMES JAFFE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	JAMES JAFFE
	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**	315
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)**	235
a(2) Total number of active participants at the end of the plan year	**6a(2)**	225
b Retired or separated participants receiving benefits	**6b**	37
c Other retired or separated participants entitled to future benefits	**6c**	77
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	339
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f Total. Add lines **6d** and **6e**.	**6f**	342
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	342
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	13
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:

2P 2I 2Q 3I

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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
COX & COMPANY, INC. EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
COX & COMPANY, INC.

D Employer Identification Number (EIN)
13-5618975

Part I Asset and Liability Statement

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

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

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	14035331	19673131
	(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	14035336	19673131
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i	2010810	1518483
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	2010810	1518483
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12024526	18154648

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)	583891	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		583891
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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)	6248576	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		6248576

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6832467
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	610777	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		610777
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		91564
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		702345
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6130122
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: R. GRABER CPA, PLLLC **(2)** EIN: 45-4434956

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

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

A Name of plan
COX & COMPANY, INC. EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
COX & COMPANY, INC.

D Employer Identification Number (EIN)
13-5618975

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 20-1171923

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☒ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☒ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☒ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☒ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Cox & Company, Inc.
Employee Stock Ownership Plan
Financial Statements and Supplemental Schedule
Years Ended December 31, 2017 and 2016

Cox & Company, Inc.
Employee Stock Ownership Plan

INDEX

Independent Auditors' Report	3
Financial Statements:	
Statements of Net Assets Available for Plan Benefits	4
Statements of Changes in Net assets available for Plan Benefits	5
Notes to Financial Statements	6-15
Supplemental Schedule:	
Schedule H, Line 4 i-Schedule of Assets (held at End of Year)	17

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R GRABER CPA, PLLC

Independent Auditors' Report

The Plan Administrator and Participants
Cox & Company, Inc. Employee Stock
Ownership Plan

Report on the Financial Statements
We have audited the accompanying statements of net assets available for plan benefits of Cox & Company, Inc. Employee Stock Ownership Plan ("Plan") as of December 31, 2017 and 2016, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

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

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

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

We believe that our audits provide a reasonable basis for our opinion.

Opinion
In our opinion, the financial statements referred to above, present fairly in all material respects, the financial position of Cox & Company, Inc. Employee Stock Ownership Plan as of December 31, 2017 and 2016, and the results of its operations for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Report On Supplemental Information

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

R Graber CPA, PLLC

R Graber CPA, PLLC
New York, New York
October 11, 2018

Cox & Company, Inc.
Employee Stock Ownership Plan
Statements of Net Assets Available for Plan Benefits

	December 31,	
	2017	2016
ASSETS		
Investment in Cox & Company Common Stock, at fair value	$ 19,673,131	$ 14,035,330
Cash and cash equivalents	-	6
Total assets	19,673,131	14,035,336
LIABILITY		
Loans payable	1,518,483	2,010,810
Net assets available for plan benefits	$ 18,154,648	$ 12,024,526

See accompanying notes to financial statements.

Cox & Company, Inc.
Employee Stock Ownership Plan
Statements of Changes in Net Assets Available for Plan Benefits

	Year ended December 31,	
	2017	2016
ADDITIONS :		
Net apppreciation in fair value of investment in Cox & Company Common Stock	$ 6,248,576	$ 2,114,042
Employer contribution	583,891	604,632
Total additions	6,832,467	2,718,674
DEDUCTIONS :		
Interest expense	91,564	115,598
Other expense	4	-
Distributions to participants	610,777	231,485
Total deductions	702,345	347,083
Increase in net assets available for plan benefits	6,130,122	2,371,591
Net assets available for plan benefits, beginning of year	12,024,526	9,652,935
Net assets available for plan benefits, end of year	$ 18,154,648	$ 12,024,526

See accompanying notes to financial statements.

