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 04/01/2017 and ending 03/31/2018

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
OLTMANS COMPANIES PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1951

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)
OLTMANS COMPANIES

10005 MISSION MILL ROAD
WHITTIER, CA 90601-1739

2b Employer Identification Number (EIN) 47-3698702

2c Plan Sponsor's telephone number 562-948-4242

2d Business code (see instructions) 236200

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.	01/15/2019	JASON KAKIMOTO
	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**	187
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)**	131
a(2) Total number of active participants at the end of the plan year	**6a(2)**	145
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	57
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	202
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	202
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	195
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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 2H 2J 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [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 04/01/2017 and ending 03/31/2018

A Name of plan
OLTMANS COMPANIES PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OLTMANS COMPANIES

D Employer Identification Number (EIN)
47-3698702

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
JOHN HANCOCK LIFE INSURANCE CO USA

(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
01-0233346	65838	60087	109	04/01/2017	03/31/2018

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
25541	5526

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

RBC CAPITAL MARKETS, LLC
60 SOUTH 6TH STREET
MINNEAPOLIS, MN 55402

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
25541			3

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

PBU INC / COMPENSATION CONSULTANTS
18008 SKY PARK CIRCLE
SUITE 200
IRVINE, CA 92614

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
	5526	MARKETING ALLOWANCE AND TPA FEES	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ 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 04/01/2017 and ending 03/31/2018

A Name of plan
OLTMANS COMPANIES PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OLTMANS COMPANIES

D Employer Identification Number (EIN)
47-3698702

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EVERCORE TRUST

26-4691954

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	47485	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO ADVISORS

34-1542819

(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?
28	INVST MGT	37980	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOHN HANCOCK LIFE INSURANCE CO USA

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 60 68 28 62 59 63	RECORDKEEPER	28064	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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)

EVERCORE WEALTH MANAGEMENT, LLC

26-3502254

(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?
28	INVST MGMT	14837	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MELLON TRUST

33-0481102

(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?
28	INVESTMENT MGMT	14645	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AGINCOURT CAPITAL MANAGEMENT, LLC

54-1947440

(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?
28	INVST MGMT	6930	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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(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 04/01/2017 and ending 03/31/2018

A Name of plan
OLTMANS COMPANIES PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
OLTMANS COMPANIES

D Employer Identification Number (EIN)
47-3698702

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: 500 INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA

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)
01-0233346-000	P	625013

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA

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)
01-0233346-000	P	732994

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA

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)
01-0233346-000	P	66885

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA

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)
01-0233346-000	P	764222

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA

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)
01-0233346-000	P	210145

a Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE AGGRESSIVE GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA

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)
01-0233346-000	P	126638

a Name of MTIA, CCT, PSA, or 103-12 IE: DOMINI IMPACT EQUITY FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA

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)
01-0233346-000	P	366

a Name of MTIA, CCT, PSA, or 103-12 IE:	EUROPACIFIC GROWTH FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE CO USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	159162
a Name of MTIA, CCT, PSA, or 103-12 IE:	FIDELITY ADVISOR TOTAL BOND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE CO USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	795523
a Name of MTIA, CCT, PSA, or 103-12 IE:	FIDELITY CONTRAFUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE CO USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	732493
a Name of MTIA, CCT, PSA, or 103-12 IE:	FRANKLIN MUTUAL BEACON FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE CO USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	422386
a Name of MTIA, CCT, PSA, or 103-12 IE:	FRANKLIN SMALL-MID GROWTH		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE CO USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	38517
a Name of MTIA, CCT, PSA, or 103-12 IE:	FUNDAMENTAL ALL CAP CORE FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE CO USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	20698
a Name of MTIA, CCT, PSA, or 103-12 IE:	FUNDAMENTAL LARGE CAP VALUE		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE CO USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	107751
a Name of MTIA, CCT, PSA, or 103-12 IE:	HIGH YIELD FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE CO USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	214636
a Name of MTIA, CCT, PSA, or 103-12 IE:	INTERNATIONAL VALUE FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE CO USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6787
a Name of MTIA, CCT, PSA, or 103-12 IE:	INVESCO SMALL CAP GROWTH		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE CO USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	33239

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2010 LIFETIME			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1327
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2025 LIFETIME			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	581437
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2030 LIFETIME			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	33866
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2040 LIFETIME			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	101724
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2045 LIFETIME			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	49249
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2050 LIFETIME			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29760
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2055 LIFETIME			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	58642
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2060 LIFETIME			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13008
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER AGGRESSIVE LS			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	539505
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER BALANCED LS			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	383649

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER CONSERV LS			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6421
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER GROWTH LS			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	876567
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER MODERATE LS			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	180493
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	283372
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN U.S. EQUITY FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	676759
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	290516
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	214429
a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	41143
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	305750
a Name of MTIA, CCT, PSA, or 103-12 IE: NEW OPPORTUNITIES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	77194

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MKT

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 456964

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6193

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 161787

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 860451

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SPECTRUM INC

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 180878

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON WORLD

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120141

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SHORT-TERM FEDERAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89635

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 113354

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80897

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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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 04/01/2017 and ending 03/31/2018

A Name of plan
OLTMANS COMPANIES PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OLTMANS COMPANIES

D Employer Identification Number (EIN)
47-3698702

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	439
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	2909100
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	32240	25479
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	492924	1088331
(2) U.S. Government securities	1c(2)	1029801	838632
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1851713	1694195
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	530494	73763
(B) Common	1c(4)(B)	4079552	1712503
(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)	228711	166367
(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)	17572094	20854852
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	40132	38883

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	12286393	17102565
	(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	38144054	46505109
	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	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	38144054	46505109

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)	2909100	
	(B) Participants	2a(1)(B)	694014	
	(C) Others (including rollovers)	2a(1)(C)	69869	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3672983
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10196	
	(B) U.S. Government securities	2b(1)(B)	13818	
	(C) Corporate debt instruments	2b(1)(C)	66143	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	6474	
	(F) Other	2b(1)(F)	1949	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		98580
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	6151	
	(B) Common stock	2b(2)(B)	52004	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	185564	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		243719
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	16564461	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	16237927	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		326534
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	4877181	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		4877181

		(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)		2114803
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		11333800
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2822571	
(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)		2822571
f Corrective distributions (see instructions)	2f		222
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)	28064	
(3) Investment advisory and management fees	2i(3)	74392	
(4) Other	2i(4)	47496	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		149952
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2972745
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		8361055
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WRIGHT FORD YOUNG & CO. **(2)** EIN: 95-3288054

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 04/01/2017 and ending 03/31/2018

A Name of plan
OLTMANS COMPANIES PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OLTMANS COMPANIES

D Employer Identification Number (EIN)
47-3698702

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): 01-0233346 26-4691954

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OLTMANS COMPANIES PROFIT SHARING PLAN

FINANCIAL STATEMENTS

MARCH 31, 2018 AND 2017

OLTMANS COMPANIES PROFIT SHARING PLAN

INDEX TO

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

MARCH 31, 2018 AND 2017

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Wright Ford Young & Co.

Certified Public Accountants and Consultants, Inc.

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the
Oltmans Companies Profit Sharing Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Oltmans Companies Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of March 31, 2018 and 2017, the related statement of changes in net assets available for benefits for the year ended March 31, 2018 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on 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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by John Hancock Life Insurance Company and Newport Trust Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of March 31, 2018 and 2017, and for the year ended March 31, 2018, that the information provided to the plan administrator by the custodians is complete and accurate.

16140 Sand Canyon Avenue • Irvine, California 92618 • (949) 910-CPAS (2727) • Fax (949) 910-2728

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 – Supplemental Schedules

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions, as of and for the year ended March 31, 2018, are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

Wright Ford Young & Co.

WRIGHT FORD YOUNG & CO.
Irvine, California
January 14, 2019

OLTMANS COMPANIES PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MARCH 31, 2018 AND 2017

	2018	2017
ASSETS:		
Investments, at fair value:		
Money market funds	$ 1,088,331	$ 492,924
Company stock	17,102,565	12,286,393
Common stock	1,786,266	4,610,046
Pooled separate accounts	11,872,566	10,016,848
Registered investment companies	8,982,286	7,555,246
U.S. government securities	838,632	1,029,801
Corporate bonds	1,733,078	1,891,845
Total investments	43,403,724	37,883,103
Receivables:		
Employer contributions	2,909,100	-
Notes receivable from participants	166,367	228,711
Accrued interest and dividends	25,479	32,240
Total receivables	3,100,946	260,951
Non-interest bearing cash	439	-
Total assets	46,505,109	38,144,054
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 46,505,109	$ 38,144,054

See independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED MARCH 31, 2018

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 7,318,518
Interest and dividends	335,825
Total investment income	7,654,343
Interest income on notes receivable from participants	6,474
Contributions:	
Participant	694,014
Employer	2,909,100
Rollover	69,869
Total contributions	3,672,983
Total additions	11,333,800
Deductions from net assets attributed to:	
Benefits paid to participants	2,822,793
Plan fees and administrative expenses	149,952
Total deductions	2,972,745
NET INCREASE	8,361,055
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	38,144,054
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 46,505,109

See independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2018 AND 2017

1. DESCRIPTION OF PLAN

The following description of the Oltmans Companies Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Oltmans Companies (the Company) with the exception of employees of Consortium West, leased employees, non-resident aliens who receive no U.S. earned income, employees who are included in a collective bargaining unit, and employees covered by the Oltman's Non-Union Field Employees Plan. The Plan consists of: (1) a Profit Sharing component in which participants are not permitted to make contributions and (2) a 401(k) component in which participants may elect to make contributions. The Company does not make a matching contribution to the 401(k) component of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Employees are eligible to participate in the Plan on the first day of the month following one hour of service.

