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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ 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
WINTON IRELAND INSURANCE AGENCY INC. 401(K) PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1985

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)
WINTON IRELAND INSURANCE AGENCY INC.

627 EAST CANAL DRIVE
TURLOCK, CA 95380

2b Employer Identification Number (EIN) 94-2667917

2c Plan Sponsor's telephone number 209-667-0995

2d Business code (see instructions) 524210

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.	03/12/2019	MICHAEL IRELAND, JR.
	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

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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 has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	145
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)**	102
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	100
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**	157
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	157
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	155
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
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 2H 2J 2K 3D

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] 4 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC. 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WINTON IRELAND INSURANCE AGENCY INC.

D Employer Identification Number (EIN)
94-2667917

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
GENWORTH LIFE AND ANNUITY CO

(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
54-0596414	63401	2825526	1	10/01/2016	09/30/2017

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

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

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

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

WINTON IRELAND INSURANCE AGENCY, IN
627 EAST CANAL DRIVE
TURLOCK, CA 95380

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	47424
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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.	6d	

Specify nature of costs ▶

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 ▶ INDIVIDUAL POLICY

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)	49782		
	▶ SURRENDER VALUE INCREASE				
	(6) Total additions			7c(6)	49782
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	49782
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)	2358		
	▶ PREMIUM				
	(5) Total deductions			7e(5)	2358
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	47424

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 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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC. 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WINTON IRELAND INSURANCE AGENCY INC.

D Employer Identification Number (EIN)
94-2667917

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
JACKSON NATIONAL LIFE INSURANCE

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
38-0779740	65765	IN0191231	1	10/01/2016	09/30/2017

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

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

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

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

WINTON IRELAND INSURANCE AGENCY INC
627 EAST CANAL DRIVE
TURLOCK, CA 95380

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	16305
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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.	6d	

Specify nature of costs ▶

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 ▶ INDIVIDUAL POLICY

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)	17068		
	▶ SURRENDER VALUE INCREASE				
	(6) Total additions			7c(6)	17068
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	17068
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)	763		
	▶ PREMIUM				
	(5) Total deductions			7e(5)	763
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	16305

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 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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC. 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WINTON IRELAND INSURANCE AGENCY INC.

D Employer Identification Number (EIN)
94-2667917

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
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	3806504	1	10/01/2016	09/30/2017

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

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

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

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

RONALD C MUNIF LUTEF
1101 SYLVAN AVE STE C105
MODESTO, CA 95350

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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(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	11520
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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.	6d	

Specify nature of costs ▶

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 ▶ INDIVIDUAL POLICY

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)	12679		
	▶ SURRENDER VALUE INCREASE				
	(6) Total additions			7c(6)	12679
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	12679
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)	1159		
	▶ PREMIUM				
	(5) Total deductions			7e(5)	1159
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	11520

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 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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC. 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WINTON IRELAND INSURANCE AGENCY INC.

D Employer Identification Number (EIN)
94-2667917

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
JACKSON NATIONAL LIFE INSURANCE

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
38-0779740	65765	GC0261976	1	10/01/2016	09/30/2017

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

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

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

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

WINTON IRELAND INSURANCE AGENCY INC
627 EAST CANAL DRIVE
TURLOCK, CA 95380

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	14823
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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.	6d	

Specify nature of costs ▶

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 ▶ INDIVIDUAL POLICY

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)	16310		
	▶ SURRENDER VALUE INCREASE				
	(6) Total additions			7c(6)	16310
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	16310
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)	1487		
	▶ PREMIUM				
	(5) Total deductions			7e(5)	1487
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	14823

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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC. 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WINTON IRELAND INSURANCE AGENCY INC.

D Employer Identification Number (EIN)
94-2667917

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

BERGER ASSET MANAGEMENT

701 EAST CANAL DRIVE
TURLOCK, CA 95380

77-0408038

(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?
12	INVESTMENT MANAGER	28243	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARK SHEPPARD

1020 10TH STREET
SUITE 200
MODESTO, CA 95354

36-3145972

(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?
12	INVESTMENT MANAGER	24744	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BROOKS GILL GROUP

801 TENTH STREET
7TH FLOOR 1
MODESTO, CA 95354

(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?
12	INVESTMENT MANAGER	21306	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: JUAREZ ZARATE & CO., CPA'S
b EIN: 20-2129387
c Position: ACCOUNTANT
d Address: 1110 TULLY ROAD
SUITE A
MODESTO, CA 95350
e Telephone: 209-522-1192

Explanation: SWITCHED ACCOUNTANTS

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC. 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WINTON IRELAND INSURANCE AGENCY INC.

D Employer Identification Number (EIN)
94-2667917

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	228720	212290
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	237238	265746
(2) Participant contributions	1b(2)	26550	135610
(3) Other	1b(3)	6214	83071
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6923057	6883393
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6555318	1626669
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2130562	3540691
(5) Partnership/joint venture interests	1c(5)	625235	632925
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	620801	1090620
(8) Participant loans	1c(8)	545500	508459
(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)	0	3786394
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	65424	65993
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	17964619	18831861
	Liabilities			
g	Benefit claims payable	1g	13104	13383
h	Operating payables	1h		
i	Acquisition indebtedness	1i	2114	0
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	15218	13383
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	17949401	18818478

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)	266113	
	(B) Participants	2a(1)(B)	455517	
	(C) Others (including rollovers)	2a(1)(C)	17834	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		739464
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	31437	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	77785	
	(D) Loans (other than to participants)	2b(1)(D)	35719	
	(E) Participant loans	2b(1)(E)	23516	
	(F) Other	2b(1)(F)	31939	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		200396
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	100250	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	84868	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		185118
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	38035	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		38035
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	588866	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		588866

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		24371
d Total income. Add all **income** amounts in column (b) and enter total	2d		1776250
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	832775	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		832775
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	74292	
(4) Other	2i(4)	106	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		74398
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		907173
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		869077
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GRIMBLEBY COLEMAN, CPA'S INC. **(2)** EIN: 77-0000018

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		49956
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC. 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WINTON IRELAND INSURANCE AGENCY INC.

D Employer Identification Number (EIN)
94-2667917

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): 77-0205481

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 of 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): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

WINTON IRELAND INSURANCE AGENCY, INC.
401(k) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

SEPTEMBER 30, 2017



grimbleby coleman
certified public accountants, inc.

WINTON IRELAND INSURANCE AGENCY, INC.
401(k) PROFIT SHARING PLAN AND TRUST
FINANCIAL STATEMENTS
SEPTEMBER 30, 2017

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grimbleby coleman
certified public accountants, inc.
45 YEARS & ACCOUNTING

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee and Management
of The Winton Ireland Insurance Agency, Inc.
401(k) Profit Sharing Plan and Trust
Turlock, California

We have audited the accompanying financial statements of Winton Ireland Insurance Agency, Inc. 401(K) Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits (modified cash basis) as of September 30, 2017, and the related statement of changes of net assets available for benefits (modified cash basis) for the year ended September 30, 2017, 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 the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control 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 our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Auditor's Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan (modified cash basis) as of September 30, 2017, and the changes in net assets available for benefits (modified cash basis) for the year then ended, in accordance with the modified cash basis of accounting described in Note 2.

Other Matters

The financial statements of the Plan as of September 30, 2016, were audited by predecessor auditors whose report dated July 7, 2017, expressed an unmodified opinion on those statements.

As part of our audit of the 2017 financial statements, we also audited the adjustments described in Note 11 that were applied to restate the 2016 financial statements. In our opinion, such adjustments are appropriate and have been properly applied. We were not engaged to audit, review, or apply any procedures to the 2016 financial statements of Winton Ireland Insurance Agency, Inc. 401(K) Profit Sharing Plan other than with respect to the adjustments and, accordingly, we do not express an opinion or any other form of assurance on the 2016 financial statements as a whole.

Basis of Accounting

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

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (modified cash basis) of Schedule of Assets Held for Investment Purposes at End of Year and Schedule of Delinquent Participant Contributions are presented for the purpose of additional analysis and are not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Grimbleby Coleman
Certified Public Accountants, Inc.

February 25, 2019

WINTON IRELAND INSURANCE AGENCY, INC. 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS
SEPTEMBER 30, 2017 AND 2016

ASSETS

	2017	2016 Restated
Investments		
At fair value:		
Interest-bearing cash	$ 6,883,393	$ 6,923,057
Corporate debt instruments	1,626,669	6,555,318
Common stocks	3,540,691	2,130,562
Partnership interests	632,925	625,235
Deeds of trust	543,750	620,801
Mutual funds	3,786,394	-
Cash value – life insurance policies	65,993	65,424
Municipal bonds	546,870	-
Total Investments	17,626,685	16,920,397
Receivables		
Employer's contributions	265,746	237,238
Notes receivable from participants	508,459	545,500
Other receivables	83,071	6,214
Participants' contributions	135,610	26,550
Total Receivables	992,886	815,502
Cash		
Cash in bank	212,290	228,720
Total Cash	212,290	228,720
Total Assets	18,831,861	17,964,619

LIABILITIES

Benefit claims payable and other liabilities	13,383	15,218
Total Liabilities	13,383	15,218
Net assets available for benefits	$ 18,818,478	$ 17,949,401

The Notes to Financial Statements are an Integral Part of These Statements

WINTON IRELAND INSURANCE AGENCY, INC. 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS
FOR THE YEAR ENDED SEPTEMBER 30, 2017

Additions to Net Assets Attributed to Investment Income:	
Net appreciation in fair value of investments	$ 626,902
Interest and dividend income	361,998
Total Investment Income	988,900
Interest income on notes receivable from participants	23,515
Contributions:	
Participant	455,517
Employer	266,113
Rollovers	17,834
Total Contributions	739,464
Total Additions	1,751,879
Deductions from Net Assets Attributed to:	
Benefits paid to participants	832,775
Administrative expenses	74,398
Total Deductions	907,173
Other Additions to Net Assets Attributed to:	
Other income	24,371
Total other income	24,371
Net increase	869,077
Net assets available for benefits:	
Beginning of year	17,949,401
End of year	$ 18,818,478

The Notes to Financial Statements are an Integral Part of These Statements

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Winton Ireland Insurance Agency, Inc. (the Company) 401(k) Profit Sharing Plan and Trust (the Plan), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: Winton Ireland Insurance Agency, Inc. 401(k) Profit Sharing Plan and Trust, a defined contribution plan, was adopted on October 1, 1985 and amended effective October 1, 2015. It is subject to the provision of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan covers all full-time employees of Winton-Ireland, Strom & Green Insurance Agency, who have one year of service and are age 21 or older.

Participant accounts: Each participant's account is credited with the participant's contribution and allocations of the Company's contribution, plan earnings, and plan expenses. Allocations are based on participant account balances, as defined in the Plan.

Contributions: Each year, participants may contribute up to the annual federal tax law limit of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined-benefit or defined-contribution plans (rollovers).

The Company provides each employee a safe harbor basic matching contribution of 3% of the participant's annual compensation plus 50% of the participant's salary deferrals between 3% and 5% of the participant's compensation. The safe harbor basic match totaled $266,113 for the year ended September 30, 2017.

Additionally, the Plan provides that the Company may make a discretionary employer profit sharing contribution. For the year ended September 30, 2017, the Company elected not to make a discretionary contribution.

Investment elections: The participant contributions and the employer contributions are allocated to the various investment options offered by the Plan as directed by the plan sponsor, with the exception of the life insurance policies described in Note 4, which are participant directed.

