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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PETERSON HOLDING CO. INCENTIVE RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1977

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)
PETERSON HOLDING CO.

955 MARINA BLVD.
SAN LEANDRO, CA 94577

2b Employer Identification Number (EIN)
94-2420293

2c Plan Sponsor's telephone number
510-357-6200

2d Business code (see instructions)
423800

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	ELIZABETH HAISLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1700
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)**	1260
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1479
b Retired or separated participants receiving benefits	**6b**	11
c Other retired or separated participants entitled to future benefits	**6c**	511
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2001
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	7
f Total. Add lines **6d** and **6e**.	**6f**	2008
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1738
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	31
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:
2A 2E 2J 2K 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**A** (Insurance Information)
(4)	[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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
PETERSON HOLDING CO. INCENTIVE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PETERSON HOLDING CO.

D Employer Identification Number (EIN)
94-2420293

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). . . . . [X] 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

MATRIX TRUST COMPANY

75-3182674

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

MSCS FINANCIAL SERVICES

33-1151291

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

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

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 38 50 64	NONE	60967	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MATRIX TRUST COMPANY

75-3182674

(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?
19 21 25 50	NONE	60665	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ARMANINO LLP

94-6214841

(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?
10 50	NONE	19583	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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
PETERSON HOLDING CO. INCENTIVE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PETERSON HOLDING CO.

D Employer Identification Number (EIN)
94-2420293

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	40568	348669
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	112193	112421
(2) Participant contributions	1b(2)	161	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1438890	1783363
(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)	24096361	21417031
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	14793531	17409962
(B) Common	1c(4)(B)	129117946	119065379
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1106334	1019786
(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)		1473292
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	170705984	162629903
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	170705984	162629903

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)	1988961	
	(B) Participants	2a(1)(B)	7023423	
	(C) Others (including rollovers)	2a(1)(C)	402821	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		9415205
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	67009	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		67009
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-8532288
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		949926
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8945457	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		8945457
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	80550	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		80550
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9026007
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-8076081
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ARMANINO LLP **(2)** EIN: 94-6214841

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
PETERSON HOLDING CO. INCENTIVE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PETERSON HOLDING CO.

D Employer Identification Number (EIN)
94-2420293

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): 75-3182674

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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):

Peterson Holding Company
Incentive Retirement Plan

Financial Statements
And Supplemental Schedule

As of December 31, 2018 and 2017
And for the Year Ended December 31, 2018

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Peterson Holding Company Incentive Retirement Plan
San Leandro, California

Report on the Financial Statements

We have audited the accompanying financial statements of the Peterson Holding Company Incentive Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Matrix Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of December 31, 2018 and 2017 and for the year ended December 31, 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at the end of the year) is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

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



Armanino^{LLP}
San Ramon, California

October 14, 2019

PETERSON HOLDING COMPANY INCENTIVE RETIREMENT PLAN
Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

ASSETS

	2018	2017
Cash	$ 348,669	$ 40,568
Investments, at fair value		
Common stock	119,065,379	127,458,125
Preferred stock	17,409,962	14,793,531
Corporate bonds	21,157,215	24,096,361
Closed end mutual funds	1,473,292	1,659,821
Interest bearing cash	1,783,363	1,176,439
Total investments, at fair value	160,889,211	169,184,277
Receivables		
Dividends and interest	259,816	262,451
Employer contributions	112,421	112,193
Employee contributions	-	161
Notes receivable from participants	1,019,786	1,106,334
Total receivables	1,392,023	1,481,139
Total assets	162,629,903	170,705,984
Net assets available for benefits	$ 162,629,903	$ 170,705,984

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

PETERSON HOLDING COMPANY INCENTIVE RETIREMENT PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2018

Additions to net assets attributed to	
Contributions	
Participant contributions	$ 7,023,423
Employer contributions	1,988,961
Participant rollover contributions	402,821
Total contributions	9,415,205
Investment income	
Interest	67,009
Total investment income	67,009
Total additions	9,482,214
Deductions from net assets attributed to	
Net depreciation in fair value of assets	8,532,288
Benefits paid to participants	8,945,457
Administrative fees and expenses	80,550
Total deductions	17,558,295
Decrease in net assets available for benefits	(8,076,081)
Net assets available for benefits, beginning of year	170,705,984
Net assets available for benefits, end of year	$ 162,629,903

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

1. Description of the Plan

The following description of the Peterson Holding Company Incentive Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan, a defined contribution plan sponsored by Peterson Holding Company and Affiliates (the "Company" or "Employer"), qualified under Section 401 of the Internal Revenue Code (the "Code"), was established effective July 1, 1977. The Plan is designed to provide benefits to certain employees of the Company in the event of retirement, disability, and death. Company contributions are made in the form of matching and discretionary contributions and are determined annually by the Board of Trustees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan administration

The Company's Incentive Retirement Plan Administrative Committee (the "Committee") is the trustee and is responsible for making investment decisions. Under the authority of the Committee, investments may be made in, but are not limited to, common stocks, preferred stocks, corporate bonds, and closed end mutual funds.

