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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 11/01/2015 and ending 10/31/2016

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
REY PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1966

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
EASTER UNLIMITED , INC.

80 VOICE ROAD
CARLE PLACE, NY 11514

2b Employer Identification Number (EIN)
13-1983343

2c Plan Sponsor's telephone number
516-873-9000

2d Business code (see instructions)
339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/15/2017	KEVIN KURTZMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	126
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	100
a(2) Total number of active participants at the end of the plan year	**6a(2)**	95
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	30
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	126
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	127
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	117
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2H 2J 2A 3D 3H 2D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 11/01/2015 and ending 10/31/2016

A Name of plan
REY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTER UNLIMITED , INC.

D Employer Identification Number (EIN)
13-1983343

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METLIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
54-0696644	61050	IND POL	1	01/01/2016	12/31/2016

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
0	

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
LEON HOCHHEISER
2200 NORTHERN BLVD, SUITE 200
EAST HILLS, NY 11548

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LEON HOCHHEISER
2200 NORTHERN BLVD, SUITE 200
EAST HILLS, NY 11548

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ ON FILE WITH STATE INSURANCE DEPT.

b	Premiums paid to carrier	6b	150391
c	Premiums due but unpaid at the end of the year	6c	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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)**	
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)**	
(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)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 11/01/2015 and ending 10/31/2016

A Name of plan
REY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTER UNLIMITED , INC.

D Employer Identification Number (EIN)
13-1983343

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INS COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	15549403		11/01/2015	10/31/2016

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
0	

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

MARSH PRIVATE CLIENT LIFE INS SERVI
PO BOX 4323
WOODLAND HILLS, CA 91365

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
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	64299
c	Premiums due but unpaid at the end of the year	6c	0
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) [X] 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	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

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)**	
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)**	
(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)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 11/01/2015 and ending 10/31/2016

A Name of plan
REY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTER UNLIMITED , INC.

D Employer Identification Number (EIN)
13-1983343

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

RELIANCE TRUST COMPANY
1100 ABERNATHY ROAD
ATLANTA, GA 30328

58-1428634

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

LPL FINANCIAL SERVICES
PO BOX 505
CONCORD, NH 03302

02-0275490

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

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

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

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)

UBS FINANCIAL SERVICES, INC.

13-2638166

(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?
27 65	NONE	65224	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

CHARLES SCHWAB

94-3149038

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	16614	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

(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.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a	Name:	**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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 11/01/2015 and ending 10/31/2016

A Name of plan
REY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTER UNLIMITED , INC.

D Employer Identification Number (EIN)
13-1983343

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	754333	133159
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1001808	1036027
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	11429	13209
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	781030	1104643
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	145194	100688
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	12945	38640
(B) Common	1c(4)(B)	13614056	14108526
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8408083	9411184
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	24728878	25946076
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	6524	7517
i Acquisition indebtedness	1i		
j Other liabilities	1j	14230	14038
k Total liabilities (add all amounts in lines 1g through1j)	1k	20754	21555
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	24708124	25924521

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)	1036687	
(B) Participants	2a(1)(B)	317559	
(C) Others (including rollovers)	2a(1)(C)	47189	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1401435
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6348	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6348
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	697487	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		697487
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	232770	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		232770
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-149916	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-149916

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2188124
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	657925	
(2) To insurance carriers for the provision of benefits	2e(2)	214690	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		872615
f Corrective distributions (see instructions)	2f		14038
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	85074	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		85074
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		971727
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1216397
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MARGOLIN WINER & EVENS, LLP **(2)** EIN: 11-1558868

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under 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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 11/01/2015 and ending 10/31/2016

A Name of plan
REY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTER UNLIMITED , INC.

D Employer Identification Number (EIN)
13-1983343

Part I Distributions

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

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

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): 11-6169819 04-1590850

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

REY PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Year Ended October 31, 2016

REY PROFIT SHARING PLAN AND TRUST

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Margolin, Winer & Evens LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS

Rey Profit Sharing Plan and Trust
Carle Place, New York

Report on the Financial Statements

We have audited the accompanying financial statements of Rey Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of October 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended October 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Rey Profit Sharing Plan and Trust as of October 31, 2016 and 2015, and the changes in net assets available for benefits for the year ended October 31, 2016, in accordance with accounting principles generally accepted in the United States of America.

Margolin, Winer & Evans LLP

Garden City, New York
August 14, 2017

REY PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

October 31,	**2016**	2015
ASSETS		
Investments, at fair value:		
Non-participant directed:		
Common stocks	**$ 14,108,526**	$ 13,614,056
Mutual funds	**5,770,460**	4,937,049
Corporate bonds	**100,688**	145,194
Preferred stocks	**38,640**	12,945
Unit investment trusts	**155,356**	200,953
Money market funds	**801,945**	454,601
Certificates of deposit	**193,740**	192,280
	21,169,355	19,557,078
Participant directed:		
Mutual funds	**3,485,368**	3,270,081
Money market fund	**108,958**	134,149
	3,594,326	3,404,230
Total Investments	**24,763,681**	22,961,308
Cash	**133,159**	754,333
Accrued Interest and Dividends Receivable	**13,209**	11,429
Employer Contributions Receivable	**1,036,027**	1,001,808
Total Assets	**25,946,076**	24,728,878
LIABILITIES		
Excess Contributions Payable to Participants	**14,038**	14,230
Accrued Expenses	**7,517**	6,524
Total Liabilities	**21,555**	20,754
Net Assets Available for Benefits	**$ 25,924,521**	$ 24,708,124

The accompanying notes are an integral part of these statements.