Participant loans: Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance minus any current outstanding loan balances. The loans are secured by the balance in the participants' accounts and bear interest at rates commensurate with local prevailing rates as determined periodically by the plan administrator. Principal and interest is paid ratably through payroll deductions.

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution is based on years of continuous service. A participant is 100% vested after six years of credited service. However, a participant becomes fully vested and benefits are non-forfeitable upon death.

Forfeited accounts: Non-vested forfeited accounts may first be used to reinstate any re-hired participants' accounts, as defined in the Plan; then to satisfy any contribution needed for omitted participants, to fulfill distribution obligations, or to pay plan expenses; then may be treated as a non-elective contribution and allocated based on each participant's compensation as a percentage of total plan compensation. At September 30, 2017, forfeited non-vested accounts totaled $318.

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

Forfeited employer contributions are allocated to remaining qualifying participants in the plan year which the forfeiture occurs. During the year ended September 30, 2017, participants received $303 from forfeited non-vested accounts that were applied as employer contributions.

Payment of benefits: On termination of service due to death, disability, or retirement, participants may elect to receive the value of their vested individual account balances in a lump sum. In-service withdrawals are permitted if the participant has attained at least 59.5 years of age or in the event of a financial hardship.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting: The accounts of the Plan are maintained, and the accompanying financial statements have been prepared, on the modified cash basis. The Plan's modified cash basis differs from accounting principles generally accepted in the United States of America in that dividend income is recognized when received, and distributions are recorded when paid. Accordingly, the financial statements are not intended to present the net assets available for benefits and changes in net assets available for benefits of the Plan in accordance with accounting principles generally accepted in the United States of America.

Use of estimates: The preparation of financial statements in conformity with the modified cash basis of accounting requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Notes receivable from participants: Loans to participants are measured at their unpaid principal balance. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Investment valuation and income recognition: The Plan's investments are stated 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.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis of accounting. Dividends are recorded on the date received. Income from partnership interests is recorded annually. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative expenses: The Plan permits the payment of administrative expenses to be made from the Plan's assets and to be allocated to plan participants. Expenses relating to specific participant transactions such as loan setup or distribution requests are charged directly against the participant's account.

Payment of benefits: Benefit payments to participants are recorded upon distribution. The total vested benefits due to participants terminated but not paid at September 30, 2017 was $5,365,524.

Reclassifications: Certain reclassifications have been made to the prior year financial statements in order for them to be in conformity with the current year presentation.

NOTE 3 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB), Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include: (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in inactive markets; (c) inputs other than quoted prices that are observable for the asset or liability; (d) 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.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2017 and 2016, except for the cash value – life insurance and valuation of partnership interests (Note 11):

Common stocks, corporate debt instruments, and municipal bonds: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value of shares held by the Plan at year end.

Cash value – life insurance: Valued at the cash surrender value of each policy at year end.

Partnership interests: The Plan has interests in two limited partnerships. The limited partnership interests are valued based on the value of the underlying assets of the partnerships, discounted for factors such as lack of control and marketability, as determined by an independent valuation.

Deeds of trust: Valued at the outstanding amount owed to the Plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective 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.

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of September 30, 2017 and 2016:

Assets at Fair Value as of September 30, 2017:

	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 6,883,393	$ –	$ –	$ 6,883,393
Corporate debt instruments	1,626,669	–	–	1,626,669
Common stocks	3,540,691	–	–	3,540,691
Partnership interests	–	–	632,925	632,925
Deeds of trust	–	543,750	–	543,750
Mutual funds	3,786,394	–	–	3,786,394
Cash value – life insurance policies	–	65,993	–	65,993
Municipal bonds	546,870	–	–	546,870
Total assets at fair value	$ 16,384,017	$ 609,743	$ 632,925	$ 17,626,685

Assets at Fair Value as of September 30, 2016:

	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 6,923,057	$ –	$ –	$ 6,923,057
Corporate debt instruments	6,555,318	–	–	6,555,318
Common stocks	2,130,562	–	–	2,130,562
Partnership interests	–	–	625,235	625,235
Deeds of trust	–	620,801	–	620,801
Cash value – life insurance policies	–	65,424	–	65,424
Municipal bonds	–	–	–	–
Total assets at fair value	$ 15,608,937	$ 686,225	$ 625,235	$ 16,920,397

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investment assets for the year ended September 30, 2017:

Level 3 Assets	Partnership interests
Balance, beginning of year	$ 625,235
Investment additions	–
Distributions and payments received	(36,364)
Unrealized gain relating to assets still held at the reporting date	44,054
Balance, end of year	$ 632,925

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended September 30, 2017 are reported in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

NOTE 4 – LIFE INSURANCE POLICIES

The Plan holds life insurance policies for certain participants. The insurance policies are recorded at their cash surrender values. Changes in cash surrender values of the insurance policies are included in other income on the statement of net assets available for benefits. There are participant loans on the cash surrender value of the policies of $24,079 as of September 30, 2017, which are included in notes receivable from participants on the statement of net assets available for benefits.

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

R. Berger & Associates, Inc. the Plan's third-party administrator, is a party-in-interest according to Section 3(14) of ERISA. There are no transactions occurring between the Plan and this party other than those specifically allowed such as investment transactions managed by Umpqua Bank, F & M Bank, Merrill Lynch, Signator Financial Services, Morgan Stanley, Pershing Advisor Solutions, LLC, and Vanguard. Direct fees paid by the Plan for investment management services, record keeping, and third-party administration amounted to $74,398 for the year ended September 30, 2017. In addition, audit fees are paid by the plan sponsor.

NOTE 6 – PLAN TERMINATION

The Company has reserved the right to terminate the Plan or reduce or cease contributions at the discretion of the Board of Directors or to amend the Plan at any time and in any respect. However, no such action may deprive any participant or beneficiary under the Plan of any vested right.

NOTE 7 – TAX STATUS

The Plan adopted a volume submitter profit sharing and 401(k) plan with cash or deferral arrangements and obtained a favorable opinion letter from the Internal Revenue Service dated March 31, 2014. The plan sponsor believes that the Plan, as amended, continues to qualify and to operate in accordance with applicable requirements of the Internal Revenue Code.

The modified cash basis of accounting requires plan management to evaluate tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities.

The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's last three years remain open for examination by the Internal Revenue Service.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 9 – PROHIBITED TRANSACTIONS

During the year ended September 30, 2017, the plan sponsor failed to remit participant contributions and participant loan repayments in a timely manner. The Company identified two instances for a total of $49,956 in which the participant contributions and loan repayments were remitted late to the Plan in violation of the Department of Labor (DOL) regulations. The Company intends to self-correct as permitted by the Employee Plans Compliance Resolution Program (EPCRS). The Company estimated the amount of corrective lost earnings due to the plan at $71, which will be funded to the Plan in 2018.

NOTE 10 – VOLUNTARY CORRECTION PROGRAM

During the year ended September 30, 2017, the plan administrator discovered that, in prior years, premium payments for life insurance policies, including for individuals who own more than 10% ownership in the Company, have been deducted in error from the entire plan's earnings and the expense was allocated to all participant accounts. The Company intends to file a VCP submission with the IRS, which further details these matters and the Company's plan for correcting them.

Subsequent to September 30, 2017, the Company determined that eligible compensation was being computed based on the payroll period date instead of the paycheck date. The Plan defines eligible compensation based on the paycheck date. The Company intends to file a VCP submission with the IRS, which further details these matters and the Company's plan for correcting them.

Subsequent to September 30, 2017, the Company determined that several participant loans did not meet the Plan or ERISA requirements, including incorrect payment amounts, loans exceeding the maximum amount or term, unequal or ceased payments on loans, failing to pay a loan in full by the due date, failing to accrue interest through the due date, and failing to obtain a signed promissory note. The Company intends to file a VCP submission with the IRS, which further details these matters and the Company's plan for correcting them. The Company is also researching certain other items that may be included in a supplement to the VCP submission.

None of these items had a material impact on the Plan's net assets available for benefits, and the plan administrator does not expect it to affect the Plan's tax status.

NOTE 11 – RESTATEMENT OF PRIOR PERIOD

Net assets available for benefits at September 30, 2016 have been adjusted for the following:

During the year ended September 30, 2017, it was determined that the cash value of life insurance policies and related notes receivable from participants had not been previously recognized. Consequently, as of September 30, 2016, cash value – life insurance policies were increased by $65,424, notes receivable from participants were increased by $25,299, and net assets available for benefits were increased by $90,723.

During the year ended September 30, 2017, it was determined that one of the limited partnership investments was not valued at fair value in accordance with the modified cash basis of accounting. The limited partnership investment was consequently revalued as of September 30, 2016, resulting in a decrease in partnership interests and net assets available for benefits of $257,147.

NOTE 12 – SUBSEQUENT EVENTS

Subsequent events have been evaluated through February 25, 2019, the date which the financial statements were available to be issued.

On July 15, 2018, the Plan liquidated common stocks, mutual funds, and bonds from various brokerage accounts totaling $12,950,000 and transferred the funds to John Hancock Life Insurance Company. These funds are now participant directed in pooled separate accounts.

On August 15, 2018, the Plan was amended to change eligibility and trustee information. Participants now become eligible to participate in the Plan after 90 days of service and attaining age 21. Participants are eligible for employer contributions after six months of service and attaining age 21. Additionally, John Hancock Trust Company, LLC was added as a directed trustee of the participant directed accounts.

WINTON IRELAND INSURANCE AGENCY, INC. 401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500: SCHEDULE H, LINE 4i-
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT SEPTEMBER 30, 2017

PLAN NAME: WINTON IRELAND INSURANCE AGENCY, INC. 401(k) PROFIT SHARING PLAN AND TRUST
PLAN SPONSOR: WINTON IRELAND INSURANCE AGENCY, INC.
PLAN NUMBER: 001
EIN: 94-2667917

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Federated Capital Reserves	Cash Funds	$ 442.32	$ 442.32
	Merrill Lynch Cash Accounts	Cash Funds	978.70	978.70
	F &M Bank Account ending in -02	Cash Funds	6,065,314.21	6,065,314.21
	F &M Bank Account ending in -01	Cash Funds	13,403.81	13,403.81
	Umpqua Account ending in -8407	Cash Funds	20,478.56	20,478.56
	Umpqua Account ending in -8415	Cash Funds	196,492.16	196,492.16
	ISA Mizuhi BK (USA)	Int Bearing Cash	53,112.00	53,112.00
	Dreyfus Ins Deposit Program 1	Money Market	718,632.59	718,632.59
	Morgan Stanley Bank NA	Money Market	26,829.21	26,829.21
	Abb Ltd Sponsored Adr	Common Stock	17,541.42	17,325.00
	Aecom Com	Common Stock	2,707.49	3,681.00
	AES Corp	Common Stock	3,792.03	3,493.34
	AIA Group Ltd	Common Stock	13,749.10	17,576.34
	Airbus SE	Common Stock	8,392.22	11,513.34
	Alphabet Inc Shs Cl C	Common Stock	4,877.04	6,713.77
	Altria Group Inc Com	Common Stock	21,009.93	63,420.00
	Amadeus IT Group SA	Common Stock	3,818.00	5,403.30
	Amazon Com Inc Com	Common Stock	6,426.59	7,690.80
	American Tower Reit Inc	Common Stock	13,760.62	24,465.72
	American Wtr Wrks Co Inc	Common Stock	3,994.44	13,997.43
	Apple Inc	Common Stock	22,704.75	35,447.60
	Asahi Kasei Corp Adr	Common Stock	4,772.66	6,461.00

