

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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>12/01/2013</u> and ending <u>11/30/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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 <u>RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>005</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/31/1953</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>005</u>	1c Effective date of plan <u>12/31/1953</u>			
1b Three-digit plan number (PN) ▶	<u>005</u>						
1c Effective date of plan <u>12/31/1953</u>							
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ALFRED NICKLES BAKERY, INC.</u> <u>26 MAIN ST N</u> <u>NAVARRE, OH 44662-1158</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-0428345</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>330-879-5635</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>311800</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0428345</u>		2c Sponsor's telephone number <u>330-879-5635</u>		2d Business code (see instructions) <u>311800</u>	
2b Employer Identification Number (EIN) <u>34-0428345</u>							
2c Sponsor's telephone number <u>330-879-5635</u>							
2d Business code (see instructions) <u>311800</u>							

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.	09/15/2015	MARK T. SPONSELLER
	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
	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. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	647
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	143
b Retired or separated participants receiving benefits		6b	257
c Other retired or separated participants entitled to future benefits		6c	155
d Subtotal. Add lines 6a , 6b , and 6c		6d	555
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	63
f Total. Add lines 6d and 6e		6f	618
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	48
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: 1A			
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) ☒ 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) ☐ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2013 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

A Name of plan <u>RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.</u>	B Three-digit plan number (PN) ►	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALFRED NICKLES BAKERY, INC.</u>	D Employer Identification Number (EIN) <u>34-0428345</u>	

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.
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1 Coverage Information:

(a) Name of insurance carrier

AETNA LIFE INSURANCE 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
<u>06-6033492</u>	<u>60054</u>	<u>000759</u>	<u>618</u>	<u>12/01/2013</u>	<u>11/30/2014</u>

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

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

(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** 13790527**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **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 ▶**b** Balance at the end of the previous year **7b** 13908219**c** Additions: (1) Contributions deposited during the year **7c(1)** 3000000(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 633944(4) Transferred from separate account **7c(4)** 0(5) Other (specify below) **7c(5)** 1040413

▶ MARKET VALUE ADJUST, MISC. INCOME, UNALLOCATED FUND BALANCE

(6) Total additions **7c(6)** 4674357**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 18582576**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 3871638(2) Administration charge made by carrier **7e(2)** 106035(3) Transferred to separate account **7e(3)** 0(4) Other (specify below) **7e(4)** 0(5) Total deductions **7e(5)** 3977673**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 14604903

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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ALFRED NICKLES BAKERY, INC.</u>	D Employer Identification Number (EIN) <u>34-0428345</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>53149396</u>
b Actuarial value	2b <u>50450218</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>301</u> <u>27839794</u>
b For terminated vested participants.....	3b <u>210</u> <u>6405667</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>1173263</u>
(2) Vested benefits	3c(2) <u>14158995</u>
(3) Total active.....	3c(3) <u>136</u> <u>15332258</u>
d Total.....	3d <u>647</u> <u>49577719</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.64 %</u>
6 Target normal cost	6 <u>1003564</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>09/14/2015</u>
	Signature of actuary	Date
<u>SETH PITASKY, EA, MAAA</u>	Type or print name of actuary	<u>14-07321</u>
		Most recent enrollment number
<u>CBIZ RETIREMENT PLAN SERVICES</u>	Firm name	<u>216-520-6174</u>
		Telephone number (including area code)
<u>6050 OAK TREE BLVD. SOUTH SUITE 500 CLEVELAND, OH 44131</u>	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1839162
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	850631
9 Amount remaining (line 7 minus line 8)	0	988531
10 Interest on line 9 using prior year's actual return of <u>13.80</u> %	0	136417
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>6.98</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1124948

Part III Funding Percentages		
14 Funding target attainment percentage	14	99.49 %
15 Adjusted funding target attainment percentage	15	101.75 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.20 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.23%	2nd segment: 6.51%	3rd segment: 7.16 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	1003564	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	252449	42489	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	1046053	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	1046053	1046053
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014	
A Name of plan RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 ALFRED NICKLES BAKERY, INC.	D Employer Identification Number (EIN) 34-0428345

Part I	Service Provider Information (see instructions)
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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 disclosure 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)

BNY MELLON, NA

ONE WALL STREET
NEW YORK, NY 10286

25-0659306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	120699	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AETNA LIFE INSURANCE COMPANY

151 FARMINGTON AVENUE
HARTFORD, CT 06156-9260

06-6033492

(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?
23	NONE	106035	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 ☐

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.	

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>12/01/2013</u> and ending <u>11/30/2014</u>		
A Name of plan <u>RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.</u>		B Three-digit plan number (PN) ► <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALFRED NICKLES BAKERY, INC.</u>		D Employer Identification Number (EIN) <u>34-0428345</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	58603	80909
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1332592	416284
(2) U.S. Government securities	1c(2)	3917	3059
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	1029885	4652140
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	16092618	17256374
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	19796773	15141875
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	14835008	14604903
(15) Other.....	1c(15)	0	152136

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	53149396	52307680

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	53149396	52307680
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	633963	
(B) U.S. Government securities	2b(1)(B)	196	
(C) Corporate debt instruments	2b(1)(C)	65192	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	827	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		700178
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	285376	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	483236	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		768612
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	10888002	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11099949	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-211947
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	1638822	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1638822

		(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)		933473
c Other income.....	2c		497758
d Total income. Add all income amounts in column (b) and enter total.....	2d		4326896

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4941264	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		4941264
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)	0	
(2) Contract administrator fees.....	2i(2)	106035	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	121313	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		227348
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5168612

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-841716
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: MALONEY AND NOVOTNY LLC

(2) EIN: 34-0677006

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:

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.).....

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.).....

	Yes	No	Amount
4a		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
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?		X	
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?		X	
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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 section 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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

A Name of plan <u>RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALFRED NICKLES BAKERY, INC.</u>	D Employer Identification Number (EIN) <u>34-0428345</u>

Part I	Distributions
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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	<u>0</u>
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): <u>06-6033492</u>		
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	<u>37</u>

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)
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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
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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
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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.
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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: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

**RETIREMENT PLAN FOR
NON-BARGAINING EMPLOYEES OF
ALFRED NICKLES BAKERY, INC.**

FINANCIAL REPORT

NOVEMBER 30, 2014 and 2013

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

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Independent Auditors' Report

Plan Administrator
Retirement Plan for Non-Bargaining Employees
of Alfred Nickles Bakery, Inc.
Navarre, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Plan for Non-Bargaining Employees of Alfred Nickles Bakery, Inc. (the "Plan"), which comprise the statements of net assets available for benefits as of November 30, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 7, which was certified by Aetna Life Insurance Company and BNY Mellon Wealth Management, the Custodians of the Plan, except for comparing the information with the related information included in the financial statements.

We have been informed by the plan administrator that the Custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodians as of November 30, 2014 and 2013, and for the years then ended, that the information provided to the plan administrator by the Custodians 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.