Administration

The Plan is administered by the Company.

Contributions

Participants may elect to contribute an amount up to 100% of eligible pre-tax compensation, not to exceed the limits of the Internal Revenue Code (IRC). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

At the end of the Plan year, the Company may contribute a discretionary amount equal to 20% of the amount by which the adjusted net profit (as defined) of the Company exceeds $25,000. To be eligible to receive an allocation of Company contributions in the profit sharing portion of the Plan, participants must have completed 1,000 hours of service during the Plan year. During 2018, the Company made discretionary profit sharing contributions of $2,909,100.

1. DESCRIPTION OF PLAN – (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, Company's contributions, if any, Plan earnings, and forfeitures of terminated participants' non-vested accounts. Participant accounts may be charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on the participant's eligible compensation, participant contributions, investment elections, specific participant transactions and/or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

A participant may direct their 401(k) contributions in any of the Plan's available investment options offered by John Hancock Life Insurance Company (John Hancock). The Plan's 401(k) investment income and gains or losses are allocated to participants in the same proportion that each participant's account balance bears to the total investment fund balance.

Company profit sharing contributions are not participant directed and are allocated to participants in the proportion that each participant's compensation (as defined) bears to the total compensation of all eligible participants. Profit sharing account investment income and gains or losses are allocated to participants in the same proportion that each participant's account balance bears to the total investment fund balance.

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, an annuity or annual installments. Participants may also elect to rollover their account to another tax deferred account or remain in the Plan until they are legally required to begin taking distributions. All vested account balances exceeding $1,000, but not exceeding $5,000, may be rolled into an Individual Retirement Account. All vested account balances not exceeding $1,000 may be immediately distributed in a lump-sum payment.

Forfeitures

The unvested portion of a terminated participant's account will be forfeited and allocated among participants eligible to share during the Plan year. During the year ended March 31, 2018, there were no forfeitures to re-allocate to eligible Plan participant accounts.

1. DESCRIPTION OF PLAN – (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $500, up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from 1 to 5 years or within a reasonable period of time that is longer than 5 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and generally bear interest at a rate commensurate with rates that a bank or other professional lender would charge for making a loan in a similar circumstance. Principal and interest is paid ratably through payroll deductions.

Vesting

Participants are immediately vested in their contributions, plus actual earnings thereon. Upon death, disability or normal retirement, or in the event the Plan is terminated, participants automatically become fully vested in their Company contribution account.

Vesting in the Company's contributions, plus actual earnings thereon, is based on years of service according to the following schedule:

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Payment of Benefits

Benefits are recorded when paid.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

Plan Fees and Administrative Expenses

Plan fees and administrative expenses are generally paid by the Plan, unless paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Certain transactional fees are charged directly to the participant's account and are included in administrative expenses.

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid balance plus accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of March 31, 2018 or 2017. Delinquent participant loans are reclassified as distributions based upon the terms of the plan agreement.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates. Significant estimates include the valuation of Company stock.

Subsequent Events

The Company has evaluated subsequent events through the date of the independent auditor's report, which is the date the accompanying financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board (FASB) provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under this framework are described as follows:

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

Level 2 — Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. Other than the change in valuation techniques used for the valuation of the Company common stock described below, there have been no changes in the methodologies used at March 31, 2018 and 2017.

3. FAIR VALUE MEASUREMENTS – (Continued)

Money market funds: These investments are valued using the Net Asset Value (NAV) of shares held by the Plan at year-end. The NAV is based on the value of the underlying assets owned by the fund then divided by the number of shares outstanding. The NAV is valued on a dollar per share rate and is classified within level 1 of the valuation hierarchy.

Company stock: This investment is valued at fair value based upon an independent appraisal. The March 31, 2018 appraisal was based upon a combination of the income (capitalization of income and discounted cash flows methods) and asset (adjusted book value method) based valuation techniques. This investment is not traded in an active market and inputs are not observable to the public. Therefore, this investment is classified within level 3 of the valuation hierarchy.

Common stock, US government securities and corporate bonds: These investments are public investment vehicles valued daily at the closing price reported on an active market using observable inputs and are classified within level 1 of the valuation hierarchy.

Pooled separate accounts: These investments are valued at the NAV of shares held by the Plan at year-end. The NAV of investments is based upon a combination of the net asset value of the underlying investments and contract charges. The NAV's unit price is quoted on a private market that is not active; however, the unit price is based on underlying investments that are traded on an active market. The NAV is used as a practical expedient to estimate fair value.

Registered investment companies: These investments are public investment vehicles valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within level 1 of the valuation hierarchy.

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

3. FAIR VALUE MEASUREMENTS – (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2018 and 2017:

Description	Total	Level 1	Level 2	Level 3
March 31, 2018				
Money market funds	$ 1,088,331	$ 1,088,331	$ -	$ -
Company stock	17,102,565	-	-	17,102,565
Common stock	1,786,266	1,786,266	-	-
Registered investment companies	8,982,286	8,982,286	-	-
U.S. government securities	838,632	838,632	-	-
Corporate bonds	1,733,078	1,733,078	-	-
Total assets in the fair value hierarchy	31,531,158	$ 14,428,593	$ -	$ 17,102,565
Investments measured at NAV [(a)]	11,872,566			
Total investments at fair value	$ 43,403,724			

Description	Total	Level 1	Level 2	Level 3
March 31, 2017				
Money market funds	$ 492,924	$ 492,924	$ -	$ -
Company stock	12,286,393	-	-	12,286,393
Common stock	4,610,046	4,610,046	-	-
Registered investment companies	7,555,246	7,555,246	-	-
U.S. government securities	1,029,801	1,029,801	-	-
Corporate bonds	1,891,845	1,891,845	-	-
Total assets in the fair value hierarchy	27,866,255	$ 15,579,862	$ -	$ 12,286,393
Investments measured at NAV [(a)]	10,016,848			
Total investments at fair value	$ 37,883,103			

[(a)] In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit the reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

3. FAIR VALUE MEASUREMENTS – (Continued)

In regards to the classification of investment options offered by the Plan, there were no reclassifications in or out of levels 1, 2 or 3 during the year ended March 31, 2018. The nature, risks and investment objectives of the investments above, including those for which fair value is estimated using the NAV as a practical expedient, can be found in the Plan's enrollment literature. These investments can be redeemed immediately and without a redemption notification period. As of March 31, 2018, there were no unfunded commitments associated with any of these investments.

The following table presents a summary of changes in the fair value of the Plan's level 3 assets for the year ended March 31, 2018:

	Company Stock
Balance, beginning of year	$ 12,286,393
Unrealized appreciation	4,816,172
Balance, end of year	$ 17,102,565

4. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities, including company stock. 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 statement of net assets available for benefits. As of March 31, 2018, the Plan held approximately 37% of its net assets in the company stock of the Plan Sponsor.

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate or amend the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts

6. NON-PARTICIPANT DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the non-participant directed investments as of March 31, 2018 and 2017, and for the year ended March 31, 2018 are as follows:

	2018	2017
Net assets:		
Money market funds	$ 1,088,331	$ 492,924
Company stock	17,102,565	12,286,393
Common stock	1,786,266	4,610,046
Registered investment companies	8,982,286	7,555,246
US Government securities	838,632	1,029,801
Corporate bonds	1,733,078	1,891,845
Employer contributions	2,909,100	-
Accrued interest and dividends	25,479	32,240
Non-interest bearing cash	439	-
	$ 34,466,176	$ 27,898,495

Changes in net assets:	
Net appreciation in fair value of investments	$ 5,905,140
Interest and dividends	335,825
Payments received on notes receivable	63,466
Employer contributions received	2,909,100
Benefits paid to participants	(2,524,183)
Administrative expenses	(121,667)
	$ 6,567,681

7. PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. Such parties are parties-in-interest under ERISA. One of the Plan's investments is company stock of the Plan Sponsor. During the year ended March 31, 2018, the Plan paid $149,952 in contract administration fees, investment management and trustee fees. The Plan issues loans to participants, which are secured by the balances in the participants' accounts. The Company paid certain administrative expenses of the Plan, including recordkeeping and audit fees. These transactions qualify as party in interest transactions for which a statutory exemption exists.

8. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIANS

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, John Hancock and Newport Trust Company, the custodians of the Plan, have certified to the completeness and accuracy of the following information which is included in the financial statements and supplemental schedule of assets (held at end of year) as of March 31, 2018 and 2017, and for the year ended March 31, 2018.