WINTON IRELAND INSURANCE AGENCY, INC. 401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500: SCHEDULE H, LINE 4i-
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT SEPTEMBER 30, 2017

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Asml Hldg Nv Ny Reg Shs	Common Stock	7,743.83	13,353.60
	Assa Abloy Ab Adr	Common Stock	4,669.77	5,225.78
	Astrazeneca Plc Spnd Adr	Common Stock	8,481.47	9,994.60
	AT&T Inc Com	Common Stock	72,918.60	113,593.00
	Automatic Data Proc	Common Stock	11,663.31	26,127.48
	Baker Hughes Inc Com	Common Stock	38,754.33	27,465.00
	Banco Santander Sa Adr	Common Stock	461.11	180.44
	Bank Amer Corp Com	Common Stock	22,665.00	12,670.00
	Bank New York Mellon	Common Stock	3,913.95	4,453.68
	Basic Energy Svcs Inc New Com	Common Stock	47,672.59	57.90
	Blackrock Inc	Common Stock	16,204.04	19,671.96
	BNP Paribas Sponsored Spadr	Common Stock	7,454.22	11,239.54
	Boeing Company	Common Stock	2,791.62	5,338.41
	Brighthouse Finl, Inc.	Common Stock	3,399.60	2,736.00
	British Amn Tobaco Spadr	Common Stock	3,614.87	3,996.80
	Broadcom Ltd	Common Stock	4,539.95	7,033.66
	Carlsberg As Sponsoredad	Common Stock	6,642.21	7,754.56
	Caterpillar Inc Com	Common Stock	9,616.00	49,884.00
	Centurylink Inc Com	Common Stock	26,348.05	14,175.00
	Cerner Corp	Common Stock	7,251.54	9,342.92
	Chemours Co Com	Common Stock	2,250.72	10,122.00
	Chevron Corp	Common Stock	6,977.44	7,990.00
	Chevron Corp New Com	Common Stock	5,908.00	18,095.00
	China Mobile Ltd Spons Adr S A	Common Stock	45,718.48	50,570.00
	Chubb Ltd	Common Stock	16,467.41	24,803.70
	Citigroup Inc Com New	Common Stock	49,717.73	57,537.34
	Citizens Finl Group Inc	Common Stock	12,244.92	22,722.00

WINTON IRELAND INSURANCE AGENCY, INC. 401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500: SCHEDULE H, LINE 4i-
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT SEPTEMBER 30, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	CME Group Inc	Common Stock	10,220.92	13,703.68
	Comcast Corp New Cl A	Common Stock	22,591.52	31,361.20
	ComputerShare, Inc	Common Stock	-	21,296.54
	Conocophillips Com	Common Stock	59,536.62	50,050.00
	Costco Wholesale Corp New Com	Common Stock	28,803.47	101,695.51
	Crown Castle Reit Inc	Common Stock	5,454.52	6,198.76
	Cvr Refgn LP Com Unit REPSTG Ltd Partnership Int	Common Stock	30,558.20	9,850.00
	Danaher Corp	Common Stock	16,595.87	20,415.64
	Danone-Spons Adr	Common Stock	3,832.21	4,851.00
	Deere & Co	Common Stock	79,156.00	125,590.00
	Delta Airlines lnc Com New	Common Stock	235.04	1,253.72
	Disney (Walt) Co Com Stk	Common Stock	12,554.56	12,715.53
	Dollar General Corp	Common Stock	4,183.19	4,538.80
	Dowdupont Inc Com	Common Stock	17,099.34	106,891.12
	DXC Technology Co Com	Common Stock	5,687.62	7,299.80
	Eaton Corp Plc	Common Stock	5,772.18	7,295.05
	Ecolab lnc	Common Stock	11,134.88	12,089.34
	Enbridge Inc Com	Common Stock	6,058.61	5,941.28
	Ensco Plc Shs Cl A	Common Stock	37,841.25	4,477.50
	Eog Resources Inc	Common Stock	3,538.08	4,063.08
	Essilor Intl Sa Adr	Common Stock	5,112.23	4,778.62
	Exxon Mobile Corp Com	Common Stock	45,579.84	103,130.84
	Fanuc Ltd-Unsp	Common Stock	7,599.12	9,774.96
	Fedex Corp Delaware Com	Common Stock	12,143.78	19,851.04
	Ford Motor Co Del Com Par	Common Stock	4,186.73	2,092.57
	Freeport McMoran Inc Cl	Common Stock	31,026.80	14,040.00
	Frontier Communications Corp	Common Stock	1,261.19	188.64

WINTON IRELAND INSURANCE AGENCY, INC. 401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500: SCHEDULE H, LINE 4i-
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT SEPTEMBER 30, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	General Electric Co Com	Common Stock	27,941.00	24,180.00
	Halliburton Co Com	Common Stock	48,490.55	69,045.00
	Hdfc Bank Ltd Adr	Common Stock	4,006.44	5,396.72
	Hewlett Packard Enterprise Co Com	Common Stock	13,469.50	14,710.00
	Hexcel Corp New Com	Common Stock	4,899.57	6,603.30
	Hilton Worldwide	Common Stock	7,330.76	7,708.95
	Home Depot Inc	Common Stock	15,242.82	26,660.28
	Honeywell Intl Inc Del	Common Stock	7,091.08	28,489.74
	Hp Inc Com	Common Stock	20,595.17	19,960.00
	Humana Inc	Common Stock	18,868.09	19,246.77
	Imperial Brands Plc	Common Stock	4,624.86	3,764.49
	Incyte Corporation	Common Stock	3,802.72	5,603.52
	Jack Henry & Assoc Inc	Common Stock	4,931.80	6,064.61
	Johnson & Johnson Com	Common Stock	61,036.65	130,010.00
	JPMorgan Chase & Co Com	Common Stock	68,671.35	108,690.38
	KBC Groupe Sa Shs	Common Stock	3,888.27	4,839.30
	Kbr Inc Com	Common Stock	18,817.39	17,880.00
	Kellogg Co Com	Common Stock	13,996.00	31,185.00
	Keyence Corp 6861 FN	Common Stock	6,027.13	9,554.53
	Las Vegas Sands Corp	Common Stock	11,024.71	14,756.80
	Lockheed Martin Corp	Common Stock	19,030.83	27,926.10
	L'oreal Co Adr	Common Stock	7,353.68	8,163.84
	LVMH Moet Hennessy Adr	Common Stock	3,130.62	4,646.04
	McDonalds Corp	Common Stock	50,860.00	156,680.00
	Medtronic Plc Shs	Common Stock	21,911.58	22,553.30
	Merck & Co Inc New Com	Common Stock	24,725.00	32,015.00
	Metlife Inc Com	Common Stock	29,701.06	25,975.00

WINTON IRELAND INSURANCE AGENCY, INC. 401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500: SCHEDULE H, LINE 4i-
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT SEPTEMBER 30, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Micro Focus Intl Plc Spons Adr New	Common Stock	4,040.10	4,370.30
	Microsoft Corp	Common Stock	21,745.02	30,317.43
	Monsanto Co New Del Com	Common Stock	3,557.06	3,954.06
	Moody's Corp	Common Stock	5,038.00	7,099.71
	Murata Manufacturing Co	Common Stock	5,168.26	6,461.00
	Naspers Ltd Shs Cl N Adr	Common Stock	7,785.86	11,018.90
	Nestle A Rep Rg Sh Adr	Common Stock	8,176.35	8,989.07
	Newell Brands Inc	Common Stock	5,918.11	5,163.07
	Nextera Energy Inc Shs	Common Stock	11,092.47	14,215.35
	Nielsen Holding Plc Shs	Common Stock	3,695.91	2,860.05
	Noble Corp Plc Shs Usd	Common Stock	27,945.00	4,600.00
	Norwegian Cruise Line	Common Stock	3,639.35	5,242.85
	Novo Nordisk A S Adr	Common Stock	11,520.21	12,181.95
	Occidental Pete Corp Cal	Common Stock	8,472.22	7,255.73
	Paychex Inc (PAYX)	Common Stock	3,255.25	3,777.48
	Pepsico Inc Com	Common Stock	67,379.64	133,716.00
	Pepsico Inc Nc (PEP)	Common Stock	3,293.95	3,565.76
	Pernod-Ricard Sa-Unspon	Common Stock	7,527.51	9,584.20
	Phillip Morris Intl Inc Com	Common Stock	47,875.07	111,010.00
	Potash Corp Saskatchewan	Common Stock	4,592.13	5,002.40
	Proctor & Gamble Co Com	Common Stock	30,011.15	45,490.00
	Prologis Inc	Common Stock	18,143.30	18,974.54
	Qualcomm Inc	Common Stock	6,339.98	5,806.08
	Raytheon Co Com New	Common Stock	26,386.05	93,290.00
	Reckitt Bensicker Group	Common Stock	5,989.61	5,899.37
	Roche Hldg Ltd Spn Adr	Common Stock	10,157.51	10,272.00
	Royal Caribbean Cruises	Common Stock	4,636.09	7,112.40

WINTON IRELAND INSURANCE AGENCY, INC. 401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500: SCHEDULE H, LINE 4i-
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT SEPTEMBER 30, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Royal Dutch Shel Plc	Common Stock	8,622.12	9,943.86
	Safran Sa Unspon	Common Stock	8,596.17	12,683.44
	Sampo Plc Shs	Common Stock	3,907.57	4,736.34
	Sap Se Shs	Common Stock	3,976.93	4,934.25
	Schlumberger Ltd	Common Stock	4,411.25	3,906.56
	Seadrill Limited Shs	Common Stock	60,329.50	525.00
	Sempra Energy	Common Stock	3,372.30	3,766.29
	Seven and I Holdings Co	Common Stock	3,792.08	3,688.21
	Shisedo Ltd Sponsored Adr	Common Stock	3,624.35	5,583.63
	Singapore Telecom Lt Ad	Common Stock	9,586.73	9,321.03
	SMC Corp 6273	Common Stock	6,436.68	8,814.95
	Softbank Group Corp	Common Stock	7,105.20	10,083.68
	Starbucks Corp	Common Stock	4,856.89	4,672.77
	Sysco Corporation	Common Stock	19,019.33	19,637.80
	Taiwan Manufacturing Adr	Common Stock	10,825.58	14,456.75
	Tata Mtrs Ltd Spon Adr.	Common Stock	17,000.00	31,270.00
	Terex Corp New .01 PV	Common Stock	21,638.00	45,020.00
	Texas Instruments	Common Stock	19,142.76	24,382.08
	Thermo Fisher Scientific	Common Stock	17,937.56	27,244.80
	Total S.A. Sp Adr	Common Stock	15,027.92	18,517.92
	Ubs E-Tracs Alerian Mlp Infrastructure Etn (MLPI)	Common Stock	5,697.42	6,762.66
	Union Pacific Corp	Common Stock	16,341.83	21,222.51
	United Parcel Svc Inc Cl B	Common Stock	18,164.30	30,022.50
	Unitedhealth Group Inc Com	Common Stock	30,760.00	195,850.00
	Vale S A Adr	Common Stock	26,304.00	15,105.00
	Verizon Communications Com	Common Stock	14,305.19	15,292.41
	Verizon Communications Inc	Common Stock	27,218.19	49,490.00

WINTON IRELAND INSURANCE AGENCY, INC. 401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500: SCHEDULE H, LINE 4i-
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT SEPTEMBER 30, 2017