Note 1- Description of Plan

The following description of the Cox & Company, Inc. Employee Stock Ownership Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

Cox & Company, Inc. ("Company") originally established the Cox & Company, Inc. Employee Stock Ownership Plan ("Plan"), effective as of January 1, 2003. Effective January 1, 2015, the Company amended and restated the Plan.

The Plan is set up for the benefit of the Company's employees and invests primarily in the stock of the Company ("Company Stock").

On December 29, 2003, the Company purchased 655,000 shares of the Company common stock from stockholders for $6,222,500 using the proceeds of a loan from the Company, which had obtained financing from a third party ("Share Acquisition 1").

On November 26, 2008, 250,000 shares of the Company common stock were purchased from the Company for $1,697,500 using the proceeds of a loan from the Company, which had obtained financing from a third party ("Share Acquisition 2").

The Company common stock acquired and the Company loans related to their acquisitions are referred to as ESOP Shares and Acquisition Loan 1 and Acquisition Loan 2, respectively.

Initially the ESOP Shares owned by the Plan are not allocated to Plan participants and collateralize the Acquisition Loans. As of December 31 of each year the trustee of the Plan calculates the number of shares to be allocated to eligible employees ("Released Shares"). The annual calculation for shares to be released is as follows:

Share Acquisition 1 - The ratio of principal and interest paid during the year by the Plan to the total principal and interest payments to be made by the Plan on Acquisition Loan 1 as of the beginning of the year

Share Acquisition 2 - On a straight line basis over the 20 year term of Acquisition Loan 2

Eligibility

Employees of the Company who (1) are not covered by a collective bargaining agreement excluding participation or (2) are not leased employees are eligible to participate in the Plan as of the Plan entry date coinciding with their date of hire or if their hire date is not an entry date then on the next entry date ("Enrollment Date"). The Plan entry dates are January 1 and July 1.

Note 1- Description of Plan (Continued)

Contributions and Other Plan Funding

The Company is taxed as an S Corporation. Any S Corporation distributions paid by the Company on cumulative Released Shares, at the discretion of the Plan trustee, can be used to repay Acquisition Loans; be added to the Participant Account balances or distributed to the participants. S Corporation distributions paid by the Company on unreleased shares are to be used to pay down the Acquisition Loans.

The Company, under the Plan, is required annually to make contributions to the Plan equal to the debt service for that year due under the Acquisition Loans less any S Company distributions the Plan received in that year on ESOP Shares it owns and the Plan elected to use to pay down Acquisition Loans. These contributions can be made in cash or forgiveness of indebtedness. In addition, the Company can make discretionary contributions in cash, Company Stock or forgiveness of indebtedness.

Employees cannot make contributions to the Plan.

Participation and Allocations

Under the Plan, a participant if employed on the last day of the Plan year participates in (1) the allocation of any contributions to the Plan by the Company (2) the allocation of any forfeitures of any unvested participant balances and (3) any S Corporation distributions on unreleased Company shares. However, a participant meeting the Year of Service requirement that retires after the Plan's normal retirement age of 62, dies or is disabled during the Plan Year, while employed by the Company, does not have to be employed on the last day of the Plan Year to receive the contribution and forfeiture allocations. Hours of service include hours the participant is paid for by the Company during the Plan Year or entitled to be paid for directly or indirectly for vacation, holidays, illness, disability, lay-off, jury duty and temporary military duty, union-authorized lost time or leave of absence.

The allocations of Company contributions, S Corporation distributions on unallocated shares used to pay down Acquisition Loans and forfeitures of unvested participant balances are made to participants eligible to receive allocations based on each participant's compensation, as defined, subject to annual limitations under the Internal Revenue Code ("Eligible Compensation"), to the Eligible Compensation of all Plan participants receiving allocations. In the year of enrollment into the Plan, Eligible Compensation for allocation purposes is determined using the Participant's compensation for the entire year.

Company S Corporation distributions on ESOP Shares previously allocated to participants are allocated to participants based on the proportion of Company Stock in each participants account to the total of all Company Stock owned by the Plan at the beginning of the year that the distribution is paid.