	2018	2017
Money market funds	$ 1,088,331	$ 492,924
Company stock	17,102,565	12,286,393
Common stock	1,786,266	4,610,046
Pooled separate accounts	11,872,566	10,016,848
Registered investment companies	8,982,286	7,555,246
U.S. government securities	838,632	1,029,801
Corporate bonds	1,733,078	1,891,845
Notes receivable from participants	166,367	228,711
Non-interest bearing cash	439	-
Net appreciation in fair value of investments	7,318,518	n/a
Interest and dividends	335,825	n/a
Interest income on notes receivable from participants	6,474	n/a

9. TAX STATUS

The Company adopted a Volume Submitter Profit Sharing Plan which received a favorable opinion letter from the Internal Revenue Service (IRS), on February 8, 2017, which stated that the Plan, as then designed, was in accordance with applicable sections of the IRC. The Plan has since been amended. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

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

MARCH 31, 2018

(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
	BlackRock Liquid Fund Treasury	Money Market	$ 13,012	$ 13,012
	SDIT Government	Money Market	1,075,319	1,075,319
	Total money market funds			1,088,331
*	Oltmans Construction Company	Company Stock - 19,550 shares	1,013,746	17,102,565
	CF Industries Holdings Inc.	Common Stock	11,738	10,376
	Dow Chemical Company	Common Stock	11,206	13,698
	Newmont Mining Corporation	Common Stock	10,664	10,744
	Nucor Corp.	Common Stock	8,872	8,858
	Packaging Corp of America	Common Stock	3,423	8,453
	Praxair Inc.	Common Stock	19,104	18,038
	Amazon.com Inc.	Common Stock	12,188	40,526
	Comcast Corp.	Common Stock	18,574	18,623
	Home Depot, Inc.	Common Stock	8,013	53,472
	Martin Marietta Materials Inc.	Common Stock	4,859	4,768
	McDonalds Corp.	Common Stock	9,842	31,276
	O'Reilly Automotive Inc.	Common Stock	7,702	7,421
	Omnicom Group	Common Stock	15,562	14,534
	Time Warner, Inc.	Common Stock	33,758	33,103
	Vulcan Materials Co.	Common Stock	10,053	11,988
	Xerox Corporation	Common Stock	31,135	28,780
	Coca Cola Co.	Common Stock	9,088	8,686
	Conagra Brands, Inc.	Common Stock	22,206	21,390
	Costco Wholesale Corp.	Common Stock	16,584	18,843
	Kellogg Co.	Common Stock	16,509	16,253
	Kraft Heinz Co.	Common Stock	11,542	9,344
	PepsiCo, Inc.	Common Stock	11,034	27,288
	The Mosaic Company	Common Stock	11,093	10,319
	Becton Dickson	Common Stock	23,652	21,670
	Biogen Inc.	Common Stock	18,651	16,429
	Bristol Myers Squibb Co.	Common Stock	10,323	9,488
	Celgene Corp.	Common Stock	18,180	12,935
	Edward Lifesciences Corp.	Common Stock	11,410	11,162
	Humana Inc.	Common Stock	18,824	20,162
	Johnson & Johnson	Common Stock	21,238	19,223
	Mckesson Corp.	Common Stock	15,273	14,087
	Merck & Co., Inc.	Common Stock	18,461	27,235
	Pfizer, Inc.	Common Stock	14,490	20,336
	UnitedHealth Group, Inc.	Common Stock	29,421	53,500
	Andeavor	Common Stock	15,518	15,084
	EOG Resources, Inc.	Common Stock	12,126	15,791
	ExxonMobil Corp.	Common Stock	20,554	20,518
	Hess Corporation	Common Stock	10,892	12,655
	Occidental Pete Corp.	Common Stock	14,880	14,616
	Phillips 66	Common Stock	2,107	15,347
	Schlumberger LTD	Common Stock	5,082	12,956
	Valero Energy Corp.	Common Stock	22,038	23,193
	Bank of America Corp.	Common Stock	22,139	22,493
	BB&T Corporation	Common Stock	33,144	31,224
	Berkshire Hathaway Inc. Cl B	Common Stock	18,261	19,948
	Chubb Corp.	Common Stock	11,640	13,677
	Citigroup Inc.	Common Stock	27,415	33,750
	Goldman Sachs Group Inc.	Common Stock	18,729	25,186

See independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

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

MARCH 31, 2018

(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
	JP Morgan Chase & Co.	Common Stock	13,376	43,988
	Lincoln National Corp.	Common Stock	22,699	20,092
	Morgan Stanley	Common Stock	5,218	10,792
	Progressive Corp. Ohio	Common Stock	20,655	24,372
	Prudential Financial, Inc.	Common Stock	12,335	15,533
	Synchrony Financial	Common Stock	12,637	11,736
	US Bancorp	Common Stock	8,684	10,605
	Wells Fargo & Co.	Common Stock	13,581	26,205
	Activision Blizzard, Inc.	Common Stock	13,172	13,492
	Delta Air Lines Inc.	Common Stock	23,171	23,294
	Dover Corp.	Common Stock	16,480	16,206
	Fortive Corp.	Common Stock	3,364	15,504
	Honeywell International Inc.	Common Stock	13,863	36,128
	Paccar Inc.	Common Stock	20,886	19,851
	Raytheon Company	Common Stock	13,101	18,345
	Union Pac Corp.	Common Stock	10,620	13,443
	United Technologies Corp.	Common Stock	32,849	34,601
	Alphabet Inc. Cl A	Common Stock	15,458	20,743
	Alphabet Inc. Cl C	Common Stock	11,326	15,477
	Apple, Inc.	Common Stock	35,661	50,334
	Broadcom LTD	Common Stock	45,003	47,130
	Cisco Systems Inc.	Common Stock	20,611	34,312
	Facebook Inc. A	Common Stock	15,745	23,969
	Intl. Business Machines Corp.	Common Stock	35,605	34,522
	Microsoft Corp.	Common Stock	38,837	59,326
	Oracle Corporation	Common Stock	15,956	18,300
	PayPal Holdings Inc.	Common Stock	19,241	18,968
	Texas Instruments, Inc.	Common Stock	18,536	41,556
	Visa Inc.	Common Stock	36,245	44,858
	AT&T, Inc.	Common Stock	13,913	18,182
	T-Mobile US Inc.	Common Stock	11,284	10,682
	Verizon Communications	Common Stock	31,479	31,083
	Vodafone Group	Common Stock	3,985	3,617
	Firstenergy Corp.	Common Stock	13,162	13,604
	Lamar Advertising Co. CL A REIT	Common Stock	14,636	12,732
	Uniti Group, Inc., REIT	Common Stock	5,513	3,238
	Total common stock			1,786,266
*	John Hancock Life Insurance Company	Lifecycle 2060 Fund	**	13,008
*	John Hancock Life Insurance Company	Lifecycle 2055 Fund	**	58,642
*	John Hancock Life Insurance Company	Lifecycle 2050 Fund	**	29,760
*	John Hancock Life Insurance Company	Lifecycle 2045 Fund	**	49,249
*	John Hancock Life Insurance Company	Lifecycle 2040 Fund	**	101,724
*	John Hancock Life Insurance Company	Lifecycle 2030 Fund	**	33,866
*	John Hancock Life Insurance Company	Lifecycle 2025 Fund	**	581,437
*	John Hancock Life Insurance Company	Lifecycle 2010 Fund	**	1,327
*	John Hancock Life Insurance Company	Lifestyle Conservative Fund	**	6,421
*	John Hancock Life Insurance Company	Lifestyle Moderate Fund	**	180,493
*	John Hancock Life Insurance Company	Lifestyle Balanced Fund	**	383,649
*	John Hancock Life Insurance Company	Lifestyle Growth Fund	**	876,567
*	John Hancock Life Insurance Company	Lifestyle Aggressive Fund	**	539,505
*	John Hancock Life Insurance Company	Oppenheimer Developing Mkt	**	456,964
*	John Hancock Life Insurance Company	International Value Fund	**	6,787