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Visa Inc Cl A Shrs	Common Stock	19,126.91	31,887.72
	Vodafone Group Plc Shs	Common Stock	4,003.07	3,529.04
	Vtech Holdings Ltd Shs	Common Stock	6,289.70	7,557.62
	Wal-Mart Stores Inc	Common Stock	18,632.02	18,362.90
	Weatherford Intl Plc Ord Shs	Common Stock	34,658.29	9,160.00
	Wells Fargo & Co New Del	Common Stock	3,825.61	3,860.50
	Wells Fargo	Common Stock	-	1,103.00
	Anheuser Busch Cos Inc Deb 6.75% 12/15/27	Corporate Bonds	5,545.70	6,225.55
	Apple Inc Fxd Rt Nt 3.85% 5/4/43	Corporate Bonds	24,142.00	25,185.25
	Bed Bath & Beyond Inc 4.915% 8/1/34	Corporate Bonds	13,381.02	11,015.76
	Carolina Pwr & Lt Co 1st Mtg 6.125% 9/15/33	Corporate Bonds	59,850.08	72,676.14
	Centerpoint Energy Houston 5.60% 7/1/23	Corporate Bonds	45,901.89	55,882.00
	Cincinnati Finl Corp Deb 6.90% 5/15/28	Corporate Bonds	7,661.83	8,554.49
	Commonwealth Edison Co 1st Mtg 3.70% 3/1/45	Corporate Bonds	28,262.20	25,674.74
	Commonwealth Edison Co 1st Mtg 5.875% 2/1/33	Corporate Bonds	15,275.98	18,251.85
	Detroit Edison Co 6.350% 10/15/32	Corporate Bonds	32,317.09	37,959.90
	Dominion Gas Hldgs 4.8% 11/1/43	Corporate Bonds	10,383.70	10,797.30
	Du Pont E I De Nemours & Co 5.60% 12/15/36	Corporate Bonds	11,035.60	11,898.60
	Energy East Corp Nt 6.75% 9/15/33	Corporate Bonds	5,252.89	7,303.62
	Entergy Ark Inc 1st Mtg 4.95% 12/15/44	Corporate Bonds	11,675.91	11,427.13
	Entergy La Llc 1st Mtg 4.95% 1/15/45	Corporate Bonds	10,584.80	10,285.00
	Entergy La Llc 1st Mtg 5.00% 7/15/44	Corporate Bonds	24,087.52	36,513.75
	Entergy Tex Inc 1st Mtg 5.15% 6/1/45	Corporate Bonds	49,104.60	46,770.30
	Escrow Lehman Bros Hldgs Inc 5.75% 9/16/23	Corporate Bonds	10,240.01	625.00
	Florida Power Corp 1st Mtg 5.90% 3/01/33	Corporate Bonds	68,289.52	83,168.44
	Florida Pwr & Lt Co 1st Mtg 5.65% 2/1/35	Corporate Bonds	11,995.20	12,485.90
	Florida Pwr & Lt Co 5.625% 4/1/34	Corporate Bonds	36,458.49	43,665.30

WINTON IRELAND INSURANCE AGENCY, INC. 401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500: SCHEDULE H, LINE 4i-
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT SEPTEMBER 30, 2017

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	G T E North Inc Deb Ser G 6.73% 2/15/28	Corporate Bonds	10,421.08	8,146.40
	General Elec Cap 6.750% 3/15/32	Corporate Bonds	5,399.59	8,309.10
	General Elec Cap Corp Medium 6.875% 1/10/39	Corporate Bonds	19,153.38	29,282.20
	General Mtrs Accep Corp 8.00% 11/1/31	Corporate Bonds	16,129.58	19,350.00
	Goldman Sachs Cap I Cummulative 6.345% 2/15/34	Corporate Bonds	20,712.32	24,938.60
	Goldman Sachs Group Inc 5.75% 9/15/41	Corporate Bonds	16,501.50	16,933.05
	GTE Southwest Inc 1st Mtg 8.5% 11/15/31	Corporate Bonds	5,406.56	4,962.50
	Hancock John Life Ins Co 6.00% 11/15/27	Corporate Bonds	26,446.67	29,958.25
	Hilton Hotels Corp 7.500% 12/15/17	Corporate Bonds	28,708.46	5,031.35
	Idaho Pwr Co 1st Mtg 5.875% 8/15/34	Corporate Bonds	16,885.69	18,497.44
	Johnson & Johnson Fixed Rt Nt 4.50% 9/1/40	Corporate Bonds	17,830.20	17,012.10
	K Mart Fdg Corp 9.44% 7/1/18	Corporate Bonds	6,340.19	-
	Kraft Foods Inc 6.50% 11/01/31	Corporate Bonds	29,390.60	36,647.01
	Laclede Gas Co 1st Mtg Bd 7.00% 6/1/29	Corporate Bonds	9,115.22	9,760.00
	Loews Corp Sr Nt 6.00% 2/1/35	Corporate Bonds	8,405.44	11,065.77
	Metlife Inc Global Sr Nt 6.375% 6/15/34	Corporate Bonds	53,761.69	10,465.84
	Michigan Cons Gas Co Fixed Rt 5.70% 3/15/33	Corporate Bonds	52,346.30	59,358.00
	Microsoft Corp Fxd Rt Nt 3.75% 2/12/45	Corporate Bonds	12,216.30	12,175.68
	Ohio Pwr Co Sr Nt Ser 6.60% 2/15/33	Corporate Bonds	45,790.50	58,682.70
	Oklahoma Gas & Elec Co Sr Nt 4.55% 3/15/44	Corporate Bonds	15,693.12	14,874.58
	Pacific Gas & Elec Co 6.05% 3/1/34	Corporate Bonds	52,062.62	127,628.34
	Pacificorp Secd Medium Term Nts 7.26% 7/21/23	Corporate Bonds	11,501.22	30,872.40
	Philip Morris Cos Inc Deb 7.75% 1/15/27	Corporate Bonds	5,754.43	6,536.85
	Potomac Elec Pwr Co 5.75% 4/15/34	Corporate Bonds	53,761.69	66,252.45
	Puget Sound Energy Inc 7.00% 3/9/29	Corporate Bonds	39,908.97	44,269.02
	Puget Sound Energy Inc Medium Term 7.02% 12/1/27	Corporate Bonds	48,997.64	54,562.20
	Qualcomm Inc Fxd Rt Nts 4.65% 5/20/35	Corporate Bonds	17,044.06	17,458.56

WINTON IRELAND INSURANCE AGENCY, INC. 401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500: SCHEDULE H, LINE 4i-
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT SEPTEMBER 30, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	San Diego Gas & Elec 5.35% 5/15/35	Corporate Bonds	8,418.14	9,462.56
	Sara Lee Corp 6.125% 11/01/32	Corporate Bonds	20,202.21	23,940.84
	South Carolina Elec & Gas Co 5.30% 5/15/33	Corporate Bonds	38,961.80	46,480.00
	South Carolina Elec & Gas Co Fxd 4.60% 6/15/43	Corporate Bonds	43,785.86	51,870.24
	South Carolina Elec & Gas Co. 5.50% 12/15/39	Corporate Bonds	13,891.50	13,811.04
	Southern Calif Edison Co 6.000 1/15/34	Corporate Bonds	78,857.60	95,422.50
	Target Corp Nt 7.00% 1/15/38	Corporate Bonds	25,898.15	34,054.08
	Union Carbide Corp Deb 7.50% 6/1/25	Corporate Bonds	15,942.50	18,181.80
	Union Pac Corp Fixed Rate 4.25% 4/15/43	Corporate Bonds	10,488.00	10,666.50
	United Telephone Co Fla 1st Mtg Ser 7.125% 7/15/23	Corporate Bonds	5,477.93	5,389.45
	Verizon New York Inc Sr Deb Ser B 7.375% 4/1/32	Corporate Bonds	5,506.12	6,516.35
	Weyerhaeuser Co Deb 7.95% 3/15/25	Corporate Bonds	28,451.72	31,477.50
	Ishares 3-7 Year Treas Bond	Mutual Funds	120,923.95	118,322.58
	Ishares Iboxx $ High Yield	Mutual Funds	35,988.51	39,853.24
	Ishares IBOXX Invt Grade Corp	Mutual Funds	136,176.41	134,807.76
	Ishares Mbs Etf	Mutual Funds	300,112.55	276,210.90
	Ishares Tips	Mutual Funds	47,395.99	78,143.04
	Powershares Em Sovereign	Mutual Funds	80,122.69	95,025.84
	Powershares Preferred	Mutual Funds	28,337.02	27,174.24
	Vanek Vectors J.P.	Mutual Funds	39,189.53	41,145.60
	Vanguard Intermediate Bond	Mutual Funds	299,815.65	318,744.90
	Vanguard Short-Term Bond	Mutual Funds	314,946.94	196,277.38
	Alps Etf Tr Riverfront Str Inc (RIGS)	Mutual Funds	34,498.11	35,412.48
	Cons Discrete Sel Sect Spdr Fd (XLY)	Mutual Funds	6,027.54	6,575.84
	Cons Staples Sel Sect Spdr Fd (XLP)	Mutual Funds	7,961.79	8,636.80
	First Trust Senior Loan Fund (FTSL)	Mutual Funds	20,896.84	20,721.70
	First Trust Utlts Alphadex Etf (FXU)	Mutual Funds	6,555.78	6,971.16

WINTON IRELAND INSURANCE AGENCY, INC. 401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500: SCHEDULE H, LINE 4i-
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT SEPTEMBER 30, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Flexshares Qualt Divd ldx Etf (QDF)	Mutual Funds	24,675.98	30,507.17
	Global X Msci Norway Etf (NORW)	Mutual Funds	3,830.40	5,148.50
	Goldman Activebeta Us Lc Etf (GSLC)	Mutual Funds	40,478.87	44,129.28
	Health Care Sect Spdr Fd (XLV)	Mutual Funds	7,196.42	7,273.97
	Ishares 1-3 Year Credit Bd Etf (CSJ)	Mutual Funds	13,141.21	13,168.75
	Ishares Core Mcsi Eafe Etf (IEFA)	Mutual Funds	84,747.25	91,763.10
	Ishares Core Msci Emerging (IEMG)	Mutual Funds	14,182.47	15,719.82
	Ishares Intl Select Div Etf (IDV)	Mutual Funds	6,359.04	7,292.16
	Ishares Msci Eafe Grwth Etf (EFG)	Mutual Funds	11,527.29	13,930.20
	Ishares Msci Eafe Val Etf (EFV)	Mutual Funds	23,515.67	27,791.40
	Ishares Russell 1000 Grw Etf (IWF)	Mutual Funds	41,820.75	51,274.60
	Ishares Russell 1000 Value Etf (IWD)	Mutual Funds	73,519.95	82,957.00
	Ishares Tips Bonds Etf (TIP)	Mutual Funds	30,651.12	31,120.92
	Ishares Us Fin Services Etf (IYG)	Mutual Funds	20,928.27	23,852.14
	Ishares Us Healthcare Prov Etf (IHF)	Mutual Funds	8,276.87	9,898.58
	Pimco 15+ Yr Us Tips Indx Fn (LTPZ)	Mutual Funds	9,087.82	9,215.70
	Pimco Inv Grade Corp Bd (CORP)	Mutual Funds	44,949.86	46,481.40
	Powershares Aero & Def Ptf (PPA)	Mutual Funds	5,809.44	8,001.24
	Powershares Qqq Tr (QQQ)	Mutual Funds	18,018.23	22,399.30
	S&P 500 Index Fund (IVV)	Mutual Funds	21,121.58	24,534.21
	Spdr Blackstone Gso Sen Loan (SRLN)	Mutual Funds	13,605.02	13,562.12
	Spdr Nyse Technology Etf (XNKTK)	Mutual Funds	25,437.19	38,321.10
	Spdr S&P Capital Markets Etf (KCE)	Mutual Funds	4,680.77	6,443.97
	Vanguard Intermediate Term Cor (VCIT)	Mutual Funds	58,591.57	60,726.90
	Vanguard Short-Term Corporate (VCSH)	Mutual Funds	82,888.06	82,854.42
	Wisdomtree Tr Itl Hdg Qrtly Div (IHDG)	Mutual Funds	6,700.52	7,787.64
	Wisdomtree Trust Japan Hedged Eq (DXI)	Mutual Funds	46,832.22	48,956.50