Matrix Trust Company ("Matrix"), a subsidiary of Broadridge Financial Solutions, Inc. is the custodian for the Plan. RBC Wealth Management, a division of RBC Capital Markets, acts as the securities advisor to the Plan. As part of its custodial services to the Plan, Matrix unitizes the assets of the Plan such that each participant's account consists of a specified number of units in the Plan's investment portfolio. Matrix computes the daily price of a unit based upon the end-of-day market prices of each investment in the Plan's portfolio. The value of each participant's account is computed each day and each participant transaction is based upon the daily price of a unit in the Plan. Milliman Inc. is the record-keeper of the Plan.

Eligibility

New employees, except for those whose terms of employment are under a collective bargaining agreement, are automatically enrolled in the Plan at the rate of 2.5% of eligible compensation as defined by the Plan, unless the employee elects a different rate, including zero. The plan was amended effective September 1, 2018 to increase the auto enrollment of new hires, whose terms of employment are not covered in a collective bargaining agreement, from 2.5% to 6%.

1. Description of the Plan (continued)

Participant contributions

Maximum allowed deferral amounts were $18,500 and $18,000 for 2018 and 2017, respectively. Participants over the age of 50 could also contribute an additional $6,000 to the Plan for 2018 and 2017, respectively.

Participants are allowed to make rollover contributions from other qualified employer-sponsored retirement plans with the approval of the Employer.

Employer contributions

Employer matching contributions are discretionary. The Company elected to make a discretionary employer matching contribution in the amount of $1,988,961 for the year ended December 31, 2018.

The Company may elect to make a discretionary profit-sharing contribution to the Plan. Employees must complete one year of service with the Company in order to be eligible to receive the profit-sharing contribution. The Company did not elect to make a discretionary profit-sharing contribution in 2018.

Participant accounts

Individual accounts are maintained for each Plan participant. Each participant's account consists of units in the Plan's investment portfolio with the units being priced each day based upon the end-of-day market price of each investment. Additional units are purchased with the participant's contributions, the Company's matching contribution and the allocation of any Company discretionary profit-sharing contributions. Units are sold to pay each participant's share of administrative expenses that are charged to the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Investments

The Plan investments are not participant-directed; therefore, all contributions are included under one uniform investment policy. The investment objective is to diversify long-term investments so as to maximize returns with minimum risk of significant losses. The asset allocation policy includes utilizing the following combination of securities: common stocks, preferred stocks, corporate bonds, and closed end mutual funds.

1. Description of the Plan (continued)

Vesting

Balances arising from participants' contributions, rollovers and earnings thereon are vested immediately. Employees vest in the Company contributions at ten percent for each of the first two years and twenty percent for each of the next four years. Company contributions become fully vested after six years of service as defined, or upon death, disability or normal retirement at age 62.

Effective January 1, 2018, the Plan was amended for Company matching contributions (not profit-sharing contributions). Effective January 1, 2018, employees become fully vested in Company matching contributions after 1 year of service.

Forfeitures

At the Plan's discretion, forfeited balances may be used to either reduce administrative expenses or reduce future Company contributions. Forfeited non-vested accounts at December 31, 2018 and 2017 totaled $3,687 and $8,540, respectively. Forfeitures were used to reduce Company contributions to the Plan during the years ended December 31, 2018 and 2017. Forfeitures amounting to $31,150 and $49,675 were used to reduce employer contributions during the years ended December 31, 2018 and 2017, respectively.

Payment of benefits

On termination of service, death, disability, retirement or any date following the attainment of age 59 ½, the Plan provides that a participant receive vested benefits in the form of a lump sum payment, installment payments, or a combination thereof. If a participant's account balance is less than or equal to $1,000, the participant has the option to roll over the balance to another qualified plan or receive payment in a lump sum, within a reasonable time in accordance with the provisions of the plan. If the account balance is over $1,000, the participant must consent to either a distribution paid in the form of a lump-sum payment, a direct rollover into another qualified plan, installment payments over a period not longer than life expectancy or postpone payment to a later date and remain in the Plan as described in the Plan document.