Report on Supplementary Information

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of or for the year ended November 30, 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year), as of November 30, 2014 that accompanies the Plan's financial statements does not disclose the historical cost of certain nonparticipant-directed plan assets held by the Custodians. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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

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

Meloney + Novotny LLC

Canton, Ohio
September 3, 2015

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

November 30, 2014 and 2013

<u>ASSETS</u>	<u>2014</u>	<u>2013</u>
INVESTMENTS, AT FAIR VALUE		
Interest-bearing cash and cash equivalents	\$ 416,284	\$ 1,332,592
Mutual funds	15,141,875	19,796,773
Fixed income securities	4,807,335	1,033,802
Equities	17,256,374	16,092,618
Contracts with insurance company	<u>14,604,903</u>	<u>14,835,008</u>
Total investments	52,226,771	53,090,793
ACCRUED INCOME	<u>80,909</u>	<u>58,603</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 52,307,680</u>	<u>\$ 53,149,396</u>

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

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended November 30, 2014 and 2013

INVESTMENT ACTIVITY	<u>2014</u>	<u>2013</u>
Investment activity:		
Interest	\$ 700,178	\$ 816,092
Dividends	768,612	713,479
Net appreciation in fair value of investments	<u>2,858,106</u>	<u>5,305,160</u>
Total investment activity	<u>4,326,896</u>	<u>6,834,731</u>
 DEDUCTIONS		
Pension benefits paid	4,941,264	3,016,411
Administrative expenses	<u>227,348</u>	<u>224,062</u>
Total deductions	<u>5,168,612</u>	<u>3,240,473</u>
 Net (decrease) increase	(841,716)	3,594,258
 NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>53,149,396</u>	<u>49,555,138</u>
 END OF YEAR	<u>\$ 52,307,680</u>	<u>\$ 53,149,396</u>

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

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following brief description of the Retirement Plan for Non-Bargaining Employees of Alfred Nickles Bakery, Inc. (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General:

The Plan is a defined benefit pension plan covering the non-bargaining employees of Alfred Nickles Bakery, Inc. (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan Sponsor:

The Company operates bakeries that manufacture bread, buns, sweet rolls, and pastries which are sold to supermarkets, grocery stores, restaurants, distributors, and institutions throughout the Midwest. The Company has begun a program of reducing expenses and enhancing profitability so as to continue as a going concern.

Benefits:

Participants with 5 or more years of credited service are eligible to receive monthly benefit payments beginning at normal retirement age of 65. The participants will receive annual benefits in an amount equal to the greater of 2.5% of their average monthly compensation for each year of service earned while a participant or \$222.86 multiplied by their total number of credited years of service. However, for individuals employed with the Company prior to October 1, 1993, their annual benefit will be the greater of \$300 multiplied by their total number of credited years of service or 1.75% of their final average five-year compensation as of November 30, 1988 times credited years of service plus 2.5% of their total compensation earned after December 1, 1988. Generally, a participant who remains in employment after attaining normal retirement age is not entitled to receive payments of his retirement income until he actually retires; however, the participant will receive credit for the service rendered after normal retirement age. The Plan also provides for the payment of benefits upon death.

Death Benefits:

If a vested participant dies before the date on which his retirement income is to begin, the surviving spouse is entitled to the amount said spouse would have received if the participant had lived until the earliest date upon which he could have commenced receiving his retirement benefits, beginning the first day of the month following the month in which the participant died.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 1. Description of the Plan (continued)

Custodians:

Under the terms of the custodian agreements between Aetna Life Insurance Company ("Aetna"), BNY Mellon Wealth Management ("Mellon"), and the Plan, Aetna and Mellon manage the majority of the Plan's funds and execute transactions on behalf of the Plan. Aetna and Mellon are collectively referred to as the "Custodians". Aetna has not been granted authority concerning purchases and sales of investments. Mellon has been granted discretionary authority concerning purchases and sales of investments in its portfolio. The investments, accrued investment income, and investment income of these trust funds (as disclosed in the accompanying financial statements) and the assets held for investment purposes (as disclosed in the accompanying schedules) have been reported to the Plan by Aetna and by Mellon, as have been determined through the use of current values for all assets of the trust fund.

Note 2. Summary of Significant Accounting Policies

The following are significant accounting policies followed by the Plan:

Basis of Accounting:

The accompanying financial statements have been prepared on an accrual basis.

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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 10 for a discussion of fair value measurements.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (continued)

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

Benefit Payments:

Benefits are recorded when paid. From September 1, 2014 through November 30, 2014, the Plan offered a Voluntary Lump Sum Program which allowed eligible deferred vested participants to elect to take a distribution of their account. Benefit payments of \$1,841,151 related to this program are included in pension benefits paid on the accompanying statement of changes in net assets available for benefits for the year ended November 30, 2014.

Expenses:

Fees of the Plan's legal counsel, actuaries, and accountants are not reflected in the accompanying financial statements as they were paid by the Company. The only fees paid by the Plan were for the Custodians.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; and disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

Subsequent Events:

The Plan has evaluated subsequent events through September 3, 2015, which is the date the financial statements were available to be issued.

As of January 1, 2015, the Plan was amended to include language related to retired employees currently receiving benefit payments who subsequently return to work. Under the amendment, these employees may elect to continue to receive benefit payments during employment.

Subsequent to November 30, 2014, lump sum distributions of approximately \$2,000,000 were paid as a result of the Voluntary Lump Sum Program.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits was determined by actuaries of CBIZ Retirement Plan Services and is the amount that results from

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3. Actuarial Present Value of Accumulated Plan Benefits (continued)

applying actuarial assumptions to adjust the accumulated plan benefits to reflect the probability of payment and the time value of money between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of November 30, 2014 and 2013 include (a) assumed long-term rate of return on assets of 8.50% for 2014 and 2013; (b) retirement age of 65; (c) assumed mortality, turnover, and disability based on published statistical data (the IRS prescribed mortality with separate annuitant and non-annuitant rates, for males and females for the current plan year); and (d) payment of custodian expenses from the earnings of the Plan. The foregoing actuarial assumptions are based on the presumption that the Plan will continue.

The total actuarial present value of accumulated plan benefits is as follows:

	<u>December 1,</u> <u>2014</u>	<u>2013</u>
Vested benefits		
Participants currently receiving payments	\$ 24,870,653	\$ 24,267,840
Other participants	<u>16,409,188</u>	<u>16,206,959</u>
	41,279,841	40,474,799
Nonvested benefits	<u>1,007,823</u>	<u>935,062</u>
Total actuarial present value of accumulated plan benefits	\$ <u>42,287,664</u>	\$ <u>41,409,861</u>

The significant factors affecting the year-to-date change in the actuarial present value of accumulated plan benefits are as follows:

	<u>2014</u>	<u>2013</u>
Actuarial present value of accumulated plan benefits as of the beginning of year	\$ 41,409,861	\$ 40,389,232
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial gains	2,432,215	732,153
Decrease in discount period	3,309,834	3,304,887
Actuarial assumption changes	77,018	-
Benefits paid	<u>(4,941,264)</u>	<u>(3,016,411)</u>
Net increase	<u>877,803</u>	<u>1,020,629</u>
Actuarial present value of accumulated plan benefits as of the end of year	\$ <u>42,287,664</u>	\$ <u>41,409,861</u>

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Funding Policy

The Company has agreed to make contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to Plan participants. The Company's contributions are designed to fund the Plan's current service costs on a current basis and to meet or exceed minimum funding standards as required under the Employee Retirement Income Security Act of 1974.

Note 5. Plan Termination

Although the Company has not expressed any intent to terminate the Plan, it may do so at any time. In the event of a termination of the Plan, the assets then remaining in the trust, after providing for administrative expenses, shall be allocated, to the extent that they shall be sufficient, for the purpose of funding the accrued benefits to the date of termination of the Plan of all pensioners, participants, vested former participants and beneficiaries in the manner and order of precedence required under the terms of Section 4044 of ERISA, and any funds remaining in the trust after funding in full all of such accrued benefits shall revert to the Company. In the event of a partial termination of the Plan, the portion of the assets of the pension fund relating to the terminated portion of the Plan shall be allocated as aforesaid for the purpose of funding the accrued benefits of pensioners, participants, vested former participants and beneficiaries whose benefit rights are affected by such partial termination.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 6. Income Tax Status

The Internal Revenue Service issued a favorable determination letter, dated June 29, 2012, indicating the Plan is a qualified trust under Section 1.401-1(b)(3) and, as such, is exempt from federal income taxation under the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of November 30, 2014, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements. As of November 30, 2014, the Plan's tax years from 2010 and thereafter remain subject to examination by the Internal Revenue Service, as well as various other taxing authorities.