Note 1- Description of Plan (Continued)

Participant Accounts

The Plan is a defined contribution plan under which a separate account is established for each participant. Each participant's account is credited or charged annually with (1) the participant's allocation of the Company's contribution; dividends on unreleased shares and forfeitures (2) a proportional share of any gains or losses from the change in value of Company shares on released shares; dividends received on released shares of Company Stock and other investment income or expense.

Vesting

For vesting purposes, a participant receiving credit for 1,000 hours of service in a Plan year earns a year of service ("Year of Service").

Vesting of Company contributions made through the Plan year in which the Acquisition Loan 1 is paid in full is as follows:

Completed Years of Service	Percentage Vested
Fewer than 3	0%
3	20%
4	40%
5	60%
6	80%
7	100%

Vesting of Company contributions made after the Acquisition Loan 1 is paid in full is as follows:

Years of Service	Percentage Vested
Fewer than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

A participant shall become fully vested in their participant account balance, if while the participant is employed by the Company, the participant attains normal retirement age, dies or becomes disabled.

Note 1- Description of Plan (Continued)

Re-employment

If an individual is re-employed prior to a five year break in service the individual's vesting status immediately before termination will be reinstated.

Forfeited Accounts

After a five year break in service the non-vested balance in a participant's account is forfeited. A break in service occurs when a participant receives credit for less than 501 hours of service in a Plan Year. Forfeited amounts are considered Company contributions for allocation purposes.

Forfeitures were $51,112 in 2017 and $44,060 in 2016.

Distributions

Under the Plan, the distribution policy for the Plan may be amended from time to time by the Company. The distribution policy in effect during 2017 and 2016 ("Current Distribution Policy") is described below.

Eligibility and form of payment:

After termination of service a participant shall be entitled to receive distributions, in cash, of their vested account balance.

To enable cash payment by the Plan to a participant, the Company is required to purchase the vested Company Stock in the participant's account at its fair market value.

Timing of distributions:

If a participant retires at normal retirement age, dies or is disabled ("Current Separation Event") the participant can elect, on an annual basis, to begin to receive distributions. In the event that a participant dies, the beneficiary will be paid the full balance of their account by the December 31st following the fifth anniversary of their death.

If a distribution is elected in the year that the Current Separation Event occurs, the distribution will be made before the end of the current Plan Year if the Current Separation Event occurs before November 1 and in the following year if it occurs on or after November 1. Elected distributions made after the year of the Current Separation Event will be paid by the end of the following Plan Year in which the election is made.

Note 1- Description of Plan (Continued)

Distributions (Continued)

Timing of distributions (Concluded):

If a participant terminates employment other than for retirement, death or disability and the value of the participant's vested account balance is less than $5,000 the participant can elect to receive this balance in a lump sum by the end of the Plan year following termination or in any year thereafter. If the terminated participant's balance is greater than $5,000 the participant may elect to begin receiving distributions by the close of the sixth Plan year following the close of the Plan year in which termination of service occurs. The Plan can automatically distribute any participant balance under $1,000.

The Plan, at the plan administrator's discretion, may make lump-sum distributions in the event of participant conflicts of interest, as defined.

Generally, a participant that is not employed by the Company must begin to receive distributions no later than April 1st of the calendar year following the year that they reach the age of 70-1/2 years.

Calculation of the amount of distributions:

Under the Current Distribution policy adopted by the Plan, if at the date that an initial distribution is made to a terminated participant the fair market value of that participant's account is $10,000 or less a lump sum payment will be paid to the participant. If the fair market value of the participant's account at the date of the initial distribution is greater than $10,000 an initial installment equal to the greater of $10,000 or 1/5th of the participant's account fair market value will be made with the remaining account balance to be paid in 4 annual installments, with the amount of each of the remaining installments to be determined based on the fair market value of the participant's account as of the date of the installment divided by the number of remaining installments. If the remaining balance of a participant's account is under $5,000 the balance will be paid in a lump sum.