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

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

MARCH 31, 2018

(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
*	John Hancock Life Insurance Company	Mid Cap Stock Fund	**	214,429
*	John Hancock Life Insurance Company	T. Rowe Price Sci & Tech	**	860,452
*	John Hancock Life Insurance Company	Small Cap Growth Index	**	113,354
*	John Hancock Life Insurance Company	American Century Heritage	**	66,885
*	John Hancock Life Insurance Company	Invesco Small Cap Growth	**	33,239
*	John Hancock Life Insurance Company	EuroPacific Growth Fund	**	159,162
*	John Hancock Life Insurance Company	Franklin Small-Mid Growth	**	38,517
*	John Hancock Life Insurance Company	Legg Mason ClearBr Agg Growth	**	126,638
*	John Hancock Life Insurance Company	New Opportunities Fund	**	77,194
*	John Hancock Life Insurance Company	Small Cap Value Index	**	80,897
*	John Hancock Life Insurance Company	Blue Chip Growth Fund	**	764,222
*	John Hancock Life Insurance Company	Mid Cap Index Fund	**	290,516
*	John Hancock Life Insurance Company	Oppenheimer Global	**	6,193
*	John Hancock Life Insurance Company	Fundamental All Cap Core Fund	**	20,699
*	John Hancock Life Insurance Company	Capital Appreciation Fund	**	210,145
*	John Hancock Life Insurance Company	Templeton World	**	120,141
*	John Hancock Life Insurance Company	Domini Social Equity	**	366
*	John Hancock Life Insurance Company	John Hancock Disciplined Value	**	283,372
*	John Hancock Life Insurance Company	Fidelity ContraFund	**	732,493
*	John Hancock Life Insurance Company	Fundamental Large Cap Value	**	107,751
*	John Hancock Life Insurance Company	JPMorgan US Equity Fund	**	676,759
*	John Hancock Life Insurance Company	T. Rowe Price Equity Inc	**	161,787
*	John Hancock Life Insurance Company	500 Index Fund	**	625,012
*	John Hancock Life Insurance Company	Franklin Mutual Beacon Fund	**	422,386
*	John Hancock Life Insurance Company	American Balanced Fund	**	732,994
*	John Hancock Life Insurance Company	Mutual Global Discovery	**	305,750
*	John Hancock Life Insurance Company	High Yield Fund	**	214,636
*	John Hancock Life Insurance Company	T. Rowe Price Spectrum Inc	**	180,879
*	John Hancock Life Insurance Company	Fidelity Advisor Total Bond	**	795,523
*	John Hancock Life Insurance Company	Vanguard Short-Term Federal	**	89,635
*	John Hancock Life Insurance Company	Money Market Fund	**	41,141
	Total pooled separate accounts			11,872,566
	Vanguard	Developed Markets Fund	1,024,235	1,266,391
	Vanguard	Emerging Markets Fund	885,168	1,314,078
	Vanguard	Mid-Cap Fund	1,157,192	1,570,937
	Vanguard	Mega Cap Growth ETF	2,063,793	2,142,998
	Vanguard	Real Estate ETF	623,698	599,987
	Vanguard	Small Cap Fund	803,651	1,130,696
	Deutsche	Enhanced Commodity Strategy Fund	453,728	420,510
	Vanguard	High Yield Corporate Fund	534,397	536,689
	Total registered investment companies			8,982,286
	U.S. Treasury Notes - 1.625% 6/30/19	U.S. Treasury Notes	258,528	258,222
	U.S. Treasury Notes - 2.375% 8/15/24	U.S. Treasury Notes	580,410	580,410
	Total U.S. government securities			838,632
	Midamer Ener HLD 5.750% 4/01/18	Corporate Bonds	38,277	35,000
	MetLife Inc. 6.817% 8/15/18	Corporate Bonds	5,660	5,075
	Roper Industries Inc. 2.050% 10/01/18	Corporate Bonds	29,955	29,929
	General Motors Co. 3.500% 10/02/18	Corporate Bonds	30,388	30,044

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OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

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

MARCH 31, 2018

(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
	SunTrust Banks Inc. 2.350% 11/01/18	Corporate Bonds	20,222	19,960
	Con Edison NY 7.125% 12/01/18	Corporate Bonds	11,638	10,275
	Oklahoma Gas 8.250% 1/15/19	Corporate Bonds	11,845	10,424
	Reed Elsevr CPTL 8.625% 1/15/19	Corporate Bonds	5,841	5,221
	Citigroup Inc. 2.550% 4/08/19	Corporate Bonds	20,268	19,980
	Wells Fargo Co. MTN 2.125% 4/22/19	Corporate Bonds	5,020	4,970
	Dow Chemical Co. 8.550% 5/15/19	Corporate Bonds	24,129	21,228
	Prudential FIN MTN 7.375% 6/15/19	Corporate Bonds	17,671	15,800
	Bunge LTD FIN 8.500% 6/15/19	Corporate Bonds	17,750	15,938
	Telefonica SA 5.877% 7/15/19	Corporate Bonds	11,176	10,372
	Roper Industries Inc. 6.250% 9/01/19	Corporate Bonds	5,593	5,235
	Enterprise Products 2.550% 10/15/19	Corporate Bonds	4,948	4,969
	UnitedHealth Group 2.300% 12/15/19	Corporate Bonds	10,190	9,909
	Rock-Tenn Co. 3.500% 3/01/20	Corporate Bonds	20,585	20,155
	United Parcel SVC 8.375% 4/01/20	Corporate Bonds	6,345	5,527
	Ontario Province 4.400% 4/14/20	Corporate Bonds	22,235	20,715
	Telefonica Emisiones 5.134% 4/27/20	Corporate Bonds	26,115	25,968
	NBC Universal Media 5.150% 4/30/20	Corporate Bonds	17,038	15,656
	Fiserv Inc. 2.700% 6/01/20	Corporate Bonds	20,164	19,873
	Goldman Sachs Group MTN 6.000% 6/15/20	Corporate Bonds	11,357	10,582
	Waste Management Inc. 4.750% 6/30/20	Corporate Bonds	16,653	15,537
	Diageo Capital PLC 4.828% 7/15/20	Corporate Bonds	16,921	15,636
	JP Morgan Chase 4.400% 7/22/20	Corporate Bonds	32,550	30,926
	Trans-Canada Pl 3.800% 10/01/20	Corporate Bonds	15,786	15,275
	JP Morgan Chase & Co. 4.250% 10/15/20	Corporate Bonds	5,395	5,145
	Citigroup Inc. 2.650% 10/26/20	Corporate Bonds	34,987	34,582
	Ace INA Holdings 2.300% 11/03/20	Corporate Bonds	9,954	9,849
	Southwest Airlines 2.650% 11/05/20	Corporate Bonds	19,942	19,790
	Shell INTL FIN 2.250% 11/10/20	Corporate Bonds	24,863	24,651
	Chevron Corp 2.419% 11/17/20	Corporate Bonds	15,057	14,889
	Aptiv PLC 3.150% 11/19/20	Corporate Bonds	5,130	4,991
	Wells Fargo & Co. MTN 2.550% 12/07/20	Corporate Bonds	4,995	4,914
	Telefonica Emisones 5.462% 2/16/21	Corporate Bonds	10,608	10,631
	JP Morgan Chase & Co. 2.550% 3/01/21	Corporate Bonds	19,959	19,679
	AT&T Inc. 5.000% 3/01/21	Corporate Bonds	5,575	5,251
	SunTrust Banks Inc. 2.900% 3/03/21	Corporate Bonds	5,070	4,960
	Wells Fargo & Co. 2.500% 3/04/21	Corporate Bonds	9,998	9,818
	Time Warner Inc. 4.750% 3/29/21	Corporate Bonds	10,958	10,443
	Wells Fargo & Co. 4.600% 4/01/21	Corporate Bonds	10,752	10,382
	Home Depot Inc. 2.000% 4/01/21	Corporate Bonds	4,982	4,879
	CVS Caremark Corp 4.125% 5/15/21	Corporate Bonds	26,730	25,556
	Consolidated Edison 2.000% 5/15/21	Corporate Bonds	9,811	9,657
	Pacificorp 3.850% 6/15/21	Corporate Bonds	5,363	5,126
	Lincoln NATL Corp 4.850% 6/24/21	Corporate Bonds	11,024	10,473
	Capital One FINL 4.750% 7/15/21	Corporate Bonds	16,273	15,642
	Devon Energy Corp 4.000% 7/15/21	Corporate Bonds	10,483	10,183
	Goldman Sachs Group 5.250% 7/27/21	Corporate Bonds	5,659	5,296
	Thermo Fisher SCI 3.600% 8/15/21	Corporate Bonds	20,706	20,181
	Wellpoint Inc. 3.700% 8/15/21	Corporate Bonds	20,644	20,228
	AT&T Inc. 3.875% 8/15/21	Corporate Bonds	10,475	10,176
	France Telecom 4.125% 9/14/21	Corporate Bonds	27,633	25,946
	Philip Morris INTL 2.900% 11/15/21	Corporate Bonds	5,190	4,954
	Abbott Laboratories 2.900% 11/30/21	Corporate Bonds	5,000	4,947
	Ecolab Inc. 4.350% 12/08/21	Corporate Bonds	8,625	8,360

See independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN
PLAN FEIN#: 47-3698702
PLAN # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MARCH 31, 2018