Notes receivable from participants

Participants may borrow from their vested accounts a minimum of $1,000 up to a maximum amount that equals the lesser of $50,000 or 50% of the value of their vested account balance. All loans must be repaid within 5 years. The loans are secured by the remaining vested balance in the participant's account and bear an interest rate that is equal to the prime rate at the time the loan is taken plus 2%. Principal and interest are paid ratably through semi-monthly payroll deductions. Loans outstanding during 2018 and 2017, bear interest at rates of 5.25% - 7.50%.

2. Summary of Significant Accounting Policies

Basis of accounting

The accompanying financial statements have been prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion of fair value measurements.

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

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Benefits

Benefits are recorded when paid.

Estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Accordingly, actual results could differ from those estimates.

Risks and uncertainties

The Plan invests in various securities including common stocks, preferred stocks, corporate bonds, and closed end mutual funds. Investment securities, in general, are exposed to various risks, such as interest rates, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

2. Summary of Significant Accounting Policies (continued)

Administrative expenses

Most administrative expenses are paid by the Plan.

Subsequent events

The Plan administrator has evaluated subsequent events through October 14, 2019, the date the financial statements were available to be issued. During the period from January 1, 2019 through October 14, 2019, the Plan did not have any material recognizable subsequent events.

3. Information Prepared and Certified by Custodian

In accordance with Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the custodian certified information regarding the cost and fair value of all investments at December 31, 2018 and 2017, and custodian investment transactions entered into during the year ended December 31, 2018, which was used in the preparation of the accompanying financial statements and supplemental schedule.

4. Income Tax Status

The Plan has been qualified and is exempt from income taxes; therefore, no provision for income tax has been included in the Plan's financial statements. The Internal Revenue Service has determined and informed the Company by letter dated March 31, 2014, that the Plan is designed in accordance with applicable sections of the Code. The Company is not aware of any events which would cause the Plan to become disqualified in operation and believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

U.S. GAAP require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon an examination by the Internal Revenue Service. No uncertain positions have been identified that would require the recognition of a tax liability (or asset) or disclosure in the financial statements as of December 31, 2018 and 2017. The Plan is subject to routine audits by applicable taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

5. Plan Termination

While the Company has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination or complete discontinuance of Company contributions, the individual accounts of all participants, after payment of any applicable expenses, would become fully vested and non-forfeitable.

6. Party-in-Interest Transactions

The Plan has among its investments certain funds managed by RBC. RBC is a securities advisor as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions.

7. Fair Value Measurements

The Plan's valuation methodologies were applied to all of its investments carried at fair value. Fair value is based upon quoted market prices, where available. If listed prices or quotes are not available, fair value is based upon models that primarily use, as inputs, market-based or independently sourced market parameters, including yield curves, interest rates, volatilities, equity or debt prices, foreign exchange rates and credit curves.

The Plan defines fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. U.S. GAAP establishes 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 measurements involving significant unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Company has the ability to access at the measurement date.

- Level 2 inputs are inputs other than Level 1 either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

- Level 3 inputs are unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

7. Fair Value Measurements (continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2018 and 2017.

Cash and cash management funds are valued at the closing price or the amount held on deposit by the custodian bank where quoted prices are available in an active market and are classified as Level 1.

Common stock, preferred stock, corporate bonds, and closed end mutual funds are valued at the closing price reported on the major market on which the individual securities are traded. All common stocks, closed end mutual funds, preferred stocks, and corporate bonds are classified within Level 1 of the valuation hierarchy.

Investments measured at fair value on a recurring basis consisted of the following types of instruments as of December 31, 2018:

	Level 1	Level 2	Level 3	Total
Interest bearing cash	$ 1,783,363	$ -	$ -	$ 1,783,363
Equities				
Common stock	119,065,379	-	-	119,065,379
Preferred stock	17,409,962	-	-	17,409,962
Fixed income				
Corporate bonds	21,157,215	-	-	21,157,215
Closed end mutual funds	1,473,292	-	-	1,473,292
Total	$160,889,211	$ -	$ -	$160,889,211

7. Fair Value Measurements (continued)

Investments measured at fair value on a recurring basis consisted of the following types of instruments as of December 31, 2017:

	Level 1	Level 2	Level 3	Total
Interest bearing cash	$ 1,176,439	$ -	$ -	$ 1,176,439
Equities				
Common stock	127,458,125	-	-	127,458,125
Preferred stock	14,793,531	-	-	14,793,531
Fixed income				
Corporate bonds	24,096,361	-	-	24,096,361
Closed end mutual funds	1,659,821	-	-	1,659,821
Total	$169,184,277	$ -	$ -	$169,184,277