Note 7. Unaudited Information

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodians have certified to the completeness and accuracy of all investments reflected on the statements of net assets available for benefits at November 30, 2014 and 2013, the schedule of assets (held at end of year), the related investment activity reflected in the statements of changes in net assets available for benefits and the schedule of reportable transactions for the years ended November 30, 2014 and 2013 and the investment related information in the accompanying notes to the financial statements. This information is unaudited by independent accountants.

The fair market value of investments that represent 5% or more of plan assets as of November 30 are as follows:

	<u>2014</u>	<u>2013</u>
Group annuity contract	\$ 14,604,903	\$ 14,835,008
SPDR S&P 500 ETF Trust	3,436,827	6,112,551

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 7. Unaudited Information (continued)

Changes in net assets available for benefits not audited include the following for the years ended November 30:

	<u>2014</u>	<u>2013</u>
Interest	\$ <u>700,178</u>	\$ <u>816,092</u>
Dividends	\$ <u>768,612</u>	\$ <u>713,479</u>
Net appreciation (depreciation) in fair value of investments:		
Contracts with insurance company	\$ 113,605	\$ (347,601)
Mutual funds	930,752	2,347,502
Fixed income securities	(36,310)	(42,839)
Equities	<u>1,850,059</u>	<u>3,348,098</u>
	\$ <u>2,858,106</u>	\$ <u>5,305,160</u>

Note 8. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 9. Party-in-Interest

Certain assets held by the Plan are offered by the Custodians of the Plan. As such, these assets and the related transactions qualify as party-in-interest transactions. Custodian fees for the years ended November 30 are as follows:

	<u>2014</u>	<u>2013</u>
Aetna	\$ 106,035	\$ 109,273
Mellon	<u>120,699</u>	<u>114,789</u>
	\$ <u>226,734</u>	\$ <u>224,062</u>

Note 10. Fair Value Measurements

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. Fair value is defined as the price that would be received to sell an asset or would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodologies used for assets of the Plan measured at fair value at November 30, 2014 and 2013.

- Interest-bearing cash and cash equivalents: Valued based on the underlying assets, most of which are short-term debt securities. The fund seeks to maintain a constant net asset value of \$1.00 per share.
- Mutual funds: Valued at the quoted net asset value of shares held by the Plan at year end.
- Fixed income securities and equities: Valued at quoted prices from national securities exchanges for identical assets in active markets.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 10. Fair Value Measurements (continued)

- Contracts with insurance company: Valued at book value (i.e. beginning balance plus deposits less withdrawals plus fixed income interest equals ending balance) and adjusted to market value by Aetna based on a bond formula contained in the contracts. The contracts are invested in a money market account and in Segment 4 of Aetna's general account (a fixed income fund comprised of bonds and commercial mortgages). The contract includes \$6,121,647 at November 30, 2014 that is a reserve for Aetna-guaranteed annuities being paid to retirees and that cannot be withdrawn from the contract by the Plan.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in methodologies used from the year ended November 30, 2013 to November 30, 2014. Furthermore, while 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2014:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash and cash equivalents	\$ -	\$ 416,284	\$ -	\$ 416,284
Mutual funds:				
Pooled vehicles	2,591,773	-	-	2,591,773
U.S. large cap	3,436,827	-	-	3,436,827
U.S. mid cap	2,926,690	-	-	2,926,690
U.S. small cap	2,397,827	-	-	2,397,827
Developed international	1,858,882	-	-	1,858,882
Emerging market	1,929,876	-	-	1,929,876
Fixed income securities	4,807,335	-	-	4,807,335
Equities:				
U.S. large cap	16,561,037	-	-	16,561,037
U.S. mid cap	187,108	-	-	187,108
Developed international	483,725	-	-	483,725
Other	24,504	-	-	24,504
Contracts with insurance company	-	14,604,903	-	14,604,903
Total	\$ <u>37,205,584</u>	\$ <u>15,021,187</u>	\$ <u>-</u>	\$ <u>52,226,771</u>

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 10. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2013:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash and cash equivalents	\$ -	\$ 1,332,592	\$ -	\$ 1,332,592
Mutual funds:				
Pooled vehicles	5,043,155	-	-	5,043,155
U.S. large cap	6,112,551	-	-	6,112,551
U.S. mid cap	2,152,375	-	-	2,152,375
U.S. small cap	2,175,017	-	-	2,175,017
Developed interna- tional	2,348,392	-	-	2,348,392
Emerging market	1,965,283	-	-	1,965,283
Fixed income securities	1,033,802	-	-	1,033,802
Equities:				
U.S. large cap	16,015,744	-	-	16,015,744
U.S. mid cap	76,874	-	-	76,874
Contracts with insurance company	<u>-</u>	<u>14,835,008</u>	<u>-</u>	<u>14,835,008</u>
Total	\$ <u>36,923,193</u>	\$ <u>16,167,600</u>	\$ <u>-</u>	\$ <u>53,090,793</u>

SUPPLEMENTAL SCHEDULES

SCHEDULE SB ATTACHMENT

Line 26 - Schedule of Active Participant Data

Plan Name: Retirement Plan for Non Bargaining Employees of Alfred Nickles Bakery, Inc.

EIN/PN: 34-0428345/005

Valuation Date: December 1, 2013

Compensation is show below only for cells where the counts are greater than 20.

Att. Age:	Years of Credited Service													Total
	Under	1	2	3	4	5 to	10 to	15 to	20 to	25 to	30 to	35 to	40 & Up	
Under	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25 to	-	-	-	-	-	3	-	-	-	-	-	-	-	3
29	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30 to	-	-	1	2	1	1	1	-	-	-	-	-	-	6
34	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35 to	-	1	-	-	-	1	2	-	-	-	-	-	-	4
39	-	-	-	-	-	-	-	-	-	-	-	-	-	-
40 to	-	1	-	-	-	1	4	6	3	-	-	-	-	15
44	-	-	-	-	-	-	-	-	-	-	-	-	-	-
45 to	-	-	1	-	1	3	-	3	3	3	1	-	-	15
49	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50 to	-	1	-	-	-	2	2	6	6	3	11	-	-	31
54	-	-	-	-	-	-	-	-	-	-	-	-	-	-
55 to	-	2	-	-	-	1	2	6	11	11	5	5	-	43
59	-	-	-	-	-	-	-	-	-	-	-	-	-	-
60 to	-	-	-	-	-	-	2	4	2	2	1	3	4	18
64	-	-	-	-	-	-	-	-	-	-	-	-	-	-
65 to	-	-	-	-	-	-	-	-	-	-	-	-	-	-
69	-	-	-	-	-	-	-	-	-	-	-	-	-	-
70 &	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Up	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	5	2	3	2	12	13	25	25	19	18	8	4	136
	-	-	-	-	-	-	-	\$58,780	\$49,779	-	-	-	-	\$108,559

CENSUS and ASSUMPTIONS

Valuation Census Date

Census data was provided by the Plan Sponsor as of December 1, 2013. We have reviewed the data for consistency and have no reason to doubt its substantial accuracy.

Valuation Interest Rates

IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (Aug).