REY PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended October 31,	**2016**
Additions to Net Assets Attributed to:	
Investment income:	
Interest and dividends	**$ 703,835**
Net appreciation in fair value of investments	**82,854**
	786,689
Contributions:	
Employees (including $47,189 of rollover contributions, and net of $14,038 of excess contributions payable)	**350,710**
Employer (net of $1,117 of forfeitures)	**1,036,687**
Total Additions	**2,174,086**
Deductions from Net Assets Attributed to:	
Benefits paid to participants	**657,925**
Life insurance premiums	**214,690**
Administrative expenses	**85,074**
Total Deductions	**957,689**
Net Increase	**1,216,397**
Net Assets Available for Benefits - beginning of year	**24,708,124**
Net Assets Available for Benefits - end of year	**$ 25,924,521**

The accompanying notes are an integral part of this statement.

REY PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

1. Description of Plan

The following description of the Rey Profit Sharing Plan and Trust (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 contribution plan covering all eligible employees of Easter Unlimited, Inc. and its wholly owned subsidiaries, Funworld West, LLC and Funworld East, LLC effective July 1, 2015 (together, the "Company" or the "Employer"). The Plan provides for elective employee contributions under Section 401(k) of the Internal Revenue Code ("IRC") and employer discretionary profit sharing contributions and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The investment of elective employee contributions is participant directed and investments are held by Reliance Trust Company (the "Custodian"). The Custodian invests all employee contributions and allocates to each participant's account its proportionate share of all investment income. As of October 31, 2016 and 2015, participant directed investments totaled $3,594,326 and $3,404,230, respectively.

The Trustees of the Plan manage the non-participant directed portion of the Plan. Assets are invested by reputable investment advisors.

Eligibility - Individuals become eligible for purposes of elective contributions following the later of the attainment of age 21 or the completion of three months of service. For purposes of employer discretionary contributions, individuals become eligible on the entry date following the later of the attainment of age 21 or the completion of one year of service, as defined. Entry dates are November 1 and May 1. Participants who are employees on the last day of the Plan year are eligible for Company profit sharing contributions.

Contributions - Participants may elect to defer up to a maximum of 75% of their annual compensation, as defined, subject to statutory limitations under the IRC. Additionally, participants who have reached the age of 50 are permitted to make additional catch-up contributions in amounts pursuant to the IRC. The Plan also permits rollover contributions from other qualified plans.

Each year the Employer may make a discretionary profit sharing contribution to the Plan in such amount as it may in its sole discretion determine, subject to limitations as provided by the IRC. For the year ended October 31, 2016, the Employer contributed 15% of the plan year eligible compensation of all eligible employees. Forfeitures of terminated participants' nonvested accounts are used to reduce the Employer contribution. In 2016, the Employer contribution was reduced by $1,117 of forfeitures.

Vesting - Participants are immediately fully vested in their elective deferral account and any rollover accounts. Vesting in Employer profit sharing contribution accounts is based upon years of service as follows:

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

Participant accounts - Each participant's funds are recorded in their own separate elective deferral and profit sharing contribution accounts. Each participant's elective deferral account is credited with the participant's contribution and their share of investment income.

Each participant's profit sharing account is credited with an allocation of (a) the Employer's contribution, if any, which is net of forfeitures of terminated employees nonvested accounts, and (b) Plan earnings, and charged with an allocation of administrative expenses. Employer profit sharing contributions, if any, are allocated to eligible participants' profit sharing contribution accounts in the ratio each participant's eligible compensation bears to total eligible compensation of all eligible participants. Net investment gains or losses and administrative expenses are allocated to each participant's account in proportion to account balances, as defined.

Payment of benefits - In general, the Plan does not permit in-service distributions except in the case of extreme financial necessity, or a participant attaining the age of 59½. Upon termination of service, participants are entitled to a lump sum distribution of the vested value of their accounts. Participants with a vested account balance of less than $5,000 upon termination may receive a distribution of their account balance without their consent.

Administrative expenses - Administrative expenses representing investment advisory fees were $85,074 for the year ended October 31, 2016. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

Life insurance policies - The Plan allows for premiums on insurance contracts to be paid by the Plan. The Plan is the owner of the policies which are held on behalf of participants. Premiums on life insurance policies are paid from the participants' plan assets. The life insurance policies are considered allocated insurance contracts and the cash

surrender values are excluded from Plan assets. As of October 31, 2016 and 2015, the cash surrender value of the Plan's life insurance contracts was $304,977 and $321,465, respectively.

Loans - Under the provisions of the Plan, loans to participants are not permitted.

2. Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, participants will become 100% vested in their accounts.

3. Summary of Significant Accounting Policies

Basis of presentation - The accompanying financial statements of the Plan have been prepared on an accrual basis and present the net assets available for benefits and changes in those net assets.

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 5 for a discussion of fair value measurements.

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

Benefits - Benefits are recorded when paid. Amounts allocated to accounts of participants who have elected to withdraw from the Plan are recorded as distributions when paid.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and the accompanying notes. Actual results could differ from those estimates.

Subsequent events - The Plan has evaluated events and transactions for potential recognition or disclosure through August 14, 2017 the date the financial statements were available to be issued.