SUPPLEMENTAL SCHEDULE

PETERSON HOLDING COMPANY INCENTIVE RETIREMENT PLAN
Schedule H, Part IV, Item 4(i) - Schedule of Assets (Held at Year End)
EIN: 94-2420293; Plan 001
December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Interest Bearing Cash		
	Dain Rauscher Cash	Money Market Mutual Fund	$ 1,715,273
	Federated Treas Oblig-AS	Money Market Mutual Fund	68,090
		Total Interest Bearing Cash	1,783,363
	Closed End Funds		
	Blackrock Core Bd Trust	Closed End Mutual Fund	872,772
	Duff & Phelps Util Cp Bd	Closed End Mutual Fund	600,520
		Total Closed End Mutual Funds	1,473,292
	Corporate Bonds		
	Oneok Inc4.250% Due 02-01-22	Corporate Bonds	1,120,399
	Centurylink Inc5.800% Due 03-15-22	Corporate Bonds	477,227
	Chesapeake Energy Corp4.875% Due 04-15-22	Corporate Bonds	85,659
	Olin Corp5.500% Due 08-15-22	Corporate Bonds	497,214
	RR Donnelley & Sons Co6.500% Due 11-15-23	Corporate Bonds	488,599
	Qwest Corporation7.250% Due 09-15-25	Corporate Bonds	303,793
	Ford Motor Company7.125% Due 11-15-25	Corporate Bonds	597,783
	Ford Motor Company7.500% Due 08-01-26	Corporate Bonds	798,965
	Teva Pharmaceuticals Ne3.150% Due 10-01-26	Corporate Bonds	374,294
	Ford Motor Company6.625% Due 02-15-28	Corporate Bonds	503,827
	Madison Gas & Electric C7.700% Due 02-15-28	Corporate Bonds	5,909
	Ford Motor Company6.625% Due 10-01-28	Corporate Bonds	754,409
	Ford Motor Company6.375% Due 02-01-29	Corporate Bonds	752,407
	Puget Sound Energy Inc7.000% Due 03-09-29	Corporate Bonds	244,980
	AT&T Corp6.500% Due 03-15-29	Corporate Bonds	327,776
	RR Donnelley & Sons6.625% Due 04-15-29	Corporate Bonds	456,708
	Ford Motor Company7.450% Due 07-16-31	Corporate Bonds	501,275
	Ford Motor Company8.900% Due 01-15-32	Corporate Bonds	553,693
	Kinder Morgan Energy Partners7.300% Due 08-15-33	Corporate Bonds	569,017
	US West Communications6.875% Due 09-15-33	Corporate Bonds	227,212
	Alcoa Inc5.950% Due 02-01-37	Corporate Bonds	456,723
	US Steel Corp6.650% Due 06-01-37	Corporate Bonds	569,430
	Jefferies Grp LLC / Cap6.000% Due 12-28-37	Corporate Bonds	465,215
	Kinder Morgan Ener Part6.950% Due 01-15-38	Corporate Bonds	559,223
	Transocean Inc6.800% Due 03-15-38	Corporate Bonds	522,161
	Centurytel Inc7.600% Due 09-15-39	Corporate Bonds	386,079
	Newmont Mining Corp	Corporate Bonds	1,078,149
	Kinder Morgan Ener Part 6.550% Due 09-15-40	Corporate Bonds	536,602
	Hess Corp5.600% Due 02-15-41	Corporate Bonds	435,348
	Centurylink Inc7.650% Due 03-15-42	Corporate Bonds	385,336
	Wachovia Cap Trust III5.570% Due 03-15-42	Corporate Bonds	439,370
	Qwest Corp7.125% Due 11-15-43	Corporate Bonds	272,852
	Marathon Petroleum Corp5.850% Due 12-15-45	Corporate Bonds	486,040
	Ford Motor Company7.400% Due 11-01-46	Corporate Bonds	507,011
	Suntrust Banks Inc5.050% Due 05-02-49	Corporate Bonds	427,062
	Keycorp5.000% Due 12-29-49	Corporate Bonds	437,523
	Bank Of America Corp6.100% Due 12-31-49	Corporate Bonds	481,647
	Charles Schwab Corp5.000% Due 12-31-49	Corporate Bonds	416,601
	Wells Fargo & Company5.875% Due 12-31-49	Corporate Bonds	482,534
	Centerpoint Energy Inc6.125% Due 12-31-99	Corporate Bonds	489,829
	Citigroup Inc6.300% Due 12-31-99	Corporate Bonds	463,984
	Suntrust Banks Inc5.125% Due 12-31-99	Corporate Bonds	413,524
	JPMorgan Chase & Co5.150% Due 04-23-99	Corporate Bonds	456,107
	Accrued Interest	Corporate Bonds	347,719
		Total Corporate Bonds	21,157,215
	Common Stocks		
	3M Co.	Common Stock	844,210
	Abbott Laboratories	Common Stock	1,511,855
	Accenture PLC	Common Stock	971,851
	Agree Realty Corp	Common Stock	1,164,169
	Albemarle Corp	Common Stock	341,468
	Alibaba Group Holding-Sp ADR	Common Stock	472,348
	Allergan plc	Common Stock	789,595
	Alphabet Inc Cl C	Common Stock	1,325,535
	Amazon Com Inc	Common Stock	739,406
	Ameren Corp	Common Stock	1,046,855
	American Electric Power Co	Common Stock	993,433
	Amgen Inc	Common Stock	1,226,678
	Anadarko Pete Corp (oxy 08/09/19)	Common Stock	517,969
		Forward	11,945,372