WINTON IRELAND INSURANCE AGENCY, INC. 401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500: SCHEDULE H, LINE 4i-
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT SEPTEMBER 30, 2017

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Wisdomtree Us Largecap Div Fnd (DLN)	Mutual Funds	18,090.48	20,841.60
	Beaumont Calif Uni Sch Dist 7.471% 8/1/34	Municipal Bonds	31,923.64	32,700.90
	Beverly Hills Calif Pub Fing Auth 6.774% 6/1/40	Municipal Bonds	10,744.60	10,886.40
	Brentwood Calif Infrastructure Fing 7.647% 10/1/39	Municipal Bonds	5,219.33	5,510.70
	Calif Cmnty College Fing Auth Rev 8.253% 8/1/28	Municipal Bonds	5,224.06	5,552.85
	California St for Previous Issues See 13063A 6.509% 4/1/39	Municipal Bonds	5,835.48	5,695.05
	California St Pub Wks Brd Lease Rev 8.361% 10/1/34	Municipal Bonds	6,245.46	7,615.95
	Contra Costa Cnty Calif Pub Fing Auth 6.90% 6/1/35	Municipal Bonds	5,089.14	5,532.75
	Contra Costa Cnty Pub Fing Auth 7.00% 6/1/40	Municipal Bonds	11,196.01	11,030.10
	Corona-Norco Calif Uni Sch Dist 7.343% 8/1/35	Municipal Bonds	5,330.89	5,475.70
	Fresno Calif Wtr Sys Rev Taxable-Ser 6.50% 6/1/30	Municipal Bonds	15,243.56	18,364.65
	Hayward Calif Uni Sch Dist Election 7.350% 8/1/43	Municipal Bonds	15,666.93	16,949.85
	Jurupa Calif Cmnty Svcs Dist Ctfs 7.142% 9/1/34	Municipal Bonds	11,240.98	12,903.00
	La Habra Calif Util Auth Wtr 7.353% 11/1/30	Municipal Bonds	5,470.60	5,764.25
	Lodi Calif Pub Fing Auth Wtr Rev 6.637% 6/1/40	Municipal Bonds	19,582.22	21,762.00
	Los Angeles Calif Dept Wtr Pwr Rev 7.00% 7/1/41	Municipal Bonds	6,008.22	5,840.65
	Los Angeles Calif Mun lmpt Corp 7.642% 11/1/29	Municipal Bonds	6,068.03	6,519.35
	Lucia Mar Uni Sch Dist Calif Ctfs 7.75% 4/1/26	Municipal Bonds	5,462.85	5,670.25
	Menlo Park Calif Fire Protect Dist 7.288% 8/1/39	Municipal Bonds	5,285.87	5,434.45
	Metropolitan Wtr Dist Southern Calif 6.947% 8/1/40	Municipal Bonds	23,900.53	22,388.80
	Modesto Calif Irr Dist Fing Auth Elec 7.204% 10/1/40	Municipal Bonds	36,845.32	41,461.50
	Moulton-Niguel Calif Wtr Distr Ctfs 6.97% 9/1/39	Municipal Bonds	36,816.53	38,125.50
	Northern Calif Pwr Agy Rev Lodi 7.311% 6/1/40	Municipal Bonds	13,025.69	13,666.70
	Otay Calif Wtr Dist Fing Auth 6.577% 9/1/40	Municipal Bonds	10,591.20	12,991.20
	Oxnard Calif Fing Auth Wtr Rev 6.80% 6/1/36	Municipal Bonds	34,009.58	38,885.70
	Pasadena Calif Pub Fing Auth Lease 7.148% 3/1/43	Municipal Bonds	5,958.62	7,371.45
	Richmond Calif Wastewater Rev 6.461% 8/1/40	Municipal Bonds	26,257.51	27,444.00

WINTON IRELAND INSURANCE AGENCY, INC. 401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500: SCHEDULE H, LINE 4i-
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT SEPTEMBER 30, 2017

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Riverside Calif Swr Rev B-Biold Amer 7.00% 8/1/29	Municipal Bonds	5,659.78	5,426.20
	Sacramento Calif Mun Util Distr 6.322% 5/15/36	Municipal Bonds	5,494.08	6,478.45
	San Francisco Calif City & Cnty Ctfs 6.487% 11/1/41	Municipal Bonds	10,694.91	12,751.40
	Santa Monica-Malibu Uni Sch Dist 6.634% 7/1/35	Municipal Bonds	5,379.20	5,613.00
	South Coast Calif Wtr Dist Fing Auth 6.00% 2/1/40	Municipal Bonds	5,196.82	5,429.45
	Stockton Calif Pub Fing Auth Rev 7.942% 10/1/38	Municipal Bonds	10,398.66	10,920.20
	Tuolumne Wind Proj Auth Calif Rev 6.918% 1/1/34	Municipal Bonds	22,496.84	25,678.80
	Walnut Calif Energy Ctr Auth Rev 6.23% 1/1/29	Municipal Bonds	5,328.33	5,983.25
	West Kern Calif Wtr Dist Rec Ctfs 5.36% 6/1/20	Municipal Bonds	15,133.11	15,362.10
	West Kern Calif Wtr Dist Rev 6.72% 6/1/40	Municipal Bonds	5,505.27	6,526.80
	West Vy Mission Cmnty College Dist 6.54% 8/1/35	Municipal Bonds	15,087.27	16,212.15
	Western Mun Wtr Dist Facs Auth Calif 6.20% 10/1/35	Municipal Bonds	31,728.29	33,356.70
	Western Mun Wtr Dist Facs Auth Calif 6.51% 10/1/40	Municipal Bonds	5,337.17	5,587.85
	Aqr Mngd Futures Strat I (AQMIX)	Mutual Funds	73,361.45	62,014.94
	Blackrock Low Dur Bd Inv Inst (BFMSX)	Mutual Funds	46,963.65	46,486.51
	Blackstone Alt Mult-Strat Inst (BXMIX)	Mutual Funds	59,315.87	63,077.26
	Cambiar Intl Equity Inv (CAMIX)	Mutual Funds	68,465.26	83,221.35
	Causeway Emerging Mkts Inst (CEMIX)	Mutual Funds	102,663.09	152,667.78
	Center Coast Mlp Focus I (CCCNIX)	Mutual Funds	99,928.48	89,366.23
	E V Income Fund of Boston I (EIBIX)	Mutual Funds	30,709.66	31,098.84
	Edgewood Growth Instl (EGFIX)	Mutual Funds	68,460.93	81,114.58
	Harding Loevner Intl Eqty Inst (HLMIX)	Mutual Funds	116,250.95	132,537.28
	Hartford MidCap I (HFMIX)	Mutual Funds	46,949.95	48,318.03
	Hartford Small Cap Growth I (HSLIX)	Mutual Funds	46,579.92	49,139.73
	John Hancock Seaport I (USFDX)	Mutual Funds	59,261.31	63,044.80
	JPMorgan Value Advantage I (JVASX)	Mutual Funds	119,942.92	124,961.41
	Loomis Growth Y (LSGRX)	Mutual Funds	78,410.98	81,882.28

WINTON IRELAND INSURANCE AGENCY, INC. 401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500: SCHEDULE H, LINE 4i-
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT SEPTEMBER 30, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Metropolitan West Tot Ret Bd I (MWTIX)	Mutual Funds	62,835.94	62,276.80
	Neuberger Intrinsic Value	Mutual Funds	44,159.93	49,817.91
	Oakmark International I (OAKIX)	Mutual Funds	108,469.97	117,362.96
	Pimco Short Term P (PTSPX)	Mutual Funds	15,248.94	15,510.24
	Vanguard 500 Index Fund Adm	Mutual Funds	102,866.98	134,193.59
	Wells Fargo Special Mdcp Vl I (WFMIX)	Mutual Funds	46,337.80	48,178.79
	Basic Energy Svcs Inc New WT Exp	Mutual Funds	-	145.92
	Participant Loans	Loans: 4.25%	-	508,459.00
	Various Life Insurance Policies	Life Insurance	-	65,993.00
	Health & Wellness Center	Limited Partnership	122,459.00	344,000.00
	Peabody Self Storage	Limited Partnership	219,123.00	288,925.00
	Robert Santos	First Deed of Trust	-	250,000.00
	Skeels Real Estate	First Deed of Trust	-	75,000.00
	John Williams	First Deed of Trust	-	218,750.00
	Total Investments		$ 15,405,544.38	$ 18,347,435.08

See Independent Auditors' Report

WINTON IRELAND INSURANCE AGENCY, INC. 401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500: SCHEDULE H, LINE 4a-
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS AT SEPTEMBER 30, 2017

PLAN NAME: WINTON IRELAND INSURANCE AGENCY, INC. 401(k) PROFIT SHARING PLAN AND TRUST
PLAN SPONSOR: WINTON IRELAND INSURANCE AGENCY, INC.
PLAN NUMBER: 001
EIN: 94-2667917

Participants Contributions Transferred to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VCP and PTE 2002-51
Check here if Participant Loan Repayments are included: [X]	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	
	$ -	$ 49,956.00	$ -	$ 49,956.00

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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ 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
WINTON IRELAND INSURANCE AGENCY INC. 401(k) PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1985

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)
WINTON IRELAND INSURANCE AGENCY INC.