<u>24-Month Segment Rates</u>		
	<u>Unadjusted</u>	<u>Limited to 25 Year Corridor</u>
Segment I:	1.39%	5.23%
Segment II:	4.05%	6.51%
Segment III:	5.08%	7.16%

The Effective Interest Rate (EIR) is the single rate of interest which, if used to determine the funding target, would equal the funding target determined using the plan sponsor's above elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

The effective rate for the 2013 Plan Year was 6.64%. For the prior Plan year, this rate was 6.98%.

PBGC Discount Rates

The segment rates used to calculate the PBGC vested liabilities are as follows:

	<u>General Method</u> (month prior to valuation)	<u>Alternative</u> (Unadjusted funding rates)
Segment I:	1.19%	1.39%
Segment II:	4.53%	4.05%
Segment III:	5.66%	5.08%

Mortality Table Elected

IRS Prescribed Mortality with Separate Annuitant and Non-Annuitant Rates, for Males and Females for the Current Plan Year

ASC 960 Assumptions

The selection of ASC 960 rates is the Plan Sponsor's view of the long-term rate of return on assets based on the actual trust assets. The rate used this year was 8.50%. This rate was selected by the Plan Sponsor.

Valuation Assets

Two-Year smoothing using a long-term rate of return of 8.50%, limited by the prior year third segment rate of 7.52%, per IRS Notice 2009-22. Actuarial Assets are held to a minimum of 90% and a maximum of 110% of Fair Market Value.

CENSUS and ASSUMPTIONS

Expenses

Expenses were assumed to be met directly by the Plan Sponsor.

Salary Scale

The salary increase assumption is 3.50% per year.

**Taxable Wage Base
Increases**

The Social Security Taxable Wage Base is assumed to increase at 2.50% per year.

Inflation

The consumer price index is assumed to increase at 2.50% per year.

Marriage

80% of Males and 80% of Females are assumed to be married. Females are assumed to be 3 years younger than males. This assumption is expected to reflect actual plan experience but a formal analysis has not been conducted due to the lack of credible experience.

Retirement Rates

Nickles Retirement Rates. Below is a table of representative rates:

Age	Rate
55	1%
56	1%
57	1%
58	1%
59	1%
60	4%
61	2%
62	50%
63	25%
64	25%
65	50%
66	50%
67	40%
68	30%
69	30%

100% of future retirements are assumed to take life annuity in the Plan's Normal Form. The valuation of participants in pay status is based on the actual form of payment elected by the participant, as provided in the census data.

CENSUS and ASSUMPTIONS

Withdrawal Rates

T-6 LESS GA51M. Below is a table of representative rates:

Age	Rate
20	0.079384
25	0.077242
30	0.073966
35	0.068583
40	0.061129
45	0.051633
50	0.036161

Commencement of future deferred vested participants is assumed at age 65 in the form of a life annuity in the Plan's Normal Form. Commencement is assumed at this age since there is not enough credible experience to assume otherwise.

Disability Incidence

QAI(M) SOA 77REP,6MO. Below is a table of representative rates:

Age	Rate
20	0.000850
25	0.000850
30	0.000850
35	0.000850
40	0.001760
45	0.003380
50	0.006390

Commencement of disability benefits are assumed to be immediate upon eligibility.

Disability Mortality

IRS Prescribed Mortality with Separate Annuitant and Non-Annuitant Rates, for Males and Females for the Current Plan Year. Below is a table of representative rates:

Age	Rate
30	0.000386
40	0.000862
50	0.003718
60	0.005936

CENSUS and ASSUMPTIONS

Estimated Funded Status Using 2016 Assumptions

The liability projecting assumptions as of 2016 use the same assumptions, census, plan benefits and measurement date as the valuation, except for the following Segment Rates: 3.36%, 4.56%, 5.11%.

The purpose of this assumption is to show what the funded status would be if segment rates were lower than current valuation interest rates. It is for illustrative purposes only and not meant to indicate actual future rates.

Settlement Interest Rates and Mortality

Interest rates of 1.00% for the first five years after the valuation date, 3.57% for the next fifteen years, and 4.77% thereafter; in addition, the following mortality table: Applicable Mortality for Lump Sums as Prescribed by the IRS.

Changes in non-required assumptions since the prior valuation

None.

ACTUARIAL METHODS

Minimum Funding Cost Method

The actuarial cost method used to determine the liabilities for minimum funding calculations is the Traditional Unit Credit method. The objective under this method is to fund each participant's benefits under the plan as they accrue. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants and the normal cost is the sum of the individual normal costs for each participant. The individual accrued liability for a participant is the present value of the accrued benefit as of the valuation date taking into account service and/or pay as of the valuation date. The individual normal cost for a participant is the present value of the benefit expected to accrue in the plan year being valued.

If a plan is frozen, there is no normal cost attributable to benefit accruals.

Maximum deductible contribution method

The actuarial cost method used to determine the liabilities for maximum deductible calculations is the Projected Unit Credit method. The objective under this method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future compensation increases. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants and the normal cost is the sum of the individual normal costs for all participant. The individual accrued liability for a participant is the sum of 1) the present value of the accrued benefit earned as of the valuation date taking into account service and/or pay as of the valuation date; plus 2) the present value of the accrued benefit expected to be earned because of any expected future compensation increases.

The individual normal cost for a participant is the sum of the present value of the benefit expected to accrue in the plan year being valued taking into account any expected future compensation increases.

Asset Method

We used financial data submitted by the trustee as of the valuation date without further audit. This information was not be verified by a plan's actuary. We have reviewed the information for internal consistency, and we have no reason to doubt is substantial accuracy.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345
PN #005

Schedule H, line 4j -- Schedule of Reportable Transactions

For the year ended November 30, 2014

(a) Identity of Party Involved

(b) Description of Assets

Category (i) -- Single Transaction in Excess of 5% of the Current Value of Plan Assets

Mellon

Cash Reserve Account

Category (iii) -- Series of Transactions in Excess of 5% of the Current Value of Plan Assets

Mellon

Cash Reserve Account

210 purchases

37 sales

SPDR S&P 500 ETF Trust

1 purchase

8 sales

(A) Commissions, taxes and other expenses incurred with the transaction are capitalized on purchases and charged against proceeds on sales.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345
PN #005

Schedule H, line 4j -- Schedule of Reportable Transactions

<u>Purchase</u> <u>(c) Price</u>	<u>Selling</u> <u>(d) Price</u>	<u>Lease</u> <u>(e) Rental</u>	(A) <u>Expenses</u> <u>Incurred With</u> <u>(f) Transaction</u>	<u>Cost of</u> <u>(g) Asset</u>	<u>Current</u> <u>Value of</u> <u>Asset on</u> <u>Transaction</u> <u>(h) Date</u>	<u>Net Gain</u> <u>or</u> <u>(i) (Loss)</u>
N/A	\$ 3,162,478	N/A	N/A	\$ 3,162,478	3,162,478	\$ -
\$ 8,363,536	N/A	N/A	N/A	N/A	\$ 8,363,536	N/A
N/A	6,117,352	N/A	N/A	6,117,352	6,117,352	\$ -
174,950	N/A	N/A	N/A	N/A	174,950	N/A
N/A	3,605,812	N/A	N/A	3,288,140	3,605,812	317,672

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

► **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ALFRED NICKLES BAKERY, INC.	D Employer Identification Number (EIN) 34-0428345	

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1	Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2013</u>		
2	Assets:		
	a Market value	2a	53149396
	b Actuarial value	2b	50450218
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	27839794
	b For terminated vested participants	3b	6405667
	c For active participants:		
	(1) Non-vested benefits	3c(1)	1173263
	(2) Vested benefits	3c(2)	14158995
	(3) Total active	3c(3)	15332258
	d Total	3d	49577719
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	6.64%
6	Target normal cost	6	1003564