4. Investments

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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

During the year ended October 31, 2016, the Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value by $82,854 (including realized gains of $232,770) as follows:

Common stocks	$ 337,589
Mutual funds - non-participant directed	(171,500)
Mutual funds - participant directed	(75,673)
Corporate bonds	(3,971)
Preferred stocks	(384)
Unit investment trusts	(4,667)
Certificates of deposit	1,460
Net appreciation in fair value	$ 82,854

Information about the net assets and significant components of the changes in net assets relating to non-participant directed investments is as follows:

Non-participant Directed Net Assets - November 1, 2015	$21,318,124
Changes in Non-participant Directed Net Assets:	
Interest and dividends	539,561
Net appreciation in fair value of investments	158,527
Employer contributions	1,036,687
Benefits paid to participants	(408,952)
Life insurance premiums	(214,690)
Administrative expenses	(85,074)
Total Change in Non-participant Directed Net Assets	1,026,059
Non-participant Directed Net Assets - October 31, 2016	$22,344,183

5. Fair Value Measurements

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

Level 1 - Valuations based on unadjusted quoted prices in active markets for identical assets or liabilities that the Plan can access. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these securities does not entail a significant degree of judgment. Level 1 investments of the Plan consist of money market funds, mutual funds and common and preferred stocks. Common and preferred stocks are valued at the closing price reported on the active market on which the individual security is traded and registered investment companies (mutual funds) are valued at the net asset value (NAV) of shares held by the Plan at year end where NAV is publicly available.

Level 2 - Valuations based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active or inputs other than quoted prices that are observable, either directly or indirectly. Level 2 investments of the Plan consist of corporate bonds, unit investment trusts and certificates of deposit which are valued based on a model pricing matrix maintained by the broker. This model uses quoted prices of the same or similar securities taking into account the level of trading activity associated with such quoted prices and differences in interest rates, credit ratings, maturity dates, call dates and other market conditions between similar securities for which quoted prices are available and the securities held by the Plan.

Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement that reflect the assumptions that market participants would use.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes, the level in the fair value hierarchy within which the fair value measurement falls in its entirety is determined by the lowest level input that is significant to the fair value measurement. Although the degree of judgment exercised by the Plan in determining fair value is greatest for investments categorized in Level 3, the inputs or methodology used for valuing investments are not necessarily an indication of the risk associated with those investments.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of October 31, 2016 and 2015:

	Investments at Fair Value as of October 31, 2016			
	Level 1	Level 2	Level 3	Total
Certificates of Deposit	$ -	$ 193,740	$ -	$ 193,740
Money Market Funds	910,903	-	-	910,903
Corporate Bonds	-	100,688	-	100,688
Preferred Stocks	38,640	-	-	38,640
Common Stocks	14,108,526	-	-	14,108,526
Mutual Funds	9,255,828	-	-	9,255,828
Unit Investment Trusts	-	155,356	-	155,356
Total Investments at Fair Value	$ 24,313,897	$ 449,784	$ -	$ 24,763,681

	Investments at Fair Value as of October 31, 2015			
	Level 1	Level 2	Level 3	Total
Certificates of Deposit	$ -	$ 192,280	$ -	$ 192,280
Money Market Funds	588,750	-	-	588,750
Corporate Bonds	-	145,194	-	145,194
Preferred Stocks	12,945	-	-	12,945
Common Stocks	13,614,056	-	-	13,614,056
Mutual Funds	8,207,130	-	-	8,207,130
Unit Investment Trusts	-	200,953	-	200,953
Total Investments at Fair Value	$ 22,422,881	$ 538,427	$ -	$ 22,961,308

6. Tax Status

The plan administrator adopted a Volume Submitter Plan that received a favorable determination letter from the Internal Revenue Service (IRS) dated March 31, 2014. The Plan has been amended since receiving the determination letter. However, the trustees of the Plan believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan's management has analyzed the tax positions taken by the Plan and has concluded that as of October 31, 2016, there are no uncertain positions taken or expected to be taken by the Plan that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are

currently no audits for any tax periods in progress. The Plan's management believes the Plan is no longer subject to income tax examinations for years prior to October 31, 2013.

7. Party-In-Interest Transactions

Certain administrative costs of the Plan are paid by the Company.

Margolin, Winer & Evens LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

Rey Profit Sharing Plan and Trust
Carle Place, New York

We have audited the financial statements of Rey Profit Sharing Plan and Trust (the "Plan") as of October 31, 2016 and 2015, and for the year ended October 31, 2016, and have issued our report thereon dated August 14, 2017, which contained an unmodified opinion on those financial statements. Our audits were performed for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held for Investment Purposes and Schedule of Assets (Acquired and Disposed of Within Year) as of and for the year ended October 31, 2016, are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Margolin, Winer & Evens LLP