Fair market value for distributions:

Fair market value of a participant's account is determined, at each distribution date, using the fair market value of the Company Stock and other investments in the participant's account as of the end of the previous Plan Year End.

The fair market value of Company Stock is determined by the Plan Trustee, as of the December 31 year end of the Company or other valuation date determined by the Trustee.

Note 1- Description of Plan (Continued)

Plan Diversification

Participants who are 55 years old or older and have completed 10 years of service can elect to diversify a portion of the balance in their Participant's Account attributable to Company stock ("Company Stock Portion") over a period of 6 years. In years 1-5 the participant can diversify up to an aggregate of 25% of the Company Stock Portion and up to an aggregate of 50% of the Company Stock Portion in the sixth year.

Plan Administration

The Plan is administered by an administrative committee that is comprised in part by officers and employees of the Company.

First Bankers Trust Services, Inc. is the trustee and custodian of the Plan ("Trustee").

Administrative Expenses

The Company may but is not obligated to pay the administrative expenses of the Plan. For the years ended December 31, 2017 and 2016, all expenses of the Plan were paid for by the Company.

Income Taxes

The Plan is a qualified benefit plan under Section 401(a) of the Internal Revenue Code ("Code"), and therefore is not subject to taxation under present income tax laws. The Plan received a favorable Internal Revenue Service determination letter dated June 29, 2017.

Voting Rights

The Plan's Trustee, using its discretion as to what is in the best collective interest of the Plan participants, generally votes all shares of the Company Stock held by the Plan with respect to all corporate matters which Company shareholders are entitled to vote. However, each participant is entitled to direct the Trustee as to the voting of shares in his or her account with respect to approval or disapproval of any corporate merger or consolidation, recapitalization, reclassification, liquidation, dissolution and sale of substantially all assets of the Company.

Note 1- Description of Plan (Concluded)

Plan Termination and Amendment

Although it has not expressed any intent to do so, the Company has the right to amend or terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their participant account balances. Upon termination, the Plan at the discretion of the Company, may distribute the participant account balances to the participants or distribute the participant account balances in accordance with the distribution section of the Plan.

Note 2- Summary of Significant Accounting Policies and Other Matters

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the Plan's administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein. Accordingly, actual results may differ from those estimates.

Investment Valuation

Substantially all of the Plan's investments at December 31, 2017 and 2016 were in the form of Company Stock. Since the Company is closely held, and there is no public market for its Company Stock, the Trustee annually obtains an appraisal performed by an independent appraiser to assist it in determining the Company Stock value. The appraisal is performed as of the close of business on December 31 of each Plan year or other valuation date determined by the Trustee.

The appraisal is performed in accordance with guidelines established by the Department of Labor and in conformity with appraisal practices promulgated by the American Society of Appraisers and the Appraisal Foundation. The Appraiser, based on historical financial data and five year projections prepared by the Plan Sponsor, and using both the Public Company and Discounted Cash Flow Methodologies determines its suggested fair market value of the Company Stock. Based on its review of the appraisal and the Company prepared historical data and financial projections, the Trustee determines the fair market value of the Company Stock. The Trustee for 2017 and 2016 determined the fair market values of each share of the Company Stock to be $25.88 and $17.66, respectively.

Note 3- Risk and Uncertainties (Concluded)

Note 3- Risk and Uncertainties

The Plan's investments are in Company Stock. Due to the level of uncertainty related to changes in value of the Company Stock, it is reasonably possible that changes in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Note 4- Investment in Company Stock

The Plan's investment in Company Stock is as follows:

	Number of Shares	Original Cost	Fair Value
December 31, 2017			
Allocated shares	590,207	$5,330,803	$15,274,557
Unallocated shares	169,960	1,242,876	4,398,574
	760,167	$6,573,679	$19,673,131
December 31, 2016			
Allocated shares	577,984	$5,238,221	$10,207,190
Unallocated shares	216,769	1,653,781	3,828,140
	794,753	$6,892,002	$14,035,330

During 2017 and 2016, in connection with participant distributions, the Company purchased 34,585 and 15,432 shares, respectively.