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	SETH PITASKY, EA, MAAA Signature of actuary SETH PITASKY, EA, MAAA Type or print name of actuary CBIZ RETIREMENT PLAN SERVICES Firm name 6050 OAK TREE BLVD. SOUTH SUITE 500 CLEVELAND OH 44131 Address of the firm	 09/14/2015 Date 1407321 Most recent enrollment number 216-520-6174 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2013**

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1839162
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	850631
9 Amount remaining (line 7 minus line 8)	0	988531
10 Interest on line 9 using prior year's actual return of <u>13.80%</u>	0	136417
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>6.98%</u> except as otherwise provided (see instructions).....		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1124948

14	Funding target attainment percentage.....	14	99.49 %
15	Adjusted funding target attainment percentage	15	101.75 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	100.20 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ►	18(b)	0	18(c)	0

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
---------	---------	---------	---------

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 5.23%	2nd segment: 6.51%	3rd segment: 7.16%
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	1003564	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	252449	42489	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	1046053	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	1046053	1046053
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected ☐ 2 plus 7 years ☐ 15 years			
b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011			
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Retirement Plan for Non Bargaining Employees of Alfred Nickles
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Plan Name: Retirement Plan for Non Bargaining Employees of Alfred Nickles
Plan EIN: 34-0428345
Plan Number: 005

The average retirement age for Line 22 was computed by creating a hypothetical life table decremented only with retirement, and then calculating table's average retirement age.

Age	Weight	Weighted Retirement Age
55	1.00%	0.55
56	0.99%	0.55
57	0.98%	0.56
58	0.97%	0.56
59	0.96%	0.57
60	3.80%	2.28
61	1.83%	1.11
62	44.73%	27.74
63	11.18%	7.05
64	8.39%	5.37
65	12.58%	8.18
66	6.29%	4.15
67	2.52%	1.69
68	1.13%	0.77
69	0.79%	0.55
70	1.85%	1.29
Average Retirement Age		62.97
Line 22, Rounded		63

SUMMARY of PLAN BENEFITS

Plan Effective Date	December 31, 1953. The plan was last restated effective December 1, 2011.
Eligibility Requirements	First day of the month coincident with or next following attaining age 21, and following completion of 1,000 hours of service.
Vesting	100% vesting upon earning 5 Years of Vesting Service.
Accrued Benefit Formula	2.5% Career Average formula. For service prior to November 30, 1988, a minimum benefit of 1.75% times Credited Service to that date. Overall minimum is \$25 times Credited Service.
Credited Service	One Year upon working 1,000 hours in a Plan Year.
Vesting Service	One Year upon working 1,000 hours in a Plan Year.
Normal Retirement Age	Upon attainment of 65 and five Years of Service.
Early Retirement	<p><u>Eligibility:</u> Upon attainment of age 55 and completion of 15 Years of Service.</p> <p><u>Benefit:</u> The accrued benefit is unreduced for the first three years and reduced 6% per year for each of the next 5 years.</p>
Disability Retirement	<p><u>Eligibility:</u> Upon attainment of age 55 and completion of 15 Years of Service, and not receiving payments for Workman's Compensation.</p> <p><u>Benefit:</u> 110% of the Early Retirement Benefit, but not greater than your Normal Retirement Benefit.</p>
Pre-Retirement Death	<p><u>Eligibility:</u> Upon earning 5 Years of Service.</p> <p><u>Benefit:</u> The spouse is eligible for 50% of the benefit that would have been payable, if the Participant had live to Early Retirement Eligibility and elected a 50% Qualified Joint and Survivor Annuity. The benefit is payable upon the Participant's Early Retirement Eligibility date.</p>
Normal Form of Payment	Unless otherwise elected, the benefit payable a participant who has been married at least one year is an actuarially equivalent 50% Joint and Survivor benefit. For unmarried participants, the Normal Form is a straight-life annuity with 3-Years Certain.

SUMMARY of PLAN BENEFITS

Optional Forms

Benefits may be elected from:

- 50%, 75% Joint and Survivor
- 3 Year Certain and Continuous
- Straight Life Annuity

**Changes in Plan Benefits
recognized since the last
valuation**

None.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345

PN #005

Schedule H, line 4i -- Schedule of Assets (Held at End of Year)

November 30, 2014

		Description of Investment, Including Maturity Date, Rate of Interest, Collateral,			Current
(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	(c) Par or Maturity Value	(d) Cost		(e) Value
*	Aetna Life Insurance Company	Contracts with Insurance Company: Group Annuity Contract 000759	\$ (A)	\$	14,604,903

See the following pages for investments held by BNY Mellon Wealth Management.

* Indicates party-in-interest to the Plan.

(A) Cost information is not available from Plan Custodians.

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.
EIN #34-0428345; PN #005
Schedule H, Line 4i - - Schedule of Assets (Held at End of Year)
November 30, 2014

Cash and cash equivalents

(a)
(b)

(c)	(c) Description	(e) Market value	(d) Tax cost
416,283.77	CRA (BNY Mellon, N.A., Member FDIC) (Principal Holding)	\$ 416,283.77	\$ 416,283.77
Total cash and cash equivalents		\$ 416,283.77	\$ 416,283.77

*
Mellon

Fixed income

Taxable

Individual securities Corporate

Shares/par value	Description	Market price	Market value	Tax cost
100,000	Merck & Co Inc DTD 6/25/2009 4.0% 6/30/2015 Cusip: 589331AP2 Moody's: A1 S&P: AA	\$ 102.1480	\$ 102,148.00	\$ 104,633.00
105,000	Royal BK Scotlnd Grp PLC DTD 9/18/2012 2.55% 9/18/2015 Cusip: 780099CC9 Moody's: BAA2 S&P: BBB+	101.2830	106,347.15	106,592.85
100,000	Wells Fargo Bank Na DTD 5/15/2006 5.75% 5/16/2016 Cusip: 94980VAE8 Moody's: A1 S&P: A+	107.1000	107,100.00	108,378.00
70,000	Fiserv Inv DTD 6/14/2011 3.125% 6/15/2016 Cusip: 337738AK4 Moody's: BAA2 S&P: BBB	103.2590	72,281.30	72,472.40
55,000	Barclays Bank PLC DTD 9/22/2009 5% 9/22/2016 Cusip: 06739FGF2 Moody's: A2 S&P: A	107.1780	58,947.90	59,473.70
105,000	Bank Of America Corp DTD 3/15/2007 5.42% 3/15/2017 Cusip: 060505DA9 Moody's: BAA3 S&P: BBB+	108.1420	113,549.10	114,133.95
100,000	Diageo Capital PLC DTD 5/11/2012 1.5% 5/11/2017 Cusip: 25243YAR0 Moody's: A3 S&P: A-	100.7050	100,705.00	101,071.00

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.
 EIN #34-0428345; PN #005
 Schedule H, Line 4i - - Schedule of Assets (Held at End of Year)
 November 30, 2014