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EIN: 94-2420293; Plan 001
December 31, 2018

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		Forward	$ 11,945,372
	Common Stocks (continued)		
	Apple Inc	Common Stock	1,320,117
	Astrazeneca Plc Sponsored Adr	Common Stock	1,271,410
	AT&T Inc	Common Stock	1,299,117
	BB&T Corp	Common Stock	1,023,650
	Bce Inc Com	Common Stock	973,013
	Biogen Inc	Common Stock	948,097
	Boston Properties Inc.	Common Stock	498,666
	Brighthouse Financial Inc	Common Stock	62,721
	Bristol-Myers Squibb Co	Common Stock	818,857
	Broadcom Ltd	Common Stock	1,502,156
	Capital One Financial Corp Com	Common Stock	401,892
	Caterpillar Inc	Common Stock	950,842
	Celgene Corp	Common Stock	605,778
	Centerpoint Energy Inc	Common Stock	925,565
	Chevron Corp	Common Stock	1,574,556
	Cisco Systems Inc	Common Stock	1,437,707
	Citigroup Inc	Common Stock	1,076,404
	Coca-Cola Company	Common Stock	1,258,738
	Colgate-Palmolive	Common Stock	908,336
	Comerica Inc.	Common Stock	595,152
	Consolidated Edison	Common Stock	956,070
	Costco Wholesale Corp-New	Common Stock	1,163,301
	Crown Castle Intl Corp	Common Stock	919,814
	Csx Corp	Common Stock	1,070,511
	CVS Health Corp	Common Stock	651,549
	Devon Energy Corp New	Common Stock	290,721
	Disney Walt Co	Common Stock	1,381,880
	DowDuPont Inc (dd 06/03/19)	Common Stock	1,474,352
	Dte Energy Co	Common Stock	966,534
	Duke Energy Corp	Common Stock	1,062,117
	Eaton Corp PLC	Common Stock	858,537
	Edwards Lifesciences	Common Stock	1,312,033
	Emerson Electric Co	Common Stock	976,557
	Enbridge Inc	Common Stock	707,001
	EPR Properties	Common Stock	441,299
	Evergy Inc	Common Stock	1,006,105
	Exelon Corp	Common Stock	1,287,734
	Exxon-Mobil Corporation	Common Stock	1,416,625
	Ford Motor Co New	Common Stock	564,904
	General Dynamics Corp	Common Stock	232,179
	General Motors Co	Common Stock	971,560
	Gilead Sciences Inc	Common Stock	695,917
	Glaxosmithkline Plc Ads	Common Stock	865,280
	Hawaiian Electric Industries	Common Stock	1,016,762
	HCA Healthcare Inc	Common Stock	563,643
	Honeywell International	Common Stock	897,572
	Hormel Foods	Common Stock	630,329
	Hsbc Hldgs PLC	Common Stock	724,523
	Huntington Bancshares	Common Stock	1,056,259
	Illumina Inc	Common Stock	472,489
	Industrial Logistics Property	Common Stock	506,061
	Intel Corporation	Common Stock	1,159,781
	Intl Business Machines Inc	Common Stock	335,752
	Johnson & Johnson	Common Stock	1,092,718
		Forward	61,126,615