Garden City, New York
August 14, 2017

REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2016

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Corporate Bonds:					
Allergan, Plc	2.800%	3/15/2023	50,000	$ 44,508	$ 49,569
Morgan Stanley	5.000%	5/17/2023	30,000	30,000	30,788
Navient Corp.	4.625%	9/25/2017	20,000	20,479	20,331
Total Corporate Bonds				94,987	100,688
Common Stock:					
21st Century Fox	N/A	N/A	3,128	$ 94,059	$ 82,173
3M Company	N/A	N/A	1,028	45,436	169,928
Abbott Labs	N/A	N/A	480	10,146	18,835
Abbvie Inc.	N/A	N/A	400	7,554	22,312
Accenture LTD	N/A	N/A	20	2,101	2,325
Adobe Systems Inc.	N/A	N/A	993	76,177	106,757
Advansix Inc.	N/A	N/A	0	-	2
Aetna Inc.	N/A	N/A	746	77,964	80,083
Aflac Inc.	N/A	N/A	400	19,243	27,548
Agilent Technologies Inc.	N/A	N/A	70	3,311	3,050
Akamai Technologies Inc.	N/A	N/A	2,294	93,723	159,364
Alexion Pharmaceuticals Inc.	N/A	N/A	669	88,999	87,305
Allegion Plc	N/A	N/A	1,000	18,463	63,840
Allergan Plc	N/A	N/A	69	15,042	14,417
Ally Financial Inc.	N/A	N/A	200	4,337	3,614
Altria Group Inc.	N/A	N/A	2,000	39,314	132,240
Amazon.Com Inc.	N/A	N/A	304	35,604	240,105
American Express Company	N/A	N/A	2,025	93,290	134,501
American International Group	N/A	N/A	1,000	43,877	61,700
American Tower Group	N/A	N/A	49	5,021	5,742
Anheuser Busch Inbev Spon ADR	N/A	N/A	748	47,978	86,387
Apple Computer Inc.	N/A	N/A	1,130	73,914	128,300
AT&T Inc.	N/A	N/A	5,180	69,770	190,572
Australia & New Zealand Bkg ADR	N/A	N/A	400	-	8,426
Automatic Data Processing	N/A	N/A	500	17,529	43,530
Baker Hughes Inc.	N/A	N/A	500	25,947	27,700
Bank of America Corp.	N/A	N/A	3,520	60,802	58,080
Bank of New York Mellon Corp.	N/A	N/A	1,875	56,555	81,131
Baxter International Inc.	N/A	N/A	300	17,724	14,277
Berkshire Hathaway	N/A	N/A	600	54,474	86,580
Biogen Idec Inc.	N/A	N/A	369	24,310	103,386
Biomarin Pharmaceutical Inc.	N/A	N/A	15	1,611	1,208
Blackrock Inc.	N/A	N/A	322	57,465	109,879
BP Plc	N/A	N/A	500	23,013	17,775
Bristol Myers Squibb Company	N/A	N/A	1,468	71,678	74,736
Broadcom Ltd.	N/A	N/A	58	6,475	9,876
CSX Transportation Corp.	N/A	N/A	900	21,842	27,459
California Resources Corp	N/A	N/A	98	1,130	1,005
Canadian Pacific Railway Ltd.	N/A	N/A	100	6,367	14,296
Caterpillar Inc.	N/A	N/A	1,300	114,395	108,498
CDK Global Inc.	N/A	N/A	166	-	9,065
Celanese Corp Series A	N/A	N/A	70	2,706	5,104
Celgene Corp.	N/A	N/A	1,256	39,981	128,338
Chemours Company	N/A	N/A	800	7,764	13,144
Chevron Corporation	N/A	N/A	42	4,779	4,400

See report of independent auditors on supplemental schedules.
The accompanying notes are an integral part of this schedule.

REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2016

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
Citizens Final Group	N/A	N/A	1,210	$ 29,800	$ 31,871
Coca Cola Co.	N/A	N/A	2,553	76,809	108,247
Cognizant Technology Solutions Corp.	N/A	N/A	30	1,465	1,541
Colgate Palmolive Corp.	N/A	N/A	1,100	14,017	78,496
Comcast Corp.	N/A	N/A	4,807	103,186	297,169
Conagra Foods Inc.	N/A	N/A	2,000	65,494	96,360
ConocoPhillips	N/A	N/A	2,000	118,457	86,900
Constellation Brands Inc.	N/A	N/A	30	4,088	5,014
Corning Inc.	N/A	N/A	3,000	45,370	68,130
Costco Whsl Corp.	N/A	N/A	30	3,637	4,436
CVS Caremark Corp.	N/A	N/A	6,310	100,868	530,671
Dentsply Intl. Inc.	N/A	N/A	900	4,391	51,813
Dominion Energy Inc.	N/A	N/A	60	4,240	4,512
Dow Chemical Company	N/A	N/A	2,090	101,461	112,463
Duke Energy Corp.	N/A	N/A	1,000	71,627	80,020
Dynegy Inc.	N/A	N/A	290	4,262	3,089
E.I. du Pont de Nemours & Co.	N/A	N/A	4,000	144,912	275,160
East West Bancorp Inc.	N/A	N/A	500	17,799	19,755
Eaton Corp.	N/A	N/A	90	3,710	5,739
Ebay Inc.	N/A	N/A	1,753	21,994	49,978
Ecolab Inc.	N/A	N/A	1,019	92,907	116,339
Eli Lilly and Company	N/A	N/A	60	4,899	4,430
Exelon Corp.	N/A	N/A	3,130	106,862	106,639
Express Scripts Holding Co.	N/A	N/A	800	43,798	53,920
Exxon Mobil Corp.	N/A	N/A	590	23,165	49,159
Facebook Inc.	N/A	N/A	1,060	32,468	138,849
Fastenal Co.	N/A	N/A	600	24,920	23,388
Fedex Corporation	N/A	N/A	400	50,624	69,728
Fortinet Inc.	N/A	N/A	1,440	45,292	46,166
General Electric Co.	N/A	N/A	5,174	142,278	150,563
Glatfelter	N/A	N/A	2,000	25,194	44,440
Google Inc. CL A	N/A	N/A	152	47,815	123,105
Google Inc. CL C	N/A	N/A	198	70,656	155,339
Halliburton Co.	N/A	N/A	90	3,921	4,140
Hartford Financial Services Group Inc.	N/A	N/A	110	4,281	4,852
HCP Inc.	N/A	N/A	300	8,969	10,275
Heineken N.V. ADR	N/A	N/A	1,000	26,314	41,280
Henry Schein Inc.	N/A	N/A	500	17,433	74,600
Hewlett-Packard Company	N/A	N/A	2,000	31,295	28,980
Hewlett-Packard Enterprise Company	N/A	N/A	2,000	35,078	44,940
Home Depot Inc.	N/A	N/A	1,090	12,791	132,991
Honeywell Intl Inc.	N/A	N/A	64	3,916	7,020
Illinois Tool Works Inc.	N/A	N/A	67	6,375	7,609
Incyte Corporation	N/A	N/A	20	1,886	1,739
Ingersoll-Rand Plc	N/A	N/A	3,100	76,272	208,599
Intel Corp.	N/A	N/A	210	7,286	7,323
Intercontinental Exchange Inc.	N/A	N/A	24	4,155	6,489
International Business Machines Corp.	N/A	N/A	1,100	64,415	169,059
International Paper Company	N/A	N/A	1,500	71,305	67,545
Invesco Limited	N/A	N/A	225	5,277	6,320
Johnson & Johnson	N/A	N/A	5,797	113,253	672,394
JP Morgan Chase & Co.	N/A	N/A	1,756	39,155	121,621