(a) (b)	Individual securities continued		Market price	(e) Market value	(d) Tax cost
	(c) Shares/par value	(c) Description			
	100,000	Ford Motor Credit Co LLC DTD 6/12/2012 3% 6/12/2017 Cusip: 345397WD1 Moody's: BAA3 S&P: BBB-	103.0930	103,093.00	103,749.00
	80,000	Anheuser-Busch Inbev Wor DTD 7/16/2012 1.375% 7/15/2017 Cusip: 03523TBN7 Moody's: A2 S&P: A	100.2630	80,210.40	80,184.80
	90,000	Astrazeneca PLC DTD 9/12/2007 5.9% 9/15/2017 Cusip: 046353AB4 Moody's: A2 S&P: AA-	112.6130	101,351.70	101,520.90
	105,000	Walgreens Co DTD 9/13/2012 1.80% 9/15/2017 Cusip: 931422AJ8 Moody's: BAA2 S&P: BBB	100.6710	105,704.55	105,789.60
	110,000	Nyse Euronext DTD 10/5/2012 2% 10/5/2017 Cusip: 629491AB7 Moody's: A2 S&P: A	101.7410	111,915.10	111,468.50
	100,000	McDonald's Corp DTD 10/18/2007 5.8% 10/15/2017 Cusip: 58013MEB6 Moody's: A2 S&P: A	112.6440	112,644.00	112,411.00
	100,000	United Parcel Service DTD 1/15/2008 5.5% 1/15/2018 Cusip: 911312AH9 Moody's: AA3 S&P: A+	112.2910	112,291.00	109,589.00
	95,000	American Intl Group DTD 12/12/2007 5.85% 1/16/2018 Cusip: 02687QDG0 Moody's: BAA1 S&P: A-	112.7120	107,076.40	107,752.80
	110,000	Conarga Foods Inc DTD 1/25/2013 1.9% 1/25/2018 Cusip: 205887BQ4 Moody's: BAA2 S&P: BBB-	99.6000	109,560.00	109,490.70
	110,000	Rabobank Nederland NY DTD 3/19/2013 1.7% 3/19/2018 Cusip: 74977EPZ0 Moody's: AA2 S&P: A+	100.5640	110,620.40	110,099.00

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.
EIN #34-0428345; PN #005
Schedule H, Line 4i - - Schedule of Assets (Held at End of Year)
November 30, 2014

(a) (b)	Individual securities Corporate continued		Market price	(e) Market value	(d) Tax cost
	(c) Shares/par value	(c) Description			
	95,000	Oracle Corp DTD 4/9/2008 5.75% 4/15/2018 Cusip: 68389XAC9 Moody's: A1 S&P: A+	113.6120	107,931.40	107,980.80
	85,000	Glaxosmithkline Cap Inc DTD 5/13/2008 5.65% 5/15/2018 Cusip: 377372AD9 Moody's: A2 S&P: A+	113.3540	96,350.90	96,605.05
	95,000	Grupo Televisa Sab DTD 5/12/2008 6% 5/15/2018 Cusip: 40049JAX5 Moody's: BAA1 S&P: BBB+	112.3180	106,702.10	108,121.40
	75,000	Emc Corp DTD 6/6/2013 1.875% 6/1/2018 Cusip: 268648AP7 Moody's: A1 S&P: A	99.6080	74,706.00	75,405.00
	110,000	Goldman Sachs Group Inc DTD 7/19/2013 2.9% 7/19/2018 Cusip: 38147MAA3 Moody's: BAA1 S&P: A-	102.8790	113,166.90	113,206.50
	80,000	Lloyds Bank PLC DTD 11/27/2013 2.3% 11/27/2018 Cusip: 53944VAA7 Moody's: A1 S&P: A	101.1180	80,894.40	80,632.80
	75,000	Dr Pepper Snapple Group DTD 11/15/2011 2.6% 1/15/2019 Cusip: 26138EAN9 Moody's: BAA1 S&P: BBB+	102.1730	76,629.75	76,275.00
	90,000	Amgen Inc DTD 1/16/2009 5.7% 2/1/2019 Cusip: 031162AZ3 Moody's: BAA1 S&P: A	113.1750	101,857.50	102,448.80
	100,000	Novartis Secs Invest Ltd DTD 2/10/2009 5.125% 2/10/2019 Cusip: 66989GAA8 Moody's: AA3 S&P: AA-	113.0800	113,080.00	106,918.00
	100,000	Cisco Systems DTD 03/03/2014 2.125% 03/01/2019 Cusip: 17275RAR3 Moody's: A1 S&P: AA-	100.7020	100,702.00	100,486.00

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(a)
 (b)

Individual securities continued		Corporate			
(c)	(c)			(e)	(d)
Shares/par value	Description		Market price	Market value	Tax cost
110,000	Citigroup Inc DTD 7/29/2014 2.5% 7/29/2019 Cusip: 172967HU8 Moody's: BAA2 S&P: A-		100.7810	110,859.10	109,145.30
100,000	Shell International Fin DTD 9/22/09 4.3% 9/22/2019 Cusip: 822582AJ1 Moody's: AA1 S&P: AA		110.4630	110,463.00	100,289.00
90,000	Adobe Systems Inc DTD 2/1/2010 4.75% 2/1/2020 Cusip: 00724FAB7 Moody's: BAA1 S&P: A-		110.9480	99,853.20	99,240.30
70,000	Teva Pharma Fin IV LLC DTD 12/18/2012 2.25% 3/18/2020 Cusip: 88166HAD9 Moody's: A3 S&P: A-		98.9300	69,251.00	68,854.10
100,000	Telefonica Emisiones Sau DTD 4/26/2010 5.134% 4/27/2020 Cusip: 87938WAM5 Moody's: BAA2 S&P: BBB		111.6900	111,690.00	111,683.00
100,000	Verizon Communications DTD 9/18/2013 4.5% 9/15/2020 Cusip: 92343VBQ6 Moody's: BAA1 S&P: BBB+		109.4540	109,454.00	109,984.00
75,000	Dow Chemical Co/The DTD 11/9/2010 4.25% 11/15/2020 Cusip: 260543CC5 Moody's: BAA2 S&P: BBB		107.9430	80,957.25	81,669.75
100,000	HSBC Finance Corp DTD 7/15/2011 6.676% 1/15/2021 Cusip: 40429CGD8 Moody's: BAA2 S&P: A-		118.6550	118,655.00	120,327.00
75,000	Petrobras Intl Fin Co DTD 1/27/2011 5.375% 1/27/2021 Cusip: 71645WAR2 Moody's: BAA2 S&P: BBB-		99.5680	74,676.00	78,684.75
100,000	General Elec Cap Corp DTD 2/11/2011 5.3% 2/11/2021 Cusip: 369622SM8 Moody's: A2 S&P: AA		114.2410	114,241.00	114,906.00

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(a) (b)	Individual securities Corporate continued		Market price	(e) Market value	(d) Tax cost
	(c) Shares/par value	(c) Description			
	80,000	Time Warner Cable Inc DTD 11/15/2010 4.125% 2/15/2021 Cusip: 88732JAX6 Moody's: BAA2 S&P: BBB	107.3500	85,880.00	85,513.25
	65,000	Wal Mart Stores Inc DTD 4/18/2011 4.25% 4/15/2021 Cusip: 931142DD2 Moody's: AA2 S&P: AA	110.5250	71,841.25	72,245.55
	100,000	AT&T Inc DTD 4/29/2011 4.45% 5/15/2021 Cusip: 00206RAX0 Moody's: A3 S&P: A-	108.9420	108,942.00	111,132.00
	100,000	Boston Properties LP DTD 11/18/2010 4.125% 5/15/2021 Cusip: 10112RAS3 Moody's: BAA2 S&P: A-	106.7100	106,710.00	107,336.00
	100,000	EBAY Inc DTD 7/28/2014 2.875% 8/1/2021 Cusip: 278642AK9 Moody's: A2 S&P: A	98.7010	98,701.00	98,105.00
	55,000	Kroger Co/The DTD 10/28/2014 2.95% 11/1/2021 Cusip: 501044CZ2 Moody's: BAA2 S&P: BBB	99.7270	54,849.85	55,188.65
	105,000	Time Warner Inc DTD 10/17/2011 4% 1/15/2022 Cusip: 887317AN5 Moody's: BAA2 S&P: BBB	104.7690	110,007.45	109,740.75
	100,000	Petroleos Mexicanos DTD 7/24/2012 4.875% 1/24/2022 Cusip: 71654QBB7 Moody's: A3 S&P: BBB+	106.5000	106,500.00	106,500.00
	100,000	Morgan Stanley DTD 10/23/12 4.875% 11/1/22 Cusip: 6174824M3 Moody's: BAA3 S&P: BBB+	107.8580	107,858.00	107,894.00
	115,000	JP Morgan Chase & Co DTD 5/1/2013 3.375% 5/1/2023 Cusip: 46625HJJ0 Moody's: BAA1 S&P: A-	98.4220	113,185.30	113,479.70