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
		Forward	$ 61,126,615
	Common Stocks (continued)		
	JPMorgan Chase & Co	Common Stock	1,105,321
	Kansas City Southern	Common Stock	770,622
	Kimco Realty Corp	Common Stock	432,724
	Marathon Petroleum Corp	Common Stock	784,352
	Marriott International Inc	Common Stock	459,611
	Mastercard Inc A	Common Stock	1,114,448
	Merck & Company Inc	Common Stock	1,354,174
	Metlife Inc	Common Stock	929,819
	Microchip Technology	Common Stock	828,490
	Microsoft Corporation	Common Stock	1,480,058
	Mylan NV SHS Euro	Common Stock	431,641
	Newmont Goldcorp Corp	Common Stock	757,370
	Nextera Energy Inc	Common Stock	1,112,410
	Nike Inc.	Common Stock	956,259
	Nvidia Corp	Common Stock	657,208
	Old Republic International Corp.	Common Stock	980,238
	Oneok Inc	Common Stock	446,193
	Paypal Holdings Inc	Common Stock	1,407,489
	Pepsico Inc	Common Stock	978,989
	Pfizer Incorporated	Common Stock	975,578
	Phillips 66	Common Stock	364,733
	Pnc Financial Svc Group	Common Stock	1,231,650
	Proofpoint Inc	Common Stock	627,135
	PTC Inc	Common Stock	1,061,084
	Qualcomm	Common Stock	1,098,238
	Raytheon Co	Common Stock	573,745
	Realty Income Corp	Common Stock	868,952
	Roper Technologies Inc	Common Stock	603,545
	Royal Dutch Shell PLC - ADR A	Common Stock	252,435
	Royal Dutch Shell PLC - ADR B	Common Stock	590,158
	Salesforce.Com Inc	Common Stock	269,716
	Sanofi - Aventis Sa Adr	Common Stock	427,407
	Sap Aktiengesellschaft Adr	Common Stock	803,724
	Schlumberger Ltd	Common Stock	390,761
	Select Income Reit (opi 01/02/19)	Common Stock	376,819
	Seniors Housing Properties Trust	Common Stock	553,886
	Servicenow Inc	Common Stock	946,646
	Splunk Inc	Common Stock	1,022,010
	Stag Industrial Inc	Common Stock	979,856
	Starbucks Corp.	Common Stock	577,004
	Sterling Bancorp	Common Stock	601,451
	Stryker Corporation	Common Stock	277,800
	Targa Resources Corp	Common Stock	659,642
	Target Corp	Common Stock	422,961
	Teva Pharmaceutical Industries LTD ADR	Common Stock	478,241
	Texas Instruments Inc	Common Stock	1,228,167
	Total Fina Elf Sa Adr	Common Stock	642,193
	Travelers Cos Inc	Common Stock	966,810
	Union Pacific Corp.	Common Stock	843,812
	United Parcel Service	Common Stock	1,008,276
	United Technologies Corp.	Common Stock	1,048,382
	Uniti Group Inc	Common Stock	383,248
	US Bancorp - Del	Common Stock	1,120,385
	Valero Energy Corp New	Common Stock	634,801
	Verizon Communications	Common Stock	1,217,770
	Visa Inc Class A Shares	Common Stock	1,234,104
	VMWare Inc Class A	Common Stock	783,091
	Vodafone Group PLC ADR	Common Stock	823,851
	Walmart Inc	Common Stock	1,238,136
	Waste Management Inc	Common Stock	1,209,127
	Welltower Inc	Common Stock	888,417
	Western Alliance Bancorp	Common Stock	579,329
	Westpac Banking Corp Spd Adr	Common Stock	653,624
	Weyerhaeuser Co	Common Stock	419,698
	Williams Co.	Common Stock	920,483
	Xcel Energy Inc	Common Stock	984,760
	Zion Bancorp	Common Stock	537,499
	Amerigas Partners-LP (ugi 08/22/19)	Common Stock	778,213
	Energy Transfer LP	Common Stock	523,108
	Enterprise Products Pptns LP	Common Stock	444,504
	Magellan Midstream Partners	Common Stock	835,275
	MPLX LP	Common Stock	786,523
	Western Gas Partners LP (wes 02/28/19)	Common Stock	787,586
	Dnp Select Income Fund Inc	Common Stock	394,999
		Total Common Stock	119,065,379
	Preferred Stock		
	Alabama Power Co Pfd Cl A	Preferred Stock	467,479
	Allstate Corp	Preferred Stock	471,615
	Arch Cap Group Ltd Pfd F	Preferred Stock	400,331
	AT&T 5.35% Pfd	Preferred Stock	438,336
	Axis Cap Hldgs Ltd	Preferred Stock	412,343
	Bank America Corp 6% 5/16/23	Preferred Stock	494,260
	Bank Of America Corp 6.625% (called 9/09/19)	Preferred Stock	500,955
	Berkley (WR) Corp 5.900%	Preferred Stock	446,015
		Forward	3,631,334

PETERSON HOLDING COMPANY INCENTIVE RETIREMENT PLAN
Schedule H, Part IV, Item 4(i) - Schedule of Assets (Held at Year End)
EIN: 94-2420293; Plan 001
December 31, 2018