(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
	Virginia ELEC & PWR 2.950% 1/15/22	Corporate Bonds	15,055	14,889
	INTL Paper Co. 4.750% 2/15/22	Corporate Bonds	10,650	10,484
	Ryder System Inc. MTN 2.800% 3/01/22	Corporate Bonds	19,966	19,593
	Abbott Laboratories 2.550% 3/15/22	Corporate Bonds	9,791	9,730
	Interpublic GRP MTN 4.000% 3/15/22	Corporate Bonds	5,196	5,073
	Verizon Comm. Inc. 2.946% 3/15/22	Corporate Bonds	5,106	4,916
	Verizon Comm. Inc. 3.125% 3/16/22	Corporate Bonds	30,554	29,735
	BP Capital Markets 3/245% 5/06/22	Corporate Bonds	5,128	5,009
	Devon Energy Corp 3.250% 5/15/22	Corporate Bonds	14,652	14,819
	Sherwin-Williams Co 2.750% 6/1/22	Corporate Bonds	15,032	14,610
	American Express Co 2.500% 8/1/22	Corporate Bonds	9,986	9,646
	Burlington North 3.050% 9/1/22	Corporate Bonds	10,045	9,979
	21St Centy Fox Amer 3.000% 9/15/22	Corporate Bonds	14,897	14,818
	Vodafone Group Plc 2.500% 9/26/22	Corporate Bonds	14,134	14,415
	Fiserv Inc 3.500% 10/1/22	Corporate Bonds	5,200	5,034
	Reed Elsevr Cptl 3.125% 10/15/22	Corporate Bonds	4,885	4,931
	Eaton Corp 2.750% 11/2/22	Corporate Bonds	9,748	9,768
	Microsoft Corp 2.650% 11/3/22	Corporate Bonds	15,008	14,808
	Abbvie Inc 2.900% 11/6/22	Corporate Bonds	20,018	19,536
	Bank Of Amer Crp Mtn 3.300% 1/11/23	Corporate Bonds	20,027	19,942
	Comcast Corp 2.850% 1/15/23	Corporate Bonds	20,061	19,575
	Lockheed Martin 3.100% 1/15/23	Corporate Bonds	4,968	4,970
	Canadian Natl Res 2.950% 1/15/23	Corporate Bonds	14,886	14,565
	Anheuser-Busch 3.300% 2/1/23	Corporate Bonds	29,906	30,022
	Digital Realty Trust 2.750% 2/1/23	Corporate Bonds	14,871	14,402
	Morgan Stanley Mtn 3.750% 2/25/23	Corporate Bonds	26,170	25,265
	Canadian Pacific Ltd 4.450% 3/15/23	Corporate Bonds	5,369	5,240
	Virginia Elec & Pwr 2.750% 3/15/23	Corporate Bonds	5,245	4,901
	Berkshire Hathaway 2.750% 3/15/23	Corporate Bonds	10,198	9,844
	Healthcare Trust 3.700% 4/15/23	Corporate Bonds	5,013	4,993
	Constellation Brands 4.250% 5/1/23	Corporate Bonds	5,325	5,122
	Jpmorgan Chase & Co 2.700% 5/18/23	Corporate Bonds	9,771	9,648
	Capital One Finl Co 3.500% 6/15/23	Corporate Bonds	9,990	9,871
	Lyb Intl Finance Bv 4.000% 7/15/23	Corporate Bonds	10,182	10,187
	Nucor Corp 4.000% 8/1/23	Corporate Bonds	15,271	15,526
	Kroger Co 3.850% 8/1/23	Corporate Bonds	10,370	10,158
	Oracle Corp 2.400% 9/15/23	Corporate Bonds	9,644	9,578
	Ameriprise Finl Inc 4.000% 10/15/23	Corporate Bonds	5,163	5,175
	Natl Rural Util 3.400% 11/15/23	Corporate Bonds	15,548	15,170
	Midamerican Energy 3.750% 11/15/23	Corporate Bonds	16,295	15,297
	Bp Capital Markets 3.216% 11/28/23	Corporate Bonds	5,080	4,956
	Abbott Laboratories 3.400% 11/30/23	Corporate Bonds	5,040	4,951
	Thermo Fisher 4.150% 2/1/24	Corporate Bonds	5,247	5,136
	Quebec Province 7.125% 2/9/24	Corporate Bonds	19,615	18,168
	Virginia Elec & Pwr 3.450% 2/15/24	Corporate Bonds	10,265	10,031
	Enterprise Products 3.900% 2/15/24	Corporate Bonds	10,491	10,127
	Delphi Corp 4.150% 3/15/24	Corporate Bonds	5,381	5,128
	Rockwell Collins Inc 3.200% 3/15/24	Corporate Bonds	5,107	4,860
	Gilead Sciences Inc 3.700% 4/1/24	Corporate Bonds	15,615	15,067
	Duke Energy Corp 3.750% 4/15/24	Corporate Bonds	20,555	20,019
	Amgen Inc 3.625% 5/22/24	Corporate Bonds	10,167	10,068
	Sherwin-Williams Co 3.125% 6/1/24	Corporate Bonds	4,828	4,834
	Martin Marietta Mtls 4.250% 7/2/24	Corporate Bonds	10,242	10,235
	Csx Corp 3.400% 8/1/24	Corporate Bonds	5,103	4,989

See independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

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

MARCH 31, 2018

(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
	Midamerican Ener 3.500% 10/15/24	Corporate Bonds	5,487	5,075
	Ameriprise Finl Inc 3.700% 10/15/24	Corporate Bonds	10,419	10,110
	Statoil Asa 3.250% 11/10/24	Corporate Bonds	10,072	9,908
	Conocophil Co 3.350% 11/15/24	Corporate Bonds	5,190	4,961
	Dominion Gas Hldgs 3.600% 12/15/24	Corporate Bonds	5,328	5,005
	Fedex Corp 3.200% 2/1/25	Corporate Bonds	4,907	4,882
	Ventas Realty Lp 3.500% 2/1/25	Corporate Bonds	9,797	9,737
	Berkshire Hathaway 3.500% 2/1/25	Corporate Bonds	5,407	4,989
	Wells Fargo & Co Mtn 3.000% 2/19/25	Corporate Bonds	9,676	9,527
	Lockheed Martin Corp 2.900% 3/1/25	Corporate Bonds	4,882	4,780
	Waste Management Inc 3.125% 3/1/25	Corporate Bonds	4,842	4,857
	Lincoln National 3.350% 3/9/25	Corporate Bonds	10,091	9,761
	Tc Pipelines Lp 4.375% 3/13/25	Corporate Bonds	9,391	10,088
	Valero Energy 3.650% 3/15/25	Corporate Bonds	9,549	9,953
	Scottish Pwr Plc 5.810% 3/15/25	Corporate Bonds	11,217	11,228
	Rio Tinto Fin Ltd 3.750% 6/15/25	Corporate Bonds	4,895	5,086
	Cvs Health Corp 3.875% 7/20/25	Corporate Bonds	5,247	4,957
	Bank Of Amer Crp Mtn 3.875% 8/1/25	Corporate Bonds	15,134	15,114
	Goldman Sachs V-Q 3.272% 9/29/25	Corporate Bonds	4,899	4,813
	Coca-Coca Co/The 2.875% 10/27/25	Corporate Bonds	10,063	9,733
	Sunoco Logistics 5.950% 12/1/25	Corporate Bonds	11,109	10,824
	Constellation Brands 4.750% 12/1/25	Corporate Bonds	10,515	10,532
	Analog Devices Inc 3.900% 12/15/25	Corporate Bonds	15,980	15,151
	Roper Technologies 3.850% 12/15/25	Corporate Bonds	10,086	10,096
	International Paper 3.800% 1/15/26	Corporate Bonds	5,115	4,953
	Conocophillips Co 4.950% 3/15/26	Corporate Bonds	5,724	5,458
	Citigroup Inc 3.400% 5/1/26	Corporate Bonds	4,879	4,833
	Agl Capital Corp 3.250% 6/15/26	Corporate Bonds	9,563	9,590
	Duke Energy Corp 2.650% 9/1/26	Corporate Bonds	4,729	4,563
	Nvidia Corp 3.200% 9/16/26	Corporate Bonds	4,791	4,819
	Lyb Intl Fin 3.500% 3/2/27	Corporate Bonds	4,914	4,799
	Canadian Natl Res 3.850% 6/1/27	Corporate Bonds	5,046	4,889
	Bunge Ltd Fin Corp 3.750% 9/25/27	Corporate Bonds	4,974	4,832
	Anthem Inc 3.650% 12/1/27	Corporate Bonds	4,875	4,834
	Deutche Telekom 8.750% 6/15/30	Corporate Bonds	15,213	14,164
	British Telecom Plc 9.625% 12/15/30	Corporate Bonds	15,836	14,606
	Lehman MTN Escrow in Default 7/26/10	Corporate Bonds	-	8,000
	Total corporate bonds			1,733,078
*	Participant Loans	Interest rates at 3.25% to 4.25%	-	166,367
				$ 43,570,091

* A party-in-interest as defined by ERISA.

** Cost information not required as John Hancock Life Insurance Company investments are participant directed.

See independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN
PLAN FEIN#: 47-3698702
PLAN # 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
MARCH 31, 2018

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling Price	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Single transactions in excess of 5%:							
Newport Trust Company	BLF Treasury Trust fund	2,282,765	-	-	2,282,765	2,282,765	-
Newport Trust Company	BLF Treasury Trust fund	-	2,063,793	-	2,063,793	-	-
Newport Trust Company	Russell Emerging Markets Fund	2,063,793	-	239	2,063,793	2,063,793	-

See independent auditor's report and notes to the financial statements.