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2016

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
JC Penny Inc.	N/A	N/A	800	$ 19,691	$ 6,872
Kinder Morgan Inc.	N/A	N/A	500	15,621	10,215
Liberty Global Cl CF	N/A	N/A	200	2,619	6,360
Liberty Global Inc. Series A	N/A	N/A	200	2,712	6,520
Liberty Global Plc Class A	N/A	N/A	34	-	940
Liberty Global Plc Class C	N/A	N/A	34	-	940
Lloyds Banking Group Plc	N/A	N/A	10,000	50,230	28,200
Lowe's Companies, Inc.	N/A	N/A	300	23,273	19,995
Macy's, Inc.	N/A	N/A	1,120	8,398	40,869
Manitowoc Company Inc.	N/A	N/A	2,000	11,714	8,080
Manitowoc Foodservice Companies Inc.	N/A	N/A	2,000	40,004	30,220
Marathon Petroleum Corp.	N/A	N/A	120	5,206	5,231
McCormick Corp.	N/A	N/A	1,500	37,355	143,805
Medtronic Inc.	N/A	N/A	1,400	106,247	114,828
Merck & Co. Inc.	N/A	N/A	90	5,140	5,285
Meredith Corp.	N/A	N/A	1,600	12,669	72,560
Microsoft Corp.	N/A	N/A	3,272	72,325	196,058
Mondelez International, Inc.	N/A	N/A	120	5,083	5,393
Monsanto Co.	N/A	N/A	814	61,153	82,027
Monster Beverage Corporation	N/A	N/A	38	3,370	5,485
Nabors Industries, Ltd.	N/A	N/A	240	2,442	2,856
Nasdaq OMX Group	N/A	N/A	1,004	26,923	64,226
National Grid Plc	N/A	N/A	500	37,013	32,710
Nestle SA Reg Shs. Ser. B Spons	N/A	N/A	7,500	46,142	544,163
Nike Inc. CL B	N/A	N/A	104	5,801	5,219
Norfolk Southern Corp.	N/A	N/A	3,000	63,890	279,000
Nucor Corp.	N/A	N/A	70	3,101	3,420
Nvidia Corporation	N/A	N/A	70	4,608	4,981
NXP Semiconductors N.V.	N/A	N/A	84	7,238	8,400
Occidental Petroleum Corp.	N/A	N/A	2,100	27,975	153,111
Palo Alto Networks Inc.	N/A	N/A	470	59,135	72,300
Panera Bread Co.	N/A	N/A	22	4,658	4,197
Paypal Holdings	N/A	N/A	2,305	53,789	96,026
Pepsico Inc.	N/A	N/A	676	23,478	72,467
Pfizer Inc.	N/A	N/A	17,120	101,202	542,875
Philip Morris International Inc.	N/A	N/A	60	4,708	5,786
Pioneer Natural Resources Company	N/A	N/A	17	2,651	3,043
Pitney Bowes Inc.	N/A	N/A	2,000	32,996	35,680
Plains All American Pipeline LP	N/A	N/A	300	15,938	9,108
Proctor & Gamble Co.	N/A	N/A	1,480	113,780	128,464
Qualcomm Inc.	N/A	N/A	400	21,682	27,488
Red Hat Inc.	N/A	N/A	1,186	57,673	91,856
Regeneron Pharmaceuticals Inc.	N/A	N/A	140	43,893	48,303
Rockwell Collins, Inc.	N/A	N/A	1,032	92,988	87,018
Royal Dutch Shell Plc ADR CL A	N/A	N/A	1,255	85,276	62,512
Salesforce.Com Inc.	N/A	N/A	46	3,378	3,457
Schlumberger Ltd.	N/A	N/A	2,625	166,875	205,354
Shwab Charles Corp.	N/A	N/A	2,601	41,124	82,452
Shire Plc	N/A	N/A	144	28,304	24,284
Southern Co.	N/A	N/A	2,300	49,833	118,611
Southwest Airlines Co.	N/A	N/A	7,593	41,876	304,100
SPDR Gold Trust	N/A	N/A	400	48,029	48,776
Spectra Energy Corp.	N/A	N/A	1,000	20,733	41,810