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		Forward	$ 3,631,334
	Preferred Stock (continued)		
	Capital One Financial Corp Ser B 6.000%	Preferred Stock	484,217
	Citigroup Inc 6.875% (delisted 02/12/19)	Preferred Stock	1,001,123
	DTE Energy 5.375%	Preferred Stock	448,378
	DTE Energy Co	Preferred Stock	438,139
	Duke Energy Corp 5.625 9/15/2078	Preferred Stock	468,661
	First Republic Bank	Preferred Stock	437,548
	First Republic Bank Ser H	Preferred Stock	420,416
	Hanover Insurance Group	Preferred Stock	488,352
	JPMorgan Chase & Co (delisted 03/01/19)	Preferred Stock	500,364
	JPMorgan Chase & Co 6.3% (delisted 09/04/19)	Preferred Stock	499,577
	Keycorp 6.125%	Preferred Stock	508,438
	Kimco Rlty Corp Cl L	Preferred Stock	388,122
	Metlife Inc 5.625%	Preferred Stock	463,738
	Morgan Stanley 6.625%	Preferred Stock	496,820
	Morgan Stanley 6.875%	Preferred Stock	510,013
	Partnerre Ltd 5.875%	Preferred Stock	448,182
	Prudential Financial Inc 5.625 8/15/2058	Preferred Stock	931,020
	PS Bus Parks Ser W	Preferred Stock	407,420
	Qwest Corp 6.125 6/1/2053	Preferred Stock	638,009
	Qwest Corp 6.75 6/15/2057	Preferred Stock	373,747
	Renaissancere Holdings	Preferred Stock	429,868
	SCE Trust II 5.1%	Preferred Stock	379,655
	SCE Trust VI 5.000%	Preferred Stock	358,191
	The Southern Company 5.25%	Preferred Stock	429,474
	US Cellular Corp 7.25 12/1/2063	Preferred Stock	463,738
	W R Berkley Corp 5.750%	Preferred Stock	441,486
	Wells Fargo & Company 5.125	Preferred Stock	428,884
	Wells Fargo & Company Pfd	Preferred Stock	495,048
		Total Preferred Stock	17,409,962
	Notes receivable from participants	Participant Loans, Interest Rate: 5.25% - 7.50%	1,019,786
		Grand Total	$ 161,908,997

PETERSON HOLDING COMPANY INCENTIVE RETIREMENT PLAN
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	Blackrock Core Bd Trust	Closed End Mutual Fund	872,772
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		Total Closed End Mutual Funds	1,473,292
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	JPMorgan Chase & Co5.150% Due 04-23-99	Corporate Bonds	456,107
	Accrued Interest	Corporate Bonds	347,719
		Total Corporate Bonds	21,157,215
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	3M Co.	Common Stock	844,210
	Abbott Laboratories	Common Stock	1,511,855
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	Common Stocks (continued)		
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	Old Republic International Corp.	Common Stock	980,238
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	Phillips 66	Common Stock	364,733
	Pnc Financial Svc Group	Common Stock	1,231,650
	Proofpoint Inc	Common Stock	627,135
	PTC Inc	Common Stock	1,061,084
	Qualcomm	Common Stock	1,098,238
	Raytheon Co	Common Stock	573,745
	Realty Income Corp	Common Stock	868,952
	Roper Technologies Inc	Common Stock	603,545
	Royal Dutch Shell PLC - ADR A	Common Stock	252,435
	Royal Dutch Shell PLC - ADR B	Common Stock	590,158
	Salesforce.Com Inc	Common Stock	269,716
	Sanofi - Aventis Sa Adr	Common Stock	427,407
	Sap Aktiengesellschaft Adr	Common Stock	803,724
	Schlumberger Ltd	Common Stock	390,761
	Select Income Reit (opi 01/02/19)	Common Stock	376,819
	Seniors Housing Properties Trust	Common Stock	553,886
	Servicenow Inc	Common Stock	946,646
	Splunk Inc	Common Stock	1,022,010
	Stag Industrial Inc	Common Stock	979,856
	Starbucks Corp.	Common Stock	577,004
	Sterling Bancorp	Common Stock	601,451
	Stryker Corporation	Common Stock	277,800
	Targa Resources Corp	Common Stock	659,642
	Target Corp	Common Stock	422,961
	Teva Pharmaceutical Industries LTD ADR	Common Stock	478,241
	Texas Instruments Inc	Common Stock	1,228,167
	Total Fina Elf Sa Adr	Common Stock	642,193
	Travelers Cos Inc	Common Stock	966,810
	Union Pacific Corp.	Common Stock	843,812
	United Parcel Service	Common Stock	1,008,276
	United Technologies Corp.	Common Stock	1,048,382
	Uniti Group Inc	Common Stock	383,248
	US Bancorp - Del	Common Stock	1,120,385
	Valero Energy Corp New	Common Stock	634,801
	Verizon Communications	Common Stock	1,217,770
	Visa Inc Class A Shares	Common Stock	1,234,104
	VMWare Inc Class A	Common Stock	783,091
	Vodafone Group PLC ADR	Common Stock	823,851
	Walmart Inc	Common Stock	1,238,136
	Waste Management Inc	Common Stock	1,209,127
	Welltower Inc	Common Stock	888,417
	Western Alliance Bancorp	Common Stock	579,329
	Westpac Banking Corp Spd Adr	Common Stock	653,624
	Weyerhaeuser Co	Common Stock	419,698
	Williams Co.	Common Stock	920,483
	Xcel Energy Inc	Common Stock	984,760
	Zion Bancorp	Common Stock	537,499
	Amerigas Partners-LP (ugi 08/22/19)	Common Stock	778,213
	Energy Transfer LP	Common Stock	523,108
	Enterprise Products Pptns LP	Common Stock	444,504
	Magellan Midstream Partners	Common Stock	835,275
	MPLX LP	Common Stock	786,523
	Western Gas Partners LP (wes 02/28/19)	Common Stock	787,586
	Dnp Select Income Fund Inc	Common Stock	394,999
		Total Common Stock	119,065,379
	Preferred Stock		
	Alabama Power Co Pfd Cl A	Preferred Stock	467,479
	Allstate Corp	Preferred Stock	471,615
	Arch Cap Group Ltd Pfd F	Preferred Stock	400,331
	AT&T 5.35% Pfd	Preferred Stock	438,336
	Axis Cap Hldgs Ltd	Preferred Stock	412,343
	Bank America Corp 6% 5/16/23	Preferred Stock	494,260
	Bank Of America Corp 6.625% (called 9/09/19)	Preferred Stock	500,955
	Berkley (WR) Corp 5.900%	Preferred Stock	446,015
		Forward	3,631,334