627 East Canal Drive

Turlock CA 95380

2b Employer Identification Number (EIN) 94-2667917

2c Plan Sponsor's telephone number 209-667-0995

2d Business code (see instructions) 524210

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	Michael Ireland, Jr.	3/12/2019	Michael Ireland, Jr.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Michael Ireland, Jr.	3/12/2019	Michael Ireland, Jr.
	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

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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 has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5 Total number of participants at the beginning of the plan year	**5**	145
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)**	102
a(2) Total number of active participants at the end of the plan year	**6a(2)**	100
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**	157
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	157
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	155
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
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 2H 2J 2K 3D

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] **A** (Insurance Information) — 4
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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_____

Plan Year: **September 30, 2017**
Name of the Plan: **WINTON IRELAND INSURANCE AGENCY, INC. 401 (K) PROFIT SHARING AND TRUST**
Plan Number: **001**
Plan Sponsor: **Winton Ireland Insurance Agency, Inc**
EIN: **94-2667917**
Form 5500: **Schedule H, Line 4a**

Schedule H Line 4a - Schedule of Delinquent Participant Contributions

Participant Contributions Transferred to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: [X]	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	
	0.00	49,956.00	0.00	49,956.00

Plan Year: **September 30, 2017**
Name of the Plan: **WINTON IRELAND INSURANCE AGENCY, INC. 401 (K) PROFIT SHARING AND TRUST**
Plan Number: **001**
Plan Sponsor: **Winton Ireland Insurance Agency, Inc**
EIN: **94-2667917**
Form 5500: **Schedule H, Line 4i**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b) Identify of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Federated Capital Reserves	Cash Funds	442.32	442.32
	Merrill Lynch Cash Accounts	Cash Funds	978.70	978.70
	F &M Bank Account ending in -02	Cash Funds	6,065,314.21	6,065,314.21
	F &M Bank Account ending in -01	Cash Funds	13,403.81	13,403.81
	Umpqua Account ending in -8407	Cash Funds	20,478.56	20,478.56
	Umpqua Account ending in -8415	Cash Funds	196,492.16	196,492.16
	ISA Mizuhi BK (USA)	Int Bearing Cash	53,112.00	53,112.00
	Dreyfus Ins Deposit Program 1	Money Market	718,632.59	718,632.59
	Morgan Stanley Bank NA	Money Market	26,829.21	26,829.21
	Abb Ltd Sponsored Adr	Common Stock	17,541.42	17,325.00
	Aecom Com	Common Stock	2,707.49	3,681.00
	AES Corp	Common Stock	3,792.03	3,493.34
	AIA Group Ltd	Common Stock	13,749.10	17,576.34
	Airbus SE	Common Stock	8,392.22	11,513.34
	Alphabet Inc Shs Cl C	Common Stock	4,877.04	6,713.77
	Altria Group Inc Com	Common Stock	21,009.93	63,420.00
	Amadeus IT Group SA	Common Stock	3,818.00	5,403.30
	Amazon Com Inc Com	Common Stock	6,426.59	7,690.80
	American Tower Reit Inc	Common Stock	13,760.62	24,465.72
	American Wtr Wrks Co Inc	Common Stock	3,994.44	13,997.43
	Apple Inc	Common Stock	22,704.75	35,447.60
	Asahi Kasei Corp Adr	Common Stock	4,772.66	6,461.00
	Asml Hldg Nv Ny Reg Shs	Common Stock	7,743.83	13,353.60
	Assa Abloy Ab Adr	Common Stock	4,669.77	5,225.78
	Astrazeneca Plc Spnd Adr	Common Stock	8,481.47	9,994.60
	AT&T Inc Com	Common Stock	72,918.60	113,593.00
	Automatic Data Proc	Common Stock	11,663.31	26,127.48
	Baker Hughes Inc Com	Common Stock	38,754.33	27,465.00
	Banco Santander Sa Adr	Common Stock	461.11	180.44
	Bank Amer Corp Com	Common Stock	22,665.00	12,670.00
	Bank New York Mellon	Common Stock	3,913.95	4,453.68
	Basic Energy Svcs Inc New Com	Common Stock	47,672.59	57.90
	Blackrock Inc	Common Stock	16,204.04	19,671.96
	BNP Paribas Sponsored Spadr	Common Stock	7,454.22	11,239.54
	Boeing Company	Common Stock	2,791.62	5,338.41
	Brighthouse Finl, Inc.	Common Stock	3,399.60	2,736.00
	British Amn Tobaco Spadr	Common Stock	3,614.87	3,996.80
	Broadcom Ltd	Common Stock	4,539.95	7,033.66
	Carlsberg As Sponsoredad	Common Stock	6,642.21	7,754.56
	Caterpillar Inc Com	Common Stock	9,616.00	49,884.00
	Centurylink Inc Com	Common Stock	26,348.05	14,175.00
	Cerner Corp	Common Stock	7,251.54	9,342.92

Plan Year: September 30, 2017
Name of the Plan: WINTON IRELAND INSURANCE AGENCY, INC. 401 (K) PROFIT SHARING AND TRUST
Plan Number: 001
Plan Sponsor: Winton Ireland Insurance Agency, Inc
EIN: 94-2667917
Form 5500: Schedule H, Line 4i

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b) Identify of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Chemours Co Com	Common Stock	2,250.72	10,122.00
	Chevron Corp	Common Stock	6,977.44	7,990.00
	Chevron Corp New Com	Common Stock	5,908.00	18,095.00
	China Mobile Ltd Spons Adr S A	Common Stock	45,718.48	50,570.00
	Chubb Ltd	Common Stock	16,467.41	24,803.70
	Citigroup Inc Com New	Common Stock	49,717.73	57,537.34
	Citizens Finl Group Inc	Common Stock	12,244.92	22,722.00
	CME Group Inc	Common Stock	10,220.92	13,703.68
	Comcast Corp New Cl A	Common Stock	22,591.52	31,361.20
	ComputerShare, Inc	Common Stock	0.00	21,296.54
	Conocophillips Com	Common Stock	59,536.62	50,050.00
	Costco Wholesale Corp New Com	Common Stock	28,803.47	101,695.51
	Crown Castle Reit Inc	Common Stock	5,454.52	6,198.76
	Cvr Refgn LP Com Unit REPSTG Ltd Partnership Int	Common Stock	30,558.20	9,850.00
	Danaher Corp	Common Stock	16,595.87	20,415.64
	Danone-Spons Adr	Common Stock	3,832.21	4,851.00
	Deere & Co	Common Stock	79,156.00	125,590.00
	Delta Airlines lnc Com New	Common Stock	235.04	1,253.72
	Disney (Walt) Co Com Stk	Common Stock	12,554.56	12,715.53
	Dollar General Corp	Common Stock	4,183.19	4,538.80
	Dowdupont Inc Com	Common Stock	17,099.34	106,891.12
	DXC Technology Co Com	Common Stock	5,687.62	7,299.80
	Eaton Corp Plc	Common Stock	5,772.18	7,295.05
	Ecolab lnc	Common Stock	11,134.88	12,089.34
	Enbridge Inc Com	Common Stock	6,058.61	5,941.28
	Ensco Plc Shs Cl A	Common Stock	37,841.25	4,477.50
	Eog Resources Inc	Common Stock	3,538.08	4,063.08
	Essilor Intl Sa Adr	Common Stock	5,112.23	4,778.62
	Exxon Mobile Corp Com	Common Stock	45,579.84	103,130.84
	Fanuc Ltd-Unsp	Common Stock	7,599.12	9,774.96
	Fedex Corp Delaware Com	Common Stock	12,143.78	19,851.04
	Ford Motor Co Del Com Par	Common Stock	4,186.73	2,092.57
	Freeport McMoran Inc Cl	Common Stock	31,026.80	14,040.00
	Frontier Communications Corp	Common Stock	1,261.19	188.64
	General Electric Co Com	Common Stock	27,941.00	24,180.00
	Halliburton Co Com	Common Stock	48,490.55	69,045.00
	Hdfc Bank Ltd Adr	Common Stock	4,006.44	5,396.72
	Hewlett Packard Enterprise Co Com	Common Stock	13,469.50	14,710.00
	Hexcel Corp New Com	Common Stock	4,899.57	6,603.30
	Hilton Worldwide	Common Stock	7,330.76	7,708.95
	Home Depot Inc	Common Stock	15,242.82	26,660.28
	Honeywell Intl Inc Del	Common Stock	7,091.08	28,489.74

Plan Year: September 30, 2017
Name of the Plan: WINTON IRELAND INSURANCE AGENCY, INC. 401 (K) PROFIT SHARING AND TRUST
Plan Number: 001
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EIN: 94-2667917
Form 5500: Schedule H, Line 4i

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b) Identify of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Hp Inc Com	Common Stock	20,595.17	19,960.00
	Humana Inc	Common Stock	18,868.09	19,246.77
	Imperial Brands Plc	Common Stock	4,624.86	3,764.49
	Incyte Corporation	Common Stock	3,802.72	5,603.52
	Jack Henry & Assoc Inc	Common Stock	4,931.80	6,064.61
	Johnson & Johnson Com	Common Stock	61,036.65	130,010.00
	JPMorgan Chase & Co Com	Common Stock	68,671.35	108,690.38
	KBC Groupe Sa Shs	Common Stock	3,888.27	4,839.30
	Kbr Inc Com	Common Stock	18,817.39	17,880.00
	Kellogg Co Com	Common Stock	13,996.00	31,185.00
	Keyence Corp 6861 FN	Common Stock	6,027.13	9,554.53
	Las Vegas Sands Corp	Common Stock	11,024.71	14,756.80
	Lockheed Martin Corp	Common Stock	19,030.83	27,926.10
	L'oreal Co Adr	Common Stock	7,353.68	8,163.84
	LVMH Moet Hennessy Adr	Common Stock	3,130.62	4,646.04
	McDonalds Corp	Common Stock	50,860.00	156,680.00
	Medtronic Plc Shs	Common Stock	21,911.58	22,553.30
	Merck & Co Inc New Com	Common Stock	24,725.00	32,015.00
	Metlife Inc Com	Common Stock	29,701.06	25,975.00
	Micro Focus Intl Plc Spons Adr New	Common Stock	4,040.10	4,370.30
	Microsoft Corp	Common Stock	21,745.02	30,317.43
	Monsanto Co New Del Com	Common Stock	3,557.06	3,954.06
	Moody's Corp	Common Stock	5,038.00	7,099.71
	Murata Manufacturing Co	Common Stock	5,168.26	6,461.00
	Naspers Ltd Shs Cl N Adr	Common Stock	7,785.86	11,018.90
	Nestle A Rep Rg Sh Adr	Common Stock	8,176.35	8,989.07
	Newell Brands Inc	Common Stock	5,918.11	5,163.07
	Nextera Energy Inc Shs	Common Stock	11,092.47	14,215.35
	Nielsen Holding Plc Shs	Common Stock	3,695.91	2,860.05
	Noble Corp Plc Shs Usd	Common Stock	27,945.00	4,600.00
	Norwegian Cruise Line	Common Stock	3,639.35	5,242.85
	Novo Nordisk A S Adr	Common Stock	11,520.21	12,181.95
	Occidental Pete Corp Cal	Common Stock	8,472.22	7,255.73
	Paychex Inc (PAYX)	Common Stock	3,255.25	3,777.48
	Pepsico Inc Com	Common Stock	67,379.64	133,716.00
	Pepsico Inc Nc (PEP)	Common Stock	3,293.95	3,565.76
	Pernod-Ricard Sa-Unspon	Common Stock	7,527.51	9,584.20
	Phillip Morris Intl Inc Com	Common Stock	47,875.07	111,010.00
	Potash Corp Saskatchewan	Common Stock	4,592.13	5,002.40
	Proctor & Gamble Co Com	Common Stock	30,011.15	45,490.00
	Prologis Inc	Common Stock	18,143.30	18,974.54
	Qualcomm Inc	Common Stock	6,339.98	5,806.08