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 04/01/2017 and ending 03/31/2018

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
OLTMANS COMPANIES PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1951

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)
OLTMANS COMPANIES

10005 MISSION MILL ROAD

WHITTIER CA 90601-1739

2b Employer Identification Number (EIN)
47-3698702

2c Plan Sponsor's telephone number
562-948-4242

2d Business code (see instructions)
236200

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		1-15-19	JASON KAKIMOTO
	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**	187
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)**	131
a(2) Total number of active participants at the end of the plan year	**6a(2)**	145
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	57
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	202
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	202
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	195
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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 2H 2J 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X] Insurance		**(1)** [X] Insurance	
(2) [ ] Code section 412(e)(3) insurance contracts		**(2)** [ ] Code section 412(e)(3) insurance contracts	
(3) [X] Trust		**(3)** [X] Trust	
(4) [ ] General assets of the sponsor		**(4)** [ ] General assets of the sponsor	

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [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_____

OLTMANS COMPANIES PROFIT SHARING PLAN
PLAN FEIN#: 47-3698702
PLAN # 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
MARCH 31, 2018

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling Price	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Single transactions in excess of 5%:							
Newport Trust Company	BLF Treasury Trust fund	2,282,765	-	-	2,282,765	2,282,765	-
Newport Trust Company	BLF Treasury Trust fund	-	2,063,793	-	2,063,793	-	-
Newport Trust Company	Russell Emerging Markets Fund	2,063,793	-	239	2,063,793	2,063,793	-

See independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

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

MARCH 31, 2018

(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
	BlackRock Liquid Fund Treasury	Money Market	$ 13,012	$ 13,012
	SDIT Government	Money Market	1,075,319	1,075,319
	Total money market funds			1,088,331
*	Oltmans Construction Company	Company Stock - 19,550 shares	1,013,746	17,102,565
	CF Industries Holdings Inc.	Common Stock	11,738	10,376
	Dow Chemical Company	Common Stock	11,206	13,698
	Newmont Mining Corporation	Common Stock	10,664	10,744
	Nucor Corp.	Common Stock	8,872	8,858
	Packaging Corp of America	Common Stock	3,423	8,453
	Praxair Inc.	Common Stock	19,104	18,038
	Amazon.com Inc.	Common Stock	12,188	40,526
	Comcast Corp.	Common Stock	18,574	18,623
	Home Depot, Inc.	Common Stock	8,013	53,472
	Martin Marietta Materials Inc.	Common Stock	4,859	4,768
	McDonalds Corp.	Common Stock	9,842	31,276
	O'Reilly Automotive Inc.	Common Stock	7,702	7,421
	Omnicom Group	Common Stock	15,562	14,534
	Time Warner, Inc.	Common Stock	33,758	33,103
	Vulcan Materials Co.	Common Stock	10,053	11,988
	Xerox Corporation	Common Stock	31,135	28,780
	Coca Cola Co.	Common Stock	9,088	8,686
	Conagra Brands, Inc.	Common Stock	22,206	21,390
	Costco Wholesale Corp.	Common Stock	16,584	18,843
	Kellogg Co.	Common Stock	16,509	16,253
	Kraft Heinz Co.	Common Stock	11,542	9,344
	PepsiCo, Inc.	Common Stock	11,034	27,288
	The Mosaic Company	Common Stock	11,093	10,319
	Becton Dickson	Common Stock	23,652	21,670
	Biogen Inc.	Common Stock	18,651	16,429
	Bristol Myers Squibb Co.	Common Stock	10,323	9,488
	Celgene Corp.	Common Stock	18,180	12,935
	Edward Lifesciences Corp.	Common Stock	11,410	11,162
	Humana Inc.	Common Stock	18,824	20,162
	Johnson & Johnson	Common Stock	21,238	19,223
	Mckesson Corp.	Common Stock	15,273	14,087
	Merck & Co., Inc.	Common Stock	18,461	27,235
	Pfizer, Inc.	Common Stock	14,490	20,336
	UnitedHealth Group, Inc.	Common Stock	29,421	53,500
	Andeavor	Common Stock	15,518	15,084
	EOG Resources, Inc.	Common Stock	12,126	15,791
	ExxonMobil Corp.	Common Stock	20,554	20,518
	Hess Corporation	Common Stock	10,892	12,655
	Occidental Pete Corp.	Common Stock	14,880	14,616
	Phillips 66	Common Stock	2,107	15,347
	Schlumberger LTD	Common Stock	5,082	12,956
	Valero Energy Corp.	Common Stock	22,038	23,193
	Bank of America Corp.	Common Stock	22,139	22,493
	BB&T Corporation	Common Stock	33,144	31,224
	Berkshire Hathaway Inc. Cl B	Common Stock	18,261	19,948
	Chubb Corp.	Common Stock	11,640	13,677
	Citigroup Inc.	Common Stock	27,415	33,750
	Goldman Sachs Group Inc.	Common Stock	18,729	25,186

See independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

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

MARCH 31, 2018

(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
	JP Morgan Chase & Co.	Common Stock	13,376	43,988
	Lincoln National Corp.	Common Stock	22,699	20,092
	Morgan Stanley	Common Stock	5,218	10,792
	Progressive Corp. Ohio	Common Stock	20,655	24,372
	Prudential Financial, Inc.	Common Stock	12,335	15,533
	Synchrony Financial	Common Stock	12,637	11,736
	US Bancorp	Common Stock	8,684	10,605
	Wells Fargo & Co.	Common Stock	13,581	26,205
	Activision Blizzard, Inc.	Common Stock	13,172	13,492
	Delta Air Lines Inc.	Common Stock	23,171	23,294
	Dover Corp.	Common Stock	16,480	16,206
	Fortive Corp.	Common Stock	3,364	15,504
	Honeywell International Inc.	Common Stock	13,863	36,128
	Paccar Inc.	Common Stock	20,886	19,851
	Raytheon Company	Common Stock	13,101	18,345
	Union Pac Corp.	Common Stock	10,620	13,443
	United Technologies Corp.	Common Stock	32,849	34,601
	Alphabet Inc. Cl A	Common Stock	15,458	20,743
	Alphabet Inc. Cl C	Common Stock	11,326	15,477
	Apple, Inc.	Common Stock	35,661	50,334
	Broadcom LTD	Common Stock	45,003	47,130
	Cisco Systems Inc.	Common Stock	20,611	34,312
	Facebook Inc. A	Common Stock	15,745	23,969
	Intl. Business Machines Corp.	Common Stock	35,605	34,522
	Microsoft Corp.	Common Stock	38,837	59,326
	Oracle Corporation	Common Stock	15,956	18,300
	PayPal Holdings Inc.	Common Stock	19,241	18,968
	Texas Instruments, Inc.	Common Stock	18,536	41,556
	Visa Inc.	Common Stock	36,245	44,858
	AT&T, Inc.	Common Stock	13,913	18,182
	T-Mobile US Inc.	Common Stock	11,284	10,682
	Verizon Communications	Common Stock	31,479	31,083
	Vodafone Group	Common Stock	3,985	3,617
	Firstenergy Corp.	Common Stock	13,162	13,604
	Lamar Advertising Co. CL A REIT	Common Stock	14,636	12,732
	Uniti Group, Inc., REIT	Common Stock	5,513	3,238
	Total common stock			1,786,266
*	John Hancock Life Insurance Company	Lifecycle 2060 Fund	**	13,008
*	John Hancock Life Insurance Company	Lifecycle 2055 Fund	**	58,642
*	John Hancock Life Insurance Company	Lifecycle 2050 Fund	**	29,760
*	John Hancock Life Insurance Company	Lifecycle 2045 Fund	**	49,249
*	John Hancock Life Insurance Company	Lifecycle 2040 Fund	**	101,724
*	John Hancock Life Insurance Company	Lifecycle 2030 Fund	**	33,866
*	John Hancock Life Insurance Company	Lifecycle 2025 Fund	**	581,437
*	John Hancock Life Insurance Company	Lifecycle 2010 Fund	**	1,327
*	John Hancock Life Insurance Company	Lifestyle Conservative Fund	**	6,421
*	John Hancock Life Insurance Company	Lifestyle Moderate Fund	**	180,493
*	John Hancock Life Insurance Company	Lifestyle Balanced Fund	**	383,649
*	John Hancock Life Insurance Company	Lifestyle Growth Fund	**	876,567
*	John Hancock Life Insurance Company	Lifestyle Aggressive Fund	**	539,505
*	John Hancock Life Insurance Company	Oppenheimer Developing Mkt	**	456,964
*	John Hancock Life Insurance Company	International Value Fund	**	6,787