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2016

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
State Street Corp.	N/A	N/A	400	$ 19,991	$ 28,084
Synchrony Financial	N/A	N/A	180	5,038	5,146
Taiwan Semiconductor Mfg. Co. Ltd.	N/A	N/A	120	3,256	3,732
Terex Corporation	N/A	N/A	2,000	86,031	47,760
Texas Instruments Inc.	N/A	N/A	1,102	34,635	78,077
Thermo Fisher Scientific, Inc.	N/A	N/A	1,611	61,771	236,865
Time Warner Inc.	N/A	N/A	90	6,907	8,009
Toronto Dominion Bank	N/A	N/A	1,700	82,907	77,146
Travelers Cos Inc.	N/A	N/A	1,000	37,085	108,180
U.S. Bancorp	N/A	N/A	1,500	50,110	67,140
United Parcel Service Inc. CL B	N/A	N/A	897	73,569	96,661
United Technologies Corp.	N/A	N/A	50	3,127	5,110
UnitedHealth Group Inc.	N/A	N/A	954	60,418	134,829
Universal Health Services Inc.	N/A	N/A	29	3,887	3,501
Unum Group	N/A	N/A	2,000	44,177	70,800
Valero Energy Corp.	N/A	N/A	110	5,765	6,516
Verizon Communications	N/A	N/A	3,040	102,759	146,224
Viacom, Inc. CL B	N/A	N/A	1,356	35,064	50,931
Visa Inc. CL A	N/A	N/A	1,805	38,653	148,931
Vmware Inc.	N/A	N/A	783	62,558	61,544
Vodafone Group Plc Sponsored ADR	N/A	N/A	2,000	74,206	55,680
Voya Financial Inc.	N/A	N/A	160	5,107	4,888
W. W. Grainger Inc.	N/A	N/A	352	87,742	73,258
WABCO Holdings Inc.	N/A	N/A	999	10,723	98,362
Walgreen Co.	N/A	N/A	500	17,628	41,365
Wal-Mart Stores Inc.	N/A	N/A	4,000	26,541	280,080
Walt Disney Co.	N/A	N/A	2,287	79,092	211,982
Wells Fargo & Company	N/A	N/A	600	29,066	27,606
Westar Energy, Inc.	N/A	N/A	1,000	26,439	57,320
Williams Companies, Inc.	N/A	N/A	120	3,662	3,504
Xilinx Inc.	N/A	N/A	1,196	43,862	60,840
Yum! Brands Inc.	N/A	N/A	1,878	130,928	162,034
Zimmer Biomet Holdings, Inc.	N/A	N/A	35	4,334	3,689
Zoetis Inc.	N/A	N/A	5,410	186,731	258,598
Total Common Stock				7,129,423	14,108,526
Preferred Stock:					
Public Storage	5.400%	N/A	500	$ 12,554	$ 12,890
Wells Fargo & Co.	5.700%	N/A	1,000	26,025	25,750
Total Preferred Stock				38,579	38,640
Mutual Funds - Participant Directed:					
Blackrock Global Allocation-R	N/A	N/A	4,645	N/A	$ 81,101
Blackrock Lifepath Ret Port-A	N/A	N/A	487	N/A	4,679
Deutsche Equity 500 Index Fund-S	N/A	N/A	1,243	N/A	267,736
Goldman Sachs Growth Opp	N/A	N/A	5,447	N/A	108,389
JP Morgan Smart Retirement 2020-R2	N/A	N/A	13,032	N/A	236,006
JP Morgan Smart Retirement 2030-R2	N/A	N/A	9,007	N/A	168,333
JP Morgan Smart Retirement 2040-R2	N/A	N/A	12,439	N/A	237,339
JP Morgan Smart Retirement 2050-R2	N/A	N/A	38	N/A	683
Mass Investors Growth Stk Fd-R2	N/A	N/A	1,605	N/A	37,777