Plan Year: **September 30, 2017**
Name of the Plan: **WINTON IRELAND INSURANCE AGENCY, INC. 401 (K) PROFIT SHARING AND TRUST**
Plan Number: **001**
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EIN: **94-2667917**
Form 5500: **Schedule H, Line 4i**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b) Identify of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Raytheon Co Com New	Common Stock	26,386.05	93,290.00
	Reckitt Bensicker Group	Common Stock	5,989.61	5,899.37
	Roche Hldg Ltd Spn Adr	Common Stock	10,157.51	10,272.00
	Royal Caribbean Cruises	Common Stock	4,636.09	7,112.40
	Royal Dutch Shel Plc	Common Stock	8,622.12	9,943.86
	Safran Sa Unspon	Common Stock	8,596.17	12,683.44
	Sampo Plc Shs	Common Stock	3,907.57	4,736.34
	Sap Se Shs	Common Stock	3,976.93	4,934.25
	Schlumberger Ltd	Common Stock	4,411.25	3,906.56
	Seadrill Limited Shs	Common Stock	60,329.50	525.00
	Sempra Energy	Common Stock	3,372.30	3,766.29
	Seven and I Holdings Co	Common Stock	3,792.08	3,688.21
	Shisedo Ltd Sponsored Adr	Common Stock	3,624.35	5,583.63
	Singapore Telecom Lt Ad	Common Stock	9,586.73	9,321.03
	SMC Corp 6273	Common Stock	6,436.68	8,814.95
	Softbank Group Corp	Common Stock	7,105.20	10,083.68
	Starbucks Corp	Common Stock	4,856.89	4,672.77
	Sysco Corporation	Common Stock	19,019.33	19,637.80
	Taiwan Manufacturing Adr	Common Stock	10,825.58	14,456.75
	Tata Mtrs Ltd Spon Adr.	Common Stock	17,000.00	31,270.00
	Terex Corp New .01 PV	Common Stock	21,638.00	45,020.00
	Texas Instruments	Common Stock	19,142.76	24,382.08
	Thermo Fisher Scientific	Common Stock	17,937.56	27,244.80
	Total S.A. Sp Adr	Common Stock	15,027.92	18,517.92
	Ubs E-Tracs Alerian Mlp Infrastructure Etn (MLPI)	Common Stock	5,697.42	6,762.66
	Union Pacific Corp	Common Stock	16,341.83	21,222.51
	United Parcel Svc lnc Cl B	Common Stock	18,164.30	30,022.50
	Unitedhealth Group lnc Com	Common Stock	30,760.00	195,850.00
	Vale S A Adr	Common Stock	26,304.00	15,105.00
	Verizon Communications Com	Common Stock	14,305.19	15,292.41
	Verizon Communications Inc	Common Stock	27,218.19	49,490.00
	Visa Inc Cl A Shrs	Common Stock	19,126.91	31,887.72
	Vodafone Group Plc Shs	Common Stock	4,003.07	3,529.04
	Vtech Holdings Ltd Shs	Common Stock	6,289.70	7,557.62
	Wal-Mart Stores Inc	Common Stock	18,632.02	18,362.90
	Weatherford Intl Plc Ord Shs	Common Stock	34,658.29	9,160.00
	Wells Fargo & Co New Del	Common Stock	3,825.61	3,860.50
	Wells Fargo	Common Stock	0.00	1,103.00
	Anheuser Busch Cos Inc Deb 6.75% 12/15/27	Corporate Bonds	5,545.70	6,225.55
	Apple inc Fxd Rt Nt 3.85% 5/4/43	Corporate Bonds	24,142.00	25,185.25
	Bed Bath & Beyond Inc 4.915% 8/1/34	Corporate Bonds	13,381.02	11,015.76
	Carolina Pwr & Lt Co 1st Mtg 6.125% 9/15/33	Corporate Bonds	59,850.08	72,676.14

Plan Year: **September 30, 2017**
Name of the Plan: **WINTON IRELAND INSURANCE AGENCY, INC. 401 (K) PROFIT SHARING AND TRUST**
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EIN: **94-2667917**
Form 5500: **Schedule H, Line 4i**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b) Identify of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Centerpoint Energy Houston 5.60% 7/1/23	Corporate Bonds	45,901.89	55,882.00
	Cincinnati Finl Corp Deb 6.90% 5/15/28	Corporate Bonds	7,661.83	8,554.49
	Commonwealth Edison Co 1st Mtg 3.70% 3/1/45	Corporate Bonds	28,262.20	25,674.74
	Commonwealth Edison Co 1st Mtg 5.875% 2/1/33	Corporate Bonds	15,275.98	18,251.85
	Detroit Edison Co 6.350% 10/15/32	Corporate Bonds	32,317.09	37,959.90
	Dominion Gas Hldgs 4.8% 11/1/43	Corporate Bonds	10,383.70	10,797.30
	Du Pont E I De Nemours & Co 5.60% 12/15/36	Corporate Bonds	11,035.60	11,898.60
	Energy East Corp Nt 6.75% 9/15/33	Corporate Bonds	5,252.89	7,303.62
	Entergy Ark Inc 1st Mtg 4.95% 12/15/44	Corporate Bonds	11,675.91	11,427.13
	Entergy La Llc 1st Mtg 4.95% 1/15/45	Corporate Bonds	10,584.80	10,285.00
	Entergy La Llc 1st Mtg 5.00% 7/15/44	Corporate Bonds	24,087.52	36,513.75
	Entergy Tex Inc 1st Mtg 5.15% 6/1/45	Corporate Bonds	49,104.60	46,770.30
	Escrow Lehman Bros Hldgs Inc 5.75% 9/16/23	Corporate Bonds	10,240.01	625.00
	Florida Power Corp 1st Mtg 5.90% 3/01/33	Corporate Bonds	68,289.52	83,168.44
	Florida Pwr & Lt Co 1st Mtg 5.65% 2/1/35	Corporate Bonds	11,995.20	12,485.90
	Florida Pwr & Lt Co 5.625% 4/1/34	Corporate Bonds	36,458.49	43,665.30
	G T E North Inc Deb Ser G 6.73% 2/15/28	Corporate Bonds	10,421.08	8,146.40
	General Elec Cap 6.750% 3/15/32	Corporate Bonds	5,399.59	8,309.10
	General Elec Cap Corp Medium 6.875% 1/10/39	Corporate Bonds	19,153.38	29,282.20
	General Mtrs Accep Corp 8.00% 11/1/31	Corporate Bonds	16,129.58	19,350.00
	Goldman Sachs Cap I Cummulative 6.345% 2/15/34	Corporate Bonds	20,712.32	24,938.60
	Goldman Sachs Group Inc 5.75% 9/15/41	Corporate Bonds	16,501.50	16,933.05
	GTE Southwest Inc 1st Mtg 8.5% 11/15/31	Corporate Bonds	5,406.56	4,962.50
	Hancock John Life Ins Co 6.00% 11/15/27	Corporate Bonds	26,446.67	29,958.25
	Hilton Hotels Corp 7.500% 12/15/17	Corporate Bonds	28,708.46	5,031.35
	Idaho Pwr Co 1st Mtg 5.875% 8/15/34	Corporate Bonds	16,885.69	18,497.44
	Johnson & Johnson Fixed Rt Nt 4.50% 9/1/40	Corporate Bonds	17,830.20	17,012.10
	K Mart Fdg Corp 9.44% 7/1/18	Corporate Bonds	6,340.19	0.00
	Kraft Foods Inc 6.50% 11/01/31	Corporate Bonds	29,390.60	36,647.01
	Laclede Gas Co 1st Mtg Bd 7.00% 6/1/29	Corporate Bonds	9,115.22	9,760.00
	Loews Corp Sr Nt 6.00% 2/1/35	Corporate Bonds	8,405.44	11,065.77
	Metlife Inc Global Sr Nt 6.375% 6/15/34	Corporate Bonds	53,761.69	10,465.84
	Michigan Cons Gas Co Fixed Rt 5.70% 3/15/33	Corporate Bonds	52,346.30	59,358.00
	Microsoft Corp Fxd Rt Nt 3.75% 2/12/45	Corporate Bonds	12,216.30	12,175.68
	Ohio Pwr Co Sr Nt Ser 6.60% 2/15/33	Corporate Bonds	45,790.50	58,682.70
	Oklahoma Gas & Elec Co Sr Nt 4.55% 3/15/44	Corporate Bonds	15,693.12	14,874.58
	Pacific Gas & Elec Co 6.05% 3/1/34	Corporate Bonds	52,062.62	127,628.34
	Pacificorp Secd Medium Term Nts 7.26% 7/21/23	Corporate Bonds	11,501.22	30,872.40
	Philip Morris Cos Inc Deb 7.75% 1/15/27	Corporate Bonds	5,754.43	6,536.85
	Potomac Elec Pwr Co 5.75% 4/15/34	Corporate Bonds	53,761.69	66,252.45
	Puget Sound Energy Inc 7.00% 3/9/29	Corporate Bonds	39,908.97	44,269.02
	Puget Sound Energy Inc Medium Term 7.02% 12/1/27	Corporate Bonds	48,997.64	54,562.20

Plan Year: September 30, 2017
Name of the Plan: WINTON IRELAND INSURANCE AGENCY, INC. 401 (K) PROFIT SHARING AND TRUST
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EIN: 94-2667917
Form 5500: Schedule H, Line 4i

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b) Identify of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Qualcomm Inc Fxd Rt Nts 4.65% 5/20/35	Corporate Bonds	17,044.06	17,458.56
	San Diego Gas & Elec 5.35% 5/15/35	Corporate Bonds	8,418.14	9,462.56
	Sara Lee Corp 6.125% 11/01/32	Corporate Bonds	20,202.21	23,940.84
	South Carolina Elec & Gas Co 5.30% 5/15/33	Corporate Bonds	38,961.80	46,480.00
	South Carolina Elec & Gas Co Fxd 4.60% 6/15/43	Corporate Bonds	43,785.86	51,870.24
	South Carolina Elec & Gas Co. 5.50% 12/15/39	Corporate Bonds	13,891.50	13,811.04
	Southern Calif Edison Co 6.000 1/15/34	Corporate Bonds	78,857.60	95,422.50
	Target Corp Nt 7.00% 1/15/38	Corporate Bonds	25,898.15	34,054.08
	Union Carbide Corp Deb 7.50% 6/1/25	Corporate Bonds	15,942.50	18,181.80
	Union Pac Corp Fixed Rate 4.25% 4/15/43	Corporate Bonds	10,488.00	10,666.50
	United Telephone Co Fla 1st Mtg Ser 7.125% 7/15/23	Corporate Bonds	5,477.93	5,389.45
	Verizon New York Inc Sr Deb Ser B 7.375% 4/1/32	Corporate Bonds	5,506.12	6,516.35
	Weyerhaeuser Co Deb 7.95% 3/15/25	Corporate Bonds	28,451.72	31,477.50
	Beaumont Calif Uni Sch Dist 7.471% 8/1/34	Municipal Bonds	31,923.64	32,700.90
	Beverly Hills Calif Pub Fing Auth 6.774% 6/1/40	Municipal Bonds	10,744.60	10,886.40
	Brentwood Calif Infrastructure Fing 7.647% 10/1/39	Municipal Bonds	5,219.33	5,510.70
	Calif Cmnty College Fing Auth Rev 8.253% 8/1/28	Municipal Bonds	5,224.06	5,552.85
	California St for Previous Issues See 13063A 6.509% 4/1/39	Municipal Bonds	5,835.48	5,695.05
	California St Pub Wks Brd Lease Rev 8.361% 10/1/34	Municipal Bonds	6,245.46	7,615.95
	Contra Costa Cnty Calif Pub Fing Auth 6.90% 6/1/35	Municipal Bonds	5,089.14	5,532.75
	Contra Costa Cnty Pub Fing Auth 7.00% 6/1/40	Municipal Bonds	11,196.01	11,030.10
	Corona-Norco Calif Uni Sch Dist 7.343% 8/1/35	Municipal Bonds	5,330.89	5,475.70
	Fresno Calif Wtr Sys Rev Taxable-Ser 6.50% 6/1/30	Municipal Bonds	15,243.56	18,364.65
	Hayward Calif Uni Sch Dist Election 7.350% 8/1/43	Municipal Bonds	15,666.93	16,949.85
	Jurupa Calif Cmnty Svcs Dist Ctfs 7.142% 9/1/34	Municipal Bonds	11,240.98	12,903.00
	La Habra Calif Util Auth Wtr 7.353% 11/1/30	Municipal Bonds	5,470.60	5,764.25
	Lodi Calif Pub Fing Auth Wtr Rev 6.637% 6/1/40	Municipal Bonds	19,582.22	21,762.00
	Los Angeles Calif Dept Wtr Pwr Rev 7.00% 7/1/41	Municipal Bonds	6,008.22	5,840.65
	Los Angeles Calif Mun lmpt Corp 7.642% 11/1/29	Municipal Bonds	6,068.03	6,519.35
	Lucia Mar Uni Sch Dist Calif Ctfs 7.75% 4/1/26	Municipal Bonds	5,462.85	5,670.25
	Menlo Park Calif Fire Protect Dist 7.288% 8/1/39	Municipal Bonds	5,285.87	5,434.45
	Metropolitan Wtr Dist Southern Calif 6.947% 8/1/40	Municipal Bonds	23,900.53	22,388.80
	Modesto Calif Irr Dist Fing Auth Elec 7.204% 10/1/40	Municipal Bonds	36,845.32	41,461.50
	Moulton-Niguel Calif Wtr Distr Ctfs 6.97% 9/1/39	Municipal Bonds	36,816.53	38,125.50
	Northern Calif Pwr Agy Rev Lodi 7.311% 6/1/40	Municipal Bonds	13,025.69	13,666.70
	Otay Calif Wtr Dist Fing Auth 6.577% 9/1/40	Municipal Bonds	10,591.20	12,991.20
	Oxnard Calif Fing Auth Wtr Rev 6.80% 6/1/36	Municipal Bonds	34,009.58	38,885.70
	Pasadena Calif Pub Fing Auth Lease 7.148% 3/1/43	Municipal Bonds	5,958.62	7,371.45
	Richmond Calif Wastewater Rev 6.461% 8/1/40	Municipal Bonds	26,257.51	27,444.00
	Riverside Calif Swr Rev B-Biold Amer 7.00% 8/1/29	Municipal Bonds	5,659.78	5,426.20
	Sacramento Calif Mun Util Distr 6.322% 5/15/36	Municipal Bonds	5,494.08	6,478.45
	San Francisco Calif City & Cnty Ctfs 6.487% 11/1/41	Municipal Bonds	10,694.91	12,751.40