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(a) (b)	Individual securities Mortgage backed securities			
	(c) Shares/par value	(c) Description	(e) Market price	(d) Market value
				Tax cost
	86.38	Federal National Mortgage Assn Passthru CTF Pool Number 592658 DTD 6/1/2001 6% 6/1/2016 Cusip: 31387SMF0 Moody's: N/A S&P: N/A	\$ 102.5870	\$ 88.61
				\$ 85.75
	797.70	Government National Mortgage Assn Passthru CTF Pool Number 780577 DTD 6/1/1997 7% 12/15/2023 Cusip: 36225AUA6 Moody's: N/A S&P: N/A	114.8720	916.33
				785.37
	705.13	Federal National Mortgage Assn Passthru CTF Pool Number 252255 DTD 1/1/1999 6.5% 2/1/2029 Cusip: 31371HE46 Moody's: N/A S&P: N/A	114.9210	810.34
				661.51
	862.85	Federal National Mortgage Assn Passthru CTF Pool Number 535426 DTD 7/1/2000 6% 6/1/2030 Cusip: 31384VYX4 Moody's: N/A S&P: N/A	114.5270	988.20
				790.45
	218.95	Federal National Mortgage Assn Passthru CTF Pool Number 545437 DTD 1/1/2002 7% 2/1/2032 Cusip: 31385H4W9 Moody's: N/A S&P: N/A	116.8560	255.86
				223.62
	Individual securities Other			
	50,000	California ST Earthquake Auth DTD 11/6/2014 2.805% 7/1/2019 Txbl Cusip: 13017HAE6 Moody's: A3 S&P: N/R	\$ 100.3430	\$ 50,171.50
				\$ 49,995.45

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(a) (b)	Individual securities Other continued (c) (c)		(e)		(d)
	Shares/par value	Description	Market price	Market value	Tax cost
	100,000	Florida ST Hurricane Catastrophe DTD 4/23/2013 2.995% 7/1/2020 Ser A Cusip: 34074GDH4 Moody's: AA3 S&P: AA-	101.9640	101,964.00	101,190.00
	Total taxable individual securities			\$ 4,807,335.19	\$ 4,802,539.80
	Total taxable fixed income			\$ 4,807,335.19	\$ 4,802,539.80
	High yield				
	Pooled vehicle				
	Shares/par value	Description	Market price	Market value	Tax cost
	0.003	Dreyfus Floating Rate Income Fund Cusip: 261949739	\$ 12.5200	\$ 0.04	\$ 0.04
	267,673.685	Dreyfus High Yield Fund Cusip: 261980759	6.6000	1,766,646.32	1,750,791.47
	104,314.391	JP Morgan High Yield Bond Fund Cusip: 4812C0803	7.9100	825,126.83	836,375.00
	Total high yield pooled vehicle			\$ 2,591,773.19	\$ 2,587,166.51
	Total high yield fixed income			\$ 2,591,773.19	\$ 2,587,166.51
	Total fixed income			\$ 7,399,108.38	\$ 7,389,706.31

Equities

U.S. large cap

Shares/par value	Description	Market price	Market value	Tax cost
1,540	Accenture PLC (ACN)	\$ 86.3300	\$ 132,948.20	\$ 118,404.29
3,497	Eaton Corp PLC (ETN)	67.8300	237,201.51	199,496.97
5,000	Invesco Limited (IVZ)	40.3600	201,800.00	152,249.50
5,000	Nabors Industries Ltd (NBR)	13.1200	65,600.00	128,149.50

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.
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(a) (b)	U.S. large cap continued		Market price	(e) Market value	(d) Tax cost
	(c) Shares/par value	(c) Description			
	1,750	Lyondellbasell Industries NV (LYB)	78.8600	138,005.00	76,376.38
	4,460	Avago Technologies (AVGO)	93.4000	416,564.00	201,592.15
	2,400	Aflac Inc (AFL)	59.7300	143,352.00	149,829.84
	6,690	AT&T Inc (T)	35.3800	236,692.20	245,625.48
	4,740	Adobe Systems Inc (ADBE)	73.6800	349,243.20	224,497.99
	645	Alexion Pharmaceuticals Inc (ALXN)	194.9000	125,710.50	99,798.01
	792	Amazon.Com Inc (AMZN)	338.6400	268,202.88	191,902.84
	1,790	American Express Company (AXP)	92.4200	165,431.80	74,892.82
	2,220	American International Group Inc (AIG)	54.8000	121,656.00	75,038.89
	2,000	Amgen Inc (AMGN)	165.3100	330,620.00	230,268.60
	7,357	Apple Inc (AAPL)	118.9300	874,968.01	273,327.95
	356	Biogen Idec Inc (BIIB)	307.6900	109,537.64	100,397.62
	4,740	Bristol-Myers Squibb Company (BMY)	59.0500	279,897.00	197,546.14
	2,160	CIGNA Corp (CI)	102.8900	222,242.40	53,208.34
	2,190	Capital One Financial Corporation (COF)	83.2000	182,208.00	96,033.10
	1,846	Chevron Corporation (CVX)	108.8700	200,974.02	224,155.17
	2,500	Coca - Cola Co (KO)	44.8300	112,075.00	95,737.75
	4,590	Comcast Corp Cl A (CMCSA)	57.0400	261,813.60	197,655.22
	1,307	Costco Whsl Corp New (COST)	142.1200	185,750.84	144,920.03
	2,150	D T E Energy Co (DTE)	81.4600	175,139.00	152,921.42
	2,040	Danaher Corp (DHR)	83.5600	170,462.40	66,671.18
	2,790	The Walt Disney Company (DIS)	92.5100	258,102.90	128,030.82
	1,300	Dover Corp (DOV)	76.9900	100,087.00	92,302.69
	2,600	Express Scripts Holdings, Inc. (ESRX)	83.1500	216,190.00	154,836.87
	2,010	Exxon Mobil Corp (XOM)	90.5400	181,985.40	100,035.16
	3,020	Facebook Inc. (FB)	77.7000	234,654.00	94,727.74