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

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

MARCH 31, 2018

(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
*	John Hancock Life Insurance Company	Mid Cap Stock Fund	**	214,429
*	John Hancock Life Insurance Company	T. Rowe Price Sci & Tech	**	860,452
*	John Hancock Life Insurance Company	Small Cap Growth Index	**	113,354
*	John Hancock Life Insurance Company	American Century Heritage	**	66,885
*	John Hancock Life Insurance Company	Invesco Small Cap Growth	**	33,239
*	John Hancock Life Insurance Company	EuroPacific Growth Fund	**	159,162
*	John Hancock Life Insurance Company	Franklin Small-Mid Growth	**	38,517
*	John Hancock Life Insurance Company	Legg Mason ClearBr Agg Growth	**	126,638
*	John Hancock Life Insurance Company	New Opportunities Fund	**	77,194
*	John Hancock Life Insurance Company	Small Cap Value Index	**	80,897
*	John Hancock Life Insurance Company	Blue Chip Growth Fund	**	764,222
*	John Hancock Life Insurance Company	Mid Cap Index Fund	**	290,516
*	John Hancock Life Insurance Company	Oppenheimer Global	**	6,193
*	John Hancock Life Insurance Company	Fundamental All Cap Core Fund	**	20,699
*	John Hancock Life Insurance Company	Capital Appreciation Fund	**	210,145
*	John Hancock Life Insurance Company	Templeton World	**	120,141
*	John Hancock Life Insurance Company	Domini Social Equity	**	366
*	John Hancock Life Insurance Company	John Hancock Disciplined Value	**	283,372
*	John Hancock Life Insurance Company	Fidelity ContraFund	**	732,493
*	John Hancock Life Insurance Company	Fundamental Large Cap Value	**	107,751
*	John Hancock Life Insurance Company	JPMorgan US Equity Fund	**	676,759
*	John Hancock Life Insurance Company	T. Rowe Price Equity Inc	**	161,787
*	John Hancock Life Insurance Company	500 Index Fund	**	625,012
*	John Hancock Life Insurance Company	Franklin Mutual Beacon Fund	**	422,386
*	John Hancock Life Insurance Company	American Balanced Fund	**	732,994
*	John Hancock Life Insurance Company	Mutual Global Discovery	**	305,750
*	John Hancock Life Insurance Company	High Yield Fund	**	214,636
*	John Hancock Life Insurance Company	T. Rowe Price Spectrum Inc	**	180,879
*	John Hancock Life Insurance Company	Fidelity Advisor Total Bond	**	795,523
*	John Hancock Life Insurance Company	Vanguard Short-Term Federal	**	89,635
*	John Hancock Life Insurance Company	Money Market Fund	**	41,141
	Total pooled separate accounts			11,872,566
	Vanguard	Developed Markets Fund	1,024,235	1,266,391
	Vanguard	Emerging Markets Fund	885,168	1,314,078
	Vanguard	Mid-Cap Fund	1,157,192	1,570,937
	Vanguard	Mega Cap Growth ETF	2,063,793	2,142,998
	Vanguard	Real Estate ETF	623,698	599,987
	Vanguard	Small Cap Fund	803,651	1,130,696
	Deutsche	Enhanced Commodity Strategy Fund	453,728	420,510
	Vanguard	High Yield Corporate Fund	534,397	536,689
	Total registered investment companies			8,982,286
	U.S. Treasury Notes - 1.625% 6/30/19	U.S. Treasury Notes	258,528	258,222
	U.S. Treasury Notes - 2.375% 8/15/24	U.S. Treasury Notes	580,410	580,410
	Total U.S. government securities			838,632
	Midamer Ener HLD 5.750% 4/01/18	Corporate Bonds	38,277	35,000
	MetLife Inc. 6.817% 8/15/18	Corporate Bonds	5,660	5,075
	Roper Industries Inc. 2.050% 10/01/18	Corporate Bonds	29,955	29,929
	General Motors Co. 3.500% 10/02/18	Corporate Bonds	30,388	30,044

See independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

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

MARCH 31, 2018

(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
	SunTrust Banks Inc. 2.350% 11/01/18	Corporate Bonds	20,222	19,960
	Con Edison NY 7.125% 12/01/18	Corporate Bonds	11,638	10,275
	Oklahoma Gas 8.250% 1/15/19	Corporate Bonds	11,845	10,424
	Reed Elsevr CPTL 8.625% 1/15/19	Corporate Bonds	5,841	5,221
	Citigroup Inc. 2.550% 4/08/19	Corporate Bonds	20,268	19,980
	Wells Fargo Co. MTN 2.125% 4/22/19	Corporate Bonds	5,020	4,970
	Dow Chemical Co. 8.550% 5/15/19	Corporate Bonds	24,129	21,228
	Prudential FIN MTN 7.375% 6/15/19	Corporate Bonds	17,671	15,800
	Bunge LTD FIN 8.500% 6/15/19	Corporate Bonds	17,750	15,938
	Telefonica SA 5.877% 7/15/19	Corporate Bonds	11,176	10,372
	Roper Industries Inc. 6.250% 9/01/19	Corporate Bonds	5,593	5,235
	Enterprise Products 2.550% 10/15/19	Corporate Bonds	4,948	4,969
	UnitedHealth Group 2.300% 12/15/19	Corporate Bonds	10,190	9,909
	Rock-Tenn Co. 3.500% 3/01/20	Corporate Bonds	20,585	20,155
	United Parcel SVC 8.375% 4/01/20	Corporate Bonds	6,345	5,527
	Ontario Province 4.400% 4/14/20	Corporate Bonds	22,235	20,715
	Telefonica Emisiones 5.134% 4/27/20	Corporate Bonds	26,115	25,968
	NBC Universal Media 5.150% 4/30/20	Corporate Bonds	17,038	15,656
	Fiserv Inc. 2.700% 6/01/20	Corporate Bonds	20,164	19,873
	Goldman Sachs Group MTN 6.000% 6/15/20	Corporate Bonds	11,357	10,582
	Waste Management Inc. 4.750% 6/30/20	Corporate Bonds	16,653	15,537
	Diageo Capital PLC 4.828% 7/15/20	Corporate Bonds	16,921	15,636
	JP Morgan Chase 4.400% 7/22/20	Corporate Bonds	32,550	30,926
	Trans-Canada Pl 3.800% 10/01/20	Corporate Bonds	15,786	15,275
	JP Morgan Chase & Co. 4.250% 10/15/20	Corporate Bonds	5,395	5,145
	Citigroup Inc. 2.650% 10/26/20	Corporate Bonds	34,987	34,582
	Ace INA Holdings 2.300% 11/03/20	Corporate Bonds	9,954	9,849
	Southwest Airlines 2.650% 11/05/20	Corporate Bonds	19,942	19,790
	Shell INTL FIN 2.250% 11/10/20	Corporate Bonds	24,863	24,651
	Chevron Corp 2.419% 11/17/20	Corporate Bonds	15,057	14,889
	Aptiv PLC 3.150% 11/19/20	Corporate Bonds	5,130	4,991
	Wells Fargo & Co. MTN 2.550% 12/07/20	Corporate Bonds	4,995	4,914
	Telefonica Emisones 5.462% 2/16/21	Corporate Bonds	10,608	10,631
	JP Morgan Chase & Co. 2.550% 3/01/21	Corporate Bonds	19,959	19,679
	AT&T Inc. 5.000% 3/01/21	Corporate Bonds	5,575	5,251
	SunTrust Banks Inc. 2.900% 3/03/21	Corporate Bonds	5,070	4,960
	Wells Fargo & Co. 2.500% 3/04/21	Corporate Bonds	9,998	9,818
	Time Warner Inc. 4.750% 3/29/21	Corporate Bonds	10,958	10,443
	Wells Fargo & Co. 4.600% 4/01/21	Corporate Bonds	10,752	10,382
	Home Depot Inc. 2.000% 4/01/21	Corporate Bonds	4,982	4,879
	CVS Caremark Corp 4.125% 5/15/21	Corporate Bonds	26,730	25,556
	Consolidated Edison 2.000% 5/15/21	Corporate Bonds	9,811	9,657
	Pacificorp 3.850% 6/15/21	Corporate Bonds	5,363	5,126
	Lincoln NATL Corp 4.850% 6/24/21	Corporate Bonds	11,024	10,473
	Capital One FINL 4.750% 7/15/21	Corporate Bonds	16,273	15,642
	Devon Energy Corp 4.000% 7/15/21	Corporate Bonds	10,483	10,183
	Goldman Sachs Group 5.250% 7/27/21	Corporate Bonds	5,659	5,296
	Thermo Fisher SCI 3.600% 8/15/21	Corporate Bonds	20,706	20,181
	Wellpoint Inc. 3.700% 8/15/21	Corporate Bonds	20,644	20,228
	AT&T Inc. 3.875% 8/15/21	Corporate Bonds	10,475	10,176
	France Telecom 4.125% 9/14/21	Corporate Bonds	27,633	25,946
	Philip Morris INTL 2.900% 11/15/21	Corporate Bonds	5,190	4,954
	Abbott Laboratories 2.900% 11/30/21	Corporate Bonds	5,000	4,947
	Ecolab Inc. 4.350% 12/08/21	Corporate Bonds	8,625	8,360

See independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN
PLAN FEIN#: 47-3698702
PLAN # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MARCH 31, 2018