PETERSON HOLDING COMPANY INCENTIVE RETIREMENT PLAN
Schedule H, Part IV, Item 4(i) - Schedule of Assets (Held at Year End)
EIN: 94-2420293; Plan 001
December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
		Forward	$ 3,631,334
	Preferred Stock (continued)		
	Capital One Financial Corp Ser B 6.000%	Preferred Stock	484,217
	Citigroup Inc 6.875% (delisted 02/12/19)	Preferred Stock	1,001,123
	DTE Energy 5.375%	Preferred Stock	448,378
	DTE Energy Co	Preferred Stock	438,139
	Duke Energy Corp 5.625 9/15/2078	Preferred Stock	468,661
	First Republic Bank	Preferred Stock	437,548
	First Republic Bank Ser H	Preferred Stock	420,416
	Hanover Insurance Group	Preferred Stock	488,352
	JPMorgan Chase & Co (delisted 03/01/19)	Preferred Stock	500,364
	JPMorgan Chase & Co 6.3% (delisted 09/04/19)	Preferred Stock	499,577
	Keycorp 6.125%	Preferred Stock	508,438
	Kimco Rlty Corp Cl L	Preferred Stock	388,122
	Metlife Inc 5.625%	Preferred Stock	463,738
	Morgan Stanley 6.625%	Preferred Stock	496,820
	Morgan Stanley 6.875%	Preferred Stock	510,013
	Partnerre Ltd 5.875%	Preferred Stock	448,182
	Prudential Financial Inc 5.625 8/15/2058	Preferred Stock	931,020
	PS Bus Parks Ser W	Preferred Stock	407,420
	Qwest Corp 6.125 6/1/2053	Preferred Stock	638,009
	Qwest Corp 6.75 6/15/2057	Preferred Stock	373,747
	Renaissancere Holdings	Preferred Stock	429,868
	SCE Trust II 5.1%	Preferred Stock	379,655
	SCE Trust VI 5.000%	Preferred Stock	358,191
	The Southern Company 5.25%	Preferred Stock	429,474
	US Cellular Corp 7.25 12/1/2063	Preferred Stock	463,738
	W R Berkley Corp 5.750%	Preferred Stock	441,486
	Wells Fargo & Company 5.125	Preferred Stock	428,884
	Wells Fargo & Company Pfd	Preferred Stock	495,048
		Total Preferred Stock	17,409,962
	Notes receivable from participants	Participant Loans, Interest Rate: 5.25% - 7.50%	1,019,786
		Grand Total	$ 161,908,997