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

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(a) (b)	U.S. large cap continued				
	(c) Shares/par value	(c) Description	Market price	(e) Market value	(d) Tax cost
	880	Fedex Corp (FDX)	178.1800	156,798.40	80,538.10
	2,050	Fluor Corp New (FLR)	61.9900	127,079.50	117,516.67
	4,320	Freeport McMoran Copper & Gold Inc (FCX)	26.8500	115,992.00	130,573.73
	9,470	General Electric Company (GE)	26.4900	250,860.30	234,679.58
	4,120	Gilead Sciences Inc (GILD)	100.3200	413,318.40	241,843.59
	3,000	Glaxo Smithkline PLC Spons ADR (GSK)	46.4500	139,350.00	161,246.10
	450	Google Inc - Cl A (GOOGL)	549.0800	247,086.00	191,275.24
	450	Google Inc-Cl C (GOOG)	541.8300	243,823.50	191,776.27
	3,970	Halliburton Co (HAL)	42.2000	167,534.00	196,560.31
	3,280	Harley Davidson Inc (HOG)	69.6800	228,550.40	193,444.23
	2,350	Home Depot Inc (HD)	99.4000	233,590.00	174,483.27
	2,910	Honeywell Intl Inc (HON)	99.0700	288,293.70	230,632.34
	1,731	Intercontinentalexchange Group, Inc.(ICE)	225.9900	391,188.69	269,897.71
	630	International Business Machines (IBM) Corporation	162.1700	102,167.10	114,913.38
	2,160	JP Morgan Chase & Co (JPM)	60.1600	129,945.60	50,306.27
	4,060	Johnson Controls Inc (JCI)	50.0000	203,000.00	163,974.47
	1,070	K L A - Tencor Corp (KLAC)	69.4400	74,300.80	69,057.69
	3,190	Las Vegas Sands Corp (LVS)	63.6900	203,171.10	175,067.20
	4,140	Marathon Oil Corp (MRO)	28.9200	119,728.80	149,172.48
	1,600	Mead Johnson Nutrition Company (MJN)	103.8400	166,144.00	150,207.84
	3,090	Metlife Inc (MET)	55.6100	171,834.90	142,111.26
	5,970	Mondelez International (MDLZ)	39.2000	234,024.00	187,626.78
	1,200	Moodys Corp (MCO)	101.0100	121,212.00	49,767.26
	3,660	National Oilwell Varco Inc. (NOV)	67.0400	245,366.40	244,240.14
	2,190	Nextera Energy Inc (NEE)	104.3900	228,614.10	119,631.03
	2,000	Nucor Corp (NUE)	53.6300	107,260.00	91,014.80

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(a) (b)	U.S. large cap continued				
	(c) Shares/par value	(c) Description	Market price	(e) Market value	(d) Tax cost
	1,550	Occidental Petroleum Corp (OXY)	79.7700	123,643.50	86,064.09
	3,210	Oracle Corp (ORCL)	42.4100	136,136.10	53,802.25
	2,420	PNC Financial Services Group (PNC)	87.4700	211,677.40	175,129.83
	1,475	P V H Corp (PVH)	127.1400	187,531.50	146,458.87
	3,645	Pepsico Inc (PEP)	100.1000	364,864.50	209,996.94
	6,591	Pfizer Inc (PFE)	31.1500	205,309.65	122,270.61
	1,970	Philip Morris International Inc (PM)	86.9300	171,252.10	87,929.56
	1,360	T Rowe Price Group Inc (TROW)	83.4700	113,519.20	81,652.62
	3,060	The Procter & Gamble Company (PG)	90.4300	276,715.80	236,524.22
	1,710	Qualcomm Inc (QCOM)	72.9000	124,659.00	66,808.60
	4,610	Salesforce.Com Inc (CRM)	59.8700	276,000.70	254,932.24
	2,010	Schlumberger Ltd (SLB)	85.9500	172,759.50	161,999.59
	1,988	Shire PLC (SHPG) ADR	213.6000	424,636.80	220,995.82
	4,600	Southwestern Energy Co (SWN)	32.1800	148,028.00	174,251.08
	3,470	State Street Corp (STT)	76.7300	266,253.10	232,266.53
	3,000	Teva Pharmaceutical Inds Ltd ADR (TEVA)	56.9800	170,940.00	109,799.70
	1,200	United Technologies Corp (UTX)	110.0800	132,096.00	129,651.96
	5,960	Valero Energy Corp New (VLO)	48.6100	289,715.60	220,685.85
	6,480	Wells Fargo & Company (WFC)	54.4800	353,030.40	161,265.90
	7,980	Yahoo Inc (YHOO)	51.7400	412,885.20	221,393.12
	2,460	Yum! Brands Inc (YUM)	77.2500	190,035.00	176,135.75
	16,587	SPDR S&P 500 ETF Trust (SPY)	207.2000	3,436,826.40	2,016,719.03
	Total U.S. large cap			\$ 19,997,863.64	\$ 13,808,922.36

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(a)
(b)

U.S. mid cap

(c) Shares/par value	(c) Description	Market price	(e) Market value	(d) Tax cost
3,230	Ocwen Financial Corporation (OCN)	\$ 22.9400	\$ 74,096.20	\$ 161,086.24
1,990	Robert Half Intl Inc (RHI)	56.7900	113,012.10	53,940.35
10,418	ISHARES TR (IJH) S & P Midcap 400 Index FD	144.2600	1,502,900.68	1,289,014.93
35,728.725	Dreyfus Midcap Index Fund (PESPX)	39.8500	1,423,789.69	1,065,443.00
Total U.S. mid cap			\$ 3,113,798.67	\$ 2,569,484.52

U.S. small cap

Shares/par value	Description	Market price	Market value	Tax cost
22,619.179	Dreyfus Opportunistic Small Cap Fund(DSCVX)	\$ 34.5800	\$ 782,171.21	\$ 821,181.95
7,789	ISHARES TR S & P Smallcap 600 (IJR)	111.3000	866,915.70	851,481.54
11,197.605	Dreyfus Select Managers Small Cap (DSGYX) Growth Fund	25.3900	284,307.19	208,445.28
18,422.562	Dreyfus Select Managers Small Cap (DMVYX) Value Fund	25.2100	464,432.79	387,036.47
Total U.S. small cap			\$ 2,397,826.89	\$ 2,268,145.24

Developed international

Shares/par value	Description	Market price	Market value	Tax cost
2,500	Aon PLC (AON)	\$ 92.4900	\$ 231,225.00	\$ 166,399.75
2,500	Covidien PLC (COV)	101.0000	252,500.00	161,049.75
60,553.633	BNY Mellon International Fund (MPITX)	12.1700	736,937.71	700,000.00
72,834.645	D F A International Sustainability (DFSPX) Core 1	9.4700	689,744.09	740,000.00
37,162.546	Dreyfus Diversified International (DFPIX) Fund	11.6300	432,200.41	351,186.06
Total developed international			\$ 2,342,607.21	\$ 2,118,635.56

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(a)
 (b)

Emerging markets

(c) Shares/par value	(c) Description	Market price	(e) Market value	(d) Tax cost
33,226.152	Dfa Emerging Markets Core Equity (DFCEX) Funds	\$ 19.8700	\$ 660,203.64	\$ 620,000.00
12,624	ISHARES MSCI Emerging Markets Index (EEM) Fund	41.5000	528,091.00	518,366.12
70,358.781	Virtus Emerging Markets Opportunity (HIEMX) Fund	10.5400	741,581.55	682,320.48
Total emerging markets			\$ 1,929,876.19	\$ 1,820,686.60

Other equity

Shares/par value	Description	Market price	Market value	Tax cost
915	Now Inc (DNOW)	\$ 26.7800	\$ 24,503.70	\$ 26,558.59
Total other equity			\$ 24,503.70	\$ 26,558.59
Total equities			\$ 29,806,476.30	\$ 22,612,432.87
Total assets			\$ 37,621,868.45	\$ 30,418,422.95

* = Indicates party-in-interest to the Plan
 Mellon = BNY Mellon Wealth Management

SCHEDULE SB ATTACHMENT

Line 32 - Amortization Bases Used in the Valuation

Plan Name: Retirement Plan for Non Bargaining Employees of Alfred Nickles Bakery, Inc.

EIN/PN: 34-0428345/005

Valuation Date: December 1, 2013

<u>Original Valuation</u>	<u>Remaining Years</u>	<u>Amortization Type</u>	<u>Outstanding Balance</u>	<u>Current Year Amortization</u>
12/1/2013	7	7 year	252,449	42,489