Note 5- Fair Value Measurements

The Plan has implemented ASC Topic 820-10, Fair Value Measurements and disclosures, for its financial assets and liabilities. ASC 820-10 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs of valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1- measurements) and the lowest priority to inputs that are unobservable to third parties (level 3- measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

- Level 1-Quoted prices in active markets for identical assets or liabilities.
- Level 2- Quoted prices for similar assets or liabilities in active markets: quoted prices

Note 5- Fair Value Measurements (Concluded)

for identical or similar assets or liabilities in inactive markets and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

All of the Plan's investments, at December 31, 2017, consisted of Company Stock which had a fair market value as of that date of $19,673,131 and are classified within level 3.

The fair value of the Company Stock is determined by the Trustee on an annual basis.

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investment in Company Stock during the year ended December 31, 2017.

Beginning balance	$14,035,330)
Sales in connection with distributions	(610,775)
Unrealized gain	6,248,576
Ending balance	$19,673,131

Note 6- Acquisition Indebtedness

Acquisition indebtedness consists of the following term loans ("Term Loans") payable to the Company:

December 29, 2003, payable $414,833 annually plus interest at 5% to 12/29/18	$ 414,833
November 26, 2008, payable $127,574 annually including interest at 4.24% to 11/26/28	1,103,650
	$1,518,483

Note 6- Acquisition Indebtedness (Concluded)

The aggregate amortization of the term loans is as follows:

2018	$ 495,613
2019	84,204
2020	87,665
2021	91,491
2022	95,371
Thereafter	664,139
	$1,518,483

The outstanding balance under the term loans is secured by unallocated Company Shares owned by the Plan.

Note 7- Party-In-Interest Transactions

Certain employees and officers of the Company perform administrative services to the Plan at no cost to the Plan.

The Plan's investments in Company Stock are managed by First Bankers Trust Services, Inc., the Plan's Trustee. Fees paid by the Company on behalf of the Plan for investment management services were $18,439 in 2017 and $18,231 in 2016.

The Plan uses the services of an independent appraiser to assist the Trustee in its valuation of the Company Stock; an ESOP consultant to perform the allocation of shares to Plan participants, an accounting firm to audit the Plan's financial statements and a law firm. Fees paid by the Company on behalf of the Plan for these services were $11,493, $8,001, $8,000 and $546 respectively in 2017, and $11,435, $7,760, $8,000 and $1,374 respectively in 2016.

Note 8- Subsequent Events

The Plan has evaluated subsequent events from the December 31, 2017 date of the statement of net assets available for benefits through October 11, 2018 the date that the financial statements were available for release, and has determined that there were no events to disclose.

SUPPLEMENTAL INFORMATION

Cox & Company, Inc.
Employee Stock Ownership Plan
Schedule H, Line 4 i- Schedule of Assets (Held at End of Year)
December 31, 2017

EIN: 13-5618975 **Plan No. 004**

(a)	(b)	(c)		(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of Investment, including maturity date, rate of interest, collateral, par or maturity value		Cost	Current value
*	Cox & Company, Inc.	760,167	Common shares, par value $.01	$ 6,573,679	$ 19,673,131

* Denotes party-in-interest

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 and ending

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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**		
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**		

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)**		
	(B) Participants	**2a(1)(B)**		
	(C) Others (including rollovers)	**2a(1)(C)**		
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		
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)**		
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		
	(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)**		
	(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)**		
	(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)**		

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

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **(2)** EIN:

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			
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			

			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**			
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**			
e	Was this plan covered by a fidelity bond?	**4e**			
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**			
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**			
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**			
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**			
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**			
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**			
l	Has the plan failed to provide any benefit when due under the plan?	**4l**			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Attachment to 2017 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Cox & Company, Inc. Employee Stock Ownership Plan **EIN:** 13-5618975
Plan Sponsor's Name Cox & Company, Inc. **PN:** 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	Cox & Company, Inc.	760,167 Common Shares	6,573,678	19,673,131