Plan Year: **September 30, 2017**
Name of the Plan: **WINTON IRELAND INSURANCE AGENCY, INC. 401 (K) PROFIT SHARING AND TRUST**
Plan Number: **001**
Plan Sponsor: **Winton Ireland Insurance Agency, Inc**
EIN: **94-2667917**
Form 5500: **Schedule H, Line 4i**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b) Identify of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Santa Monica-Malibu Uni Sch Dist 6.634% 7/1/35	Municipal Bonds	5,379.20	5,613.00
	South Coast Calif Wtr Dist Fing Auth 6.00% 2/1/40	Municipal Bonds	5,196.82	5,429.45
	Stockton Calif Pub Fing Auth Rev 7.942% 10/1/38	Municipal Bonds	10,398.66	10,920.20
	Tuolumne Wind Proj Auth Calif Rev 6.918% 1/1/34	Municipal Bonds	22,496.84	25,678.80
	Walnut Calif Energy Ctr Auth Rev 6.23% 1/1/29	Municipal Bonds	5,328.33	5,983.25
	West Kern Calif Wtr Dist Rec Ctfs 5.36% 6/1/20	Municipal Bonds	15,133.11	15,362.10
	West Kern Calif Wtr Dist Rev 6.72% 6/1/40	Municipal Bonds	5,505.27	6,526.80
	West Vy Mission Cmnty College Dist 6.54% 8/1/35	Municipal Bonds	15,087.27	16,212.15
	Western Mun Wtr Dist Facs Auth Calif 6.20% 10/1/35	Municipal Bonds	31,728.29	33,356.70
	Western Mun Wtr Dist Facs Auth Calif 6.51% 10/1/40	Municipal Bonds	5,337.17	5,587.85
	Alps Etf Tr Riverfront Str Inc (RIGS)	Mutual Funds	34,498.11	35,412.48
	Aqr Mngd Futures Strat I (AQMIX)	Mutual Funds	73,361.45	62,014.94
	Basic Energy Svcs Inc New WT Exp	Mutual Funds	0.00	145.92
	Blackrock Low Dur Bd Inv Inst (BFMSX)	Mutual Funds	46,963.65	46,486.51
	Blackstone Alt Mult-Strat Inst(BXMIX)	Mutual Funds	59,315.87	63,077.26
	Cambiar Intl Equity Inv (CAMIX)	Mutual Funds	68,465.26	83,221.35
	Causeway Emerging Mkts Inst (CEMIX)	Mutual Funds	102,663.09	152,667.78
	Center Coast Mlp Focus I (CCCNIX)	Mutual Funds	99,928.48	89,366.23
	Cons Discrete Sel Sect Spdr Fd (XLY)	Mutual Funds	6,027.54	6,575.84
	Cons Staples Sel Sect Spdr Fd (XLP)	Mutual Funds	7,961.79	8,636.80
	E V Income Fund of Boston I (EIBIX)	Mutual Funds	30,709.66	31,098.84
	Edgewood Growth Instl (EGFIX)	Mutual Funds	68,460.93	81,114.58
	First Trust Senior Loan Fund (FTSL)	Mutual Funds	20,896.84	20,721.70
	First Trust Utlts Alphadex Etf (FXU)	Mutual Funds	6,555.78	6,971.16
	Flexshares Qualt Divd Idx Etf (QDF)	Mutual Funds	24,675.98	30,507.17
	Global X Msci Norway Etf (NORW)	Mutual Funds	3,830.40	5,148.50
	Goldman Activebeta Us Lc Etf (GSLC)	Mutual Funds	40,478.87	44,129.28
	Harding Loevner Intl Eqty Inst (HLMIX)	Mutual Funds	116,250.95	132,537.28
	Hartford MidCap I (HFMIX)	Mutual Funds	46,949.95	48,318.03
	Hartford Small Cap Growth I (HSLIX)	Mutual Funds	46,579.92	49,139.73
	Health Care Sect Spdr Fd (XLV)	Mutual Funds	7,196.42	7,273.97
	Ishares 1-3 Year Credit Bd Etf (CSJ)	Mutual Funds	13,141.21	13,168.75
	Ishares 3-7 Year Treas Bond	Mutual Funds	120,923.95	118,322.58
	Ishares Core Mcsi Eafe Etf (IEFA)	Mutual Funds	84,747.25	91,763.10
	Ishares Core Msci Emerging (IEMG)	Mutual Funds	14,182.47	15,719.82
	Ishares Iboxx $ High Yield	Mutual Funds	35,988.51	39,853.24
	Ishares IBOXX Invt Grade Corp	Mutual Funds	136,176.41	134,807.76
	Ishares Intl Select Div Etf (IDV)	Mutual Funds	6,359.04	7,292.16
	Ishares Mbs Etf	Mutual Funds	300,112.55	276,210.90
	Ishares Msci Eafe Grwth Etf (EFG)	Mutual Funds	11,527.29	13,930.20
	Ishares Msci Eafe Val Etf (EFV)	Mutual Funds	23,515.67	27,791.40
	Ishares Russell 1000 Grw Etf (IWF)	Mutual Funds	41,820.75	51,274.60

Plan Year: **September 30, 2017**
Name of the Plan: **WINTON IRELAND INSURANCE AGENCY, INC. 401 (K) PROFIT SHARING AND TRUST**
Plan Number: **001**
Plan Sponsor: **Winton Ireland Insurance Agency, Inc**
EIN: **94-2667917**
Form 5500: **Schedule H, Line 4i**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b) Identify of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Ishares Russell 1000 Value Etf (IWD)	Mutual Funds	73,519.95	82,957.00
	Ishares Tips	Mutual Funds	47,395.99	78,143.04
	Ishares Tips Bonds Etf (TIP)	Mutual Funds	30,651.12	31,120.92
	Ishares Us Fin Services Etf (IYG)	Mutual Funds	20,928.27	23,852.14
	Ishares Us Healthcare Prov Etf (IHF)	Mutual Funds	8,276.87	9,898.58
	John Hancock Seaport I (USFDX)	Mutual Funds	59,261.31	63,044.80
	JPMorgan Value Advantage I (JVASX)	Mutual Funds	119,942.92	124,961.41
	Loomis Growth Y (LSGRX)	Mutual Funds	78,410.98	81,882.28
	Metropolitan West Tot Ret Bd I (MWTIX)	Mutual Funds	62,835.94	62,276.80
	Neuberger Intrinsic Value	Mutual Funds	44,159.93	49,817.91
	Oakmark International I (OAKIX)	Mutual Funds	108,469.97	117,362.96
	Pimco 15+ Yr Us Tips Indx Fn (LTPZ)	Mutual Funds	9,087.82	9,215.70
	Pimco Inv Grade Corp Bd (CORP)	Mutual Funds	44,949.86	46,481.40
	Pimco Short Term P (PTSPX)	Mutual Funds	15,248.94	15,510.24
	Powershares Aero & Def Ptf (PPA)	Mutual Funds	5,809.44	8,001.24
	Powershares Em Sovereign	Mutual Funds	80,122.69	95,025.84
	Powershares Preferred	Mutual Funds	28,337.02	27,174.24
	Powershares Qqq Tr (QQQ)	Mutual Funds	18,018.23	22,399.30
	S&P 500 Index Fund (IVV)	Mutual Funds	21,121.58	24,534.21
	Spdr Blackstone Gso Sen Loan (SRLN)	Mutual Funds	13,605.02	13,562.12
	Spdr Nyse Technology Etf (XNKTK)	Mutual Funds	25,437.19	38,321.10
	Spdr S&P Capital Markets Etf (KCE)	Mutual Funds	4,680.77	6,443.97
	Vanek Vectors J.P.	Mutual Funds	39,189.53	41,145.60
	Vanguard 500 Index Fund Adm	Mutual Funds	102,866.98	134,193.59
	Vanguard Intermediate Bond	Mutual Funds	299,815.65	318,744.90
	Vanguard Intermediate Term Cor (VCIT)	Mutual Funds	58,591.57	60,726.90
	Vanguard Short Term Bond	Mutual Funds	314,946.94	196,277.38
	Vanguard Short-Term Corporate (VCSH)	Mutual Funds	82,888.06	82,854.42
	Wells Fargo Special Mdcp Vl I (WFMIX)	Mutual Funds	46,337.80	48,178.79
	Wisdomtree Tr Itl Hdg Qrtly Div (IHDG)	Mutual Funds	6,700.52	7,787.64
	Wisdomtree Trust Japan Hedged Eq (DXI)	Mutual Funds	46,832.22	48,956.50
	Wisdomtree Us Largecap Div Fnd (DLN)	Mutual Funds	18,090.48	20,841.60
	Participant Loans	Loans: 4.25%	0.00	508,458.96
	Various Life Insurance Policies	Life Insurance	0.00	65,993.20
	Health & Wellness Center	Limited Partnership	122,459.00	344,000.00
	Peabody Self Storage	Limited Partnership	219,123.00	288,925.00
	Robert Santos	First Deed of Trust	0.00	250,000.00
	Skeels Real Estate	First Deed of Trust	0.00	75,000.00
	John Williams	First Deed of Trust	0.00	218,750.00
			$ 15,405,544.38	$ 18,347,435.24