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2016

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Mutual Funds - Participant Directed (continued):					
Massachusetts Investors Trust-R2	N/A	N/A	2,798	N/A	$ 75,393
MFS Aggressive Growth Alloc-R2	N/A	N/A	7,828	N/A	151,086
MFS Conservative Allocation-R2	N/A	N/A	7,417	N/A	107,471
MFS Global Growth Fund-R2	N/A	N/A	2,949	N/A	94,265
MFS Government Securities Fd-R2	N/A	N/A	3,884	N/A	39,227
MFS Growth Allocation Fund-R2	N/A	N/A	27,853	N/A	499,676
MFS Moderate Allocation Fund-R2	N/A	N/A	11,103	N/A	178,536
MFS New Discovery Fund-R2	N/A	N/A	8,158	N/A	179,724
MFS Research Bond Fund-R2	N/A	N/A	9,390	N/A	101,692
MFS Research International Fd-R2	N/A	N/A	7,588	N/A	114,807
MFS Total Return Fund-R2	N/A	N/A	11,194	N/A	201,376
MFS Value Fund-R2	N/A	N/A	4,560	N/A	156,730
Pimco Total Return-R	N/A	N/A	9,979	N/A	102,586
Victory Established Value Fund-R	N/A	N/A	6,611	N/A	220,998
Victory Small Company Oppor Fd-R	N/A	N/A	3,186	N/A	119,758
Total Mutual Funds - Participant Directed					3,485,368
Mutual Funds - Non-participant Directed:					
Advantage Dynamic Total Return Fund	N/A	N/A	2,706	$ 42,000	$ 43,479
Alps ETF Trust Alerian MLP ETF	N/A	N/A	500	7,836	6,115
BNY Mellon Corporate Bond Fund *	N/A	N/A	8,836	115,000	114,960
BNY Mellon Emerging Markets Fund *	N/A	N/A	6,257	57,893	56,252
BNY Mellon Income Stock Fund *	N/A	N/A	14,510	123,000	123,772
BNY Mellon Intermediate Bond Fund *	N/A	N/A	11,085	142,887	140,337
BNY Mellon Mid Cap Stock Fund *	N/A	N/A	10,929	145,000	158,473
BNY Mellon Small Cap Stock Fund *	N/A	N/A	5,574	80,500	90,752
Capital Income Builder Fund Class A	N/A	N/A	6,211	356,801	357,027
Dreyfus Alternative Diversifier Fund	N/A	N/A	3,563	44,500	43,898
Dreyfus Diversified International Fund	N/A	N/A	16,355	180,000	178,919
Dreyfus Floating Rate Income Fund	N/A	N/A	2,118	26,000	25,582
Dreyfus Growth & Income Fund Inc.	N/A	N/A	23,831	394,978	456,848
Dreyfus High Yield Fund	N/A	N/A	2,505	15,985	15,478
Dreyfus International Small Cap Fund	N/A	N/A	2,655	35,000	34,961
Franklin Income Series Class A	N/A	N/A	113,976	268,323	254,167
iShares Nasdaq Biotechnology ETF	N/A	N/A	100	27,975	25,668
iShares Trust FTSE Xinhau HK China 25 Index	N/A	N/A	300	5,714	11,058
iShares Trust Russell 1000 Growth Index Fund	N/A	N/A	9,075	613,340	923,290
iShares Trust Russell 1000 Value Index Fund	N/A	N/A	6,163	510,537	641,198
iShares Trust Russell 2000 Growth Index Fund	N/A	N/A	1,492	208,750	208,686
iShares Trust Russell Midcap Growth Fund	N/A	N/A	3,674	282,636	343,078
iShares Trust Russell Midcap Value Fund	N/A	N/A	2,335	158,101	174,938
Managed Futures Strategy Fund	N/A	N/A	4,032	43,000	39,595
Oppenheimer Steelpath MLPFX Fund	N/A	N/A	4,384	54,587	40,028
Proshares S&P 500 Dividend Aristocrats	N/A	N/A	1,589	83,969	82,358
Prudential Jennison Equity Income Fund Class A	N/A	N/A	24,459	377,679	359,064
Spdr S&P Dividend ETF	N/A	N/A	1,038	83,943	84,524
Sterling Capital Funds	N/A	N/A	4,960	119,184	105,054
Voya Global Target Payment Fund	N/A	N/A	31,646	281,951	253,487
Wisdomtree Intl Hedged Quality Div Growth ETF	N/A	N/A	5,487	140,158	140,796
Wisdomtree Trust Europe Hedged Equity Fund	N/A	N/A	4,356	244,661	236,618
Total Mutual Funds - Non-participant Directed				5,271,888	5,770,460

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2016

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Unit Investment Trusts:					
UIT First Trust Health Care Select	N/A	N/A	5,115	$ 50,545	$ 43,019
UIT First Trust Deep Value Sub-10 Dividend	N/A	N/A	6,432	66,967	61,680
UIT First Trust Pacific	N/A	N/A	5,465	50,514	50,657
Total Unit Investment Trusts				168,026	155,356
Certificates of Deposit -					
Barclays Bk Del Wilmington	N/A	9/30/2020	2,000	$ 200,000	$ 193,740
Total Certificates of Deposit				200,000	193,740
Money Market Funds - Non-participant Directed:					
CRA BNY Mellon *				N/A	$ 194,544
US Government Money Market Fund RBC Select Class *				N/A	285,469
UBS Liquid Assets Government Fund *				N/A	201,213
Charles Schwab Money Market *				N/A	120,719
Total Money Market Funds - Non-participant Directed					801,945
Money Market Funds - Participant Directed:					
JP Morgan US Gov Money Market				N/A	$ 108,958
Total Money Market Funds - Participant Directed					108,958
Total Investments					24,763,681
Less Participant Directed Investments					3,594,326
Non-participant Directed Investments					$ 21,169,355