(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
	Virginia ELEC & PWR 2.950% 1/15/22	Corporate Bonds	15,055	14,889
	INTL Paper Co. 4.750% 2/15/22	Corporate Bonds	10,650	10,484
	Ryder System Inc. MTN 2.800% 3/01/22	Corporate Bonds	19,966	19,593
	Abbott Laboratories 2.550% 3/15/22	Corporate Bonds	9,791	9,730
	Interpublic GRP MTN 4.000% 3/15/22	Corporate Bonds	5,196	5,073
	Verizon Comm. Inc. 2.946% 3/15/22	Corporate Bonds	5,106	4,916
	Verizon Comm. Inc. 3.125% 3/16/22	Corporate Bonds	30,554	29,735
	BP Capital Markets 3/245% 5/06/22	Corporate Bonds	5,128	5,009
	Devon Energy Corp 3.250% 5/15/22	Corporate Bonds	14,652	14,819
	Sherwin-Williams Co 2.750% 6/1/22	Corporate Bonds	15,032	14,610
	American Express Co 2.500% 8/1/22	Corporate Bonds	9,986	9,646
	Burlington North 3.050% 9/1/22	Corporate Bonds	10,045	9,979
	21St Centy Fox Amer 3.000% 9/15/22	Corporate Bonds	14,897	14,818
	Vodafone Group Plc 2.500% 9/26/22	Corporate Bonds	14,134	14,415
	Fiserv Inc 3.500% 10/1/22	Corporate Bonds	5,200	5,034
	Reed Elsevr Cptl 3.125% 10/15/22	Corporate Bonds	4,885	4,931
	Eaton Corp 2.750% 11/2/22	Corporate Bonds	9,748	9,768
	Microsoft Corp 2.650% 11/3/22	Corporate Bonds	15,008	14,808
	Abbvie Inc 2.900% 11/6/22	Corporate Bonds	20,018	19,536
	Bank Of Amer Crp Mtn 3.300% 1/11/23	Corporate Bonds	20,027	19,942
	Comcast Corp 2.850% 1/15/23	Corporate Bonds	20,061	19,575
	Lockheed Martin 3.100% 1/15/23	Corporate Bonds	4,968	4,970
	Canadian Natl Res 2.950% 1/15/23	Corporate Bonds	14,886	14,565
	Anheuser-Busch 3.300% 2/1/23	Corporate Bonds	29,906	30,022
	Digital Realty Trust 2.750% 2/1/23	Corporate Bonds	14,871	14,402
	Morgan Stanley Mtn 3.750% 2/25/23	Corporate Bonds	26,170	25,265
	Canadian Pacific Ltd 4.450% 3/15/23	Corporate Bonds	5,369	5,240
	Virginia Elec & Pwr 2.750% 3/15/23	Corporate Bonds	5,245	4,901
	Berkshire Hathaway 2.750% 3/15/23	Corporate Bonds	10,198	9,844
	Healthcare Trust 3.700% 4/15/23	Corporate Bonds	5,013	4,993
	Constellation Brands 4.250% 5/1/23	Corporate Bonds	5,325	5,122
	Jpmorgan Chase & Co 2.700% 5/18/23	Corporate Bonds	9,771	9,648
	Capital One Finl Co 3.500% 6/15/23	Corporate Bonds	9,990	9,871
	Lyb Intl Finance Bv 4.000% 7/15/23	Corporate Bonds	10,182	10,187
	Nucor Corp 4.000% 8/1/23	Corporate Bonds	15,271	15,526
	Kroger Co 3.850% 8/1/23	Corporate Bonds	10,370	10,158
	Oracle Corp 2.400% 9/15/23	Corporate Bonds	9,644	9,578
	Ameriprise Finl Inc 4.000% 10/15/23	Corporate Bonds	5,163	5,175
	Natl Rural Util 3.400% 11/15/23	Corporate Bonds	15,548	15,170
	Midamerican Energy 3.750% 11/15/23	Corporate Bonds	16,295	15,297
	Bp Capital Markets 3.216% 11/28/23	Corporate Bonds	5,080	4,956
	Abbott Laboratories 3.400% 11/30/23	Corporate Bonds	5,040	4,951
	Thermo Fisher 4.150% 2/1/24	Corporate Bonds	5,247	5,136
	Quebec Province 7.125% 2/9/24	Corporate Bonds	19,615	18,168
	Virginia Elec & Pwr 3.450% 2/15/24	Corporate Bonds	10,265	10,031
	Enterprise Products 3.900% 2/15/24	Corporate Bonds	10,491	10,127
	Delphi Corp 4.150% 3/15/24	Corporate Bonds	5,381	5,128
	Rockwell Collins Inc 3.200% 3/15/24	Corporate Bonds	5,107	4,860
	Gilead Sciences Inc 3.700% 4/1/24	Corporate Bonds	15,615	15,067
	Duke Energy Corp 3.750% 4/15/24	Corporate Bonds	20,555	20,019
	Amgen Inc 3.625% 5/22/24	Corporate Bonds	10,167	10,068
	Sherwin-Williams Co 3.125% 6/1/24	Corporate Bonds	4,828	4,834
	Martin Marietta Mtls 4.250% 7/2/24	Corporate Bonds	10,242	10,235
	Csx Corp 3.400% 8/1/24	Corporate Bonds	5,103	4,989

See independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

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

MARCH 31, 2018

(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
	Midamerican Ener 3.500% 10/15/24	Corporate Bonds	5,487	5,075
	Ameriprise Finl Inc 3.700% 10/15/24	Corporate Bonds	10,419	10,110
	Statoil Asa 3.250% 11/10/24	Corporate Bonds	10,072	9,908
	Conocophil Co 3.350% 11/15/24	Corporate Bonds	5,190	4,961
	Dominion Gas Hldgs 3.600% 12/15/24	Corporate Bonds	5,328	5,005
	Fedex Corp 3.200% 2/1/25	Corporate Bonds	4,907	4,882
	Ventas Realty Lp 3.500% 2/1/25	Corporate Bonds	9,797	9,737
	Berkshire Hathaway 3.500% 2/1/25	Corporate Bonds	5,407	4,989
	Wells Fargo & Co Mtn 3.000% 2/19/25	Corporate Bonds	9,676	9,527
	Lockheed Martin Corp 2.900% 3/1/25	Corporate Bonds	4,882	4,780
	Waste Management Inc 3.125% 3/1/25	Corporate Bonds	4,842	4,857
	Lincoln National 3.350% 3/9/25	Corporate Bonds	10,091	9,761
	Tc Pipelines Lp 4.375% 3/13/25	Corporate Bonds	9,391	10,088
	Valero Energy 3.650% 3/15/25	Corporate Bonds	9,549	9,953
	Scottish Pwr Plc 5.810% 3/15/25	Corporate Bonds	11,217	11,228
	Rio Tinto Fin Ltd 3.750% 6/15/25	Corporate Bonds	4,895	5,086
	Cvs Health Corp 3.875% 7/20/25	Corporate Bonds	5,247	4,957
	Bank Of Amer Crp Mtn 3.875% 8/1/25	Corporate Bonds	15,134	15,114
	Goldman Sachs V-Q 3.272% 9/29/25	Corporate Bonds	4,899	4,813
	Coca-Coca Co/The 2.875% 10/27/25	Corporate Bonds	10,063	9,733
	Sunoco Logistics 5.950% 12/1/25	Corporate Bonds	11,109	10,824
	Constellation Brands 4.750% 12/1/25	Corporate Bonds	10,515	10,532
	Analog Devices Inc 3.900% 12/15/25	Corporate Bonds	15,980	15,151
	Roper Technologies 3.850% 12/15/25	Corporate Bonds	10,086	10,096
	International Paper 3.800% 1/15/26	Corporate Bonds	5,115	4,953
	Conocophillips Co 4.950% 3/15/26	Corporate Bonds	5,724	5,458
	Citigroup Inc 3.400% 5/1/26	Corporate Bonds	4,879	4,833
	Agl Capital Corp 3.250% 6/15/26	Corporate Bonds	9,563	9,590
	Duke Energy Corp 2.650% 9/1/26	Corporate Bonds	4,729	4,563
	Nvidia Corp 3.200% 9/16/26	Corporate Bonds	4,791	4,819
	Lyb Intl Fin 3.500% 3/2/27	Corporate Bonds	4,914	4,799
	Canadian Natl Res 3.850% 6/1/27	Corporate Bonds	5,046	4,889
	Bunge Ltd Fin Corp 3.750% 9/25/27	Corporate Bonds	4,974	4,832
	Anthem Inc 3.650% 12/1/27	Corporate Bonds	4,875	4,834
	Deutche Telekom 8.750% 6/15/30	Corporate Bonds	15,213	14,164
	British Telecom Plc 9.625% 12/15/30	Corporate Bonds	15,836	14,606
	Lehman MTN Escrow in Default 7/26/10	Corporate Bonds	-	8,000
	Total corporate bonds			1,733,078
*	Participant Loans	Interest rates at 3.25% to 4.25%	-	166,367
				$ 43,570,091

* A party-in-interest as defined by ERISA.

** Cost information not required as John Hancock Life Insurance Company investments are participant directed.

See independent auditor's report and notes to the financial statements.