* Party-in-interest

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
EIN: 13-1983343 - PLAN 001

Year Ended October 31, 2016

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost of Acquisitions	Proceeds of Dispositions
Kohl's Corp	Common Stock	$ 2,037	$ 1,669
Cognizant Technology Solutions Corp	Common Stock	3,696	3,381
Netflix Com Inc	Common Stock	2,023	1,537
Dominion Res Inc	Common Stock	685	759
Taiwan Semiconductor Mfg Co Ltd Sponsored ADR	Common Stock	746	906
Devon Energy Corporation	Common Stock	2,360	3,055
Agilent Technologies Inc	Common Stock	1,298	1,380
Salesforce.com Inc	Common Stock	326	291
NXP Semiconductors N V	Common Stock	988	1,320
Amgen Inc.	Common Stock	670	646
Capital One Financial Corporation	Common Stock	722	737
Microsoft	Common Stock	2,161	2,293
Linkedin Corp	Common Stock	10,906	18,198
Royal Dutch Shell Plc Adr Cl A	Common Stock	101	98
Shire Plc	Common Stock	88	88
Wisdomtree Trust Japan Hedged Equity FD	Mutual Funds	9,732	8,826
UIT First Trust Cybersecurity Portfolio	Unit Investment Trust	136	136
UIT First Trust ADR Portfolio, August 2014	Unit Investment Trust	854	865
UIT First Trust Pacific	Unit Investment Trust	11	11

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2016

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
State Street Corp.	N/A	N/A	400	$ 19,991	$ 28,084
Synchrony Financial	N/A	N/A	180	5,038	5,146
Taiwan Semiconductor Mfg. Co. Ltd.	N/A	N/A	120	3,256	3,732
Terex Corporation	N/A	N/A	2,000	86,031	47,760
Texas Instruments Inc.	N/A	N/A	1,102	34,635	78,077
Thermo Fisher Scientific, Inc.	N/A	N/A	1,611	61,771	236,865
Time Warner Inc.	N/A	N/A	90	6,907	8,009
Toronto Dominion Bank	N/A	N/A	1,700	82,907	77,146
Travelers Cos Inc.	N/A	N/A	1,000	37,085	108,180
U.S. Bancorp	N/A	N/A	1,500	50,110	67,140
United Parcel Service Inc. CL B	N/A	N/A	897	73,569	96,661
United Technologies Corp.	N/A	N/A	50	3,127	5,110
UnitedHealth Group Inc.	N/A	N/A	954	60,418	134,829
Universal Health Services Inc.	N/A	N/A	29	3,887	3,501
Unum Group	N/A	N/A	2,000	44,177	70,800
Valero Energy Corp.	N/A	N/A	110	5,765	6,516
Verizon Communications	N/A	N/A	3,040	102,759	146,224
Viacom, Inc. CL B	N/A	N/A	1,356	35,064	50,931
Visa Inc. CL A	N/A	N/A	1,805	38,653	148,931
Vmware Inc.	N/A	N/A	783	62,558	61,544
Vodafone Group Plc Sponsored ADR	N/A	N/A	2,000	74,206	55,680
Voya Financial Inc.	N/A	N/A	160	5,107	4,888
W. W. Grainger Inc.	N/A	N/A	352	87,742	73,258
WABCO Holdings Inc.	N/A	N/A	999	10,723	98,362
Walgreen Co.	N/A	N/A	500	17,628	41,365
Wal-Mart Stores Inc.	N/A	N/A	4,000	26,541	280,080
Walt Disney Co.	N/A	N/A	2,287	79,092	211,982
Wells Fargo & Company	N/A	N/A	600	29,066	27,606
Westar Energy, Inc.	N/A	N/A	1,000	26,439	57,320
Williams Companies, Inc.	N/A	N/A	120	3,662	3,504
Xilinx Inc.	N/A	N/A	1,196	43,862	60,840
Yum! Brands Inc.	N/A	N/A	1,878	130,928	162,034
Zimmer Biomet Holdings, Inc.	N/A	N/A	35	4,334	3,689
Zoetis Inc.	N/A	N/A	5,410	186,731	258,598
Total Common Stock				7,129,423	14,108,526
Preferred Stock:					
Public Storage	5.400%	N/A	500	$ 12,554	$ 12,890
Wells Fargo & Co.	5.700%	N/A	1,000	26,025	25,750
Total Preferred Stock				38,579	38,640
Mutual Funds - Participant Directed:					
Blackrock Global Allocation-R	N/A	N/A	4,645	N/A	$ 81,101
Blackrock Lifepath Ret Port-A	N/A	N/A	487	N/A	4,679
Deutsche Equity 500 Index Fund-S	N/A	N/A	1,243	N/A	267,736
Goldman Sachs Growth Opp	N/A	N/A	5,447	N/A	108,389
JP Morgan Smart Retirement 2020-R2	N/A	N/A	13,032	N/A	236,006
JP Morgan Smart Retirement 2030-R2	N/A	N/A	9,007	N/A	168,333
JP Morgan Smart Retirement 2040-R2	N/A	N/A	12,439	N/A	237,339
JP Morgan Smart Retirement 2050-R2	N/A	N/A	38	N/A	683
Mass Investors Growth Stk Fd-R2	N/A	N/A	1,605	N/A	37,777

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2016

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
Citizens Final Group	N/A	N/A	1,210	$ 29,800	$ 31,871
Coca Cola Co.	N/A	N/A	2,553	76,809	108,247
Cognizant Technology Solutions Corp.	N/A	N/A	30	1,465	1,541
Colgate Palmolive Corp.	N/A	N/A	1,100	14,017	78,496
Comcast Corp.	N/A	N/A	4,807	103,186	297,169
Conagra Foods Inc.	N/A	N/A	2,000	65,494	96,360
ConocoPhillips	N/A	N/A	2,000	118,457	86,900
Constellation Brands Inc.	N/A	N/A	30	4,088	5,014
Corning Inc.	N/A	N/A	3,000	45,370	68,130
Costco Whsl Corp.	N/A	N/A	30	3,637	4,436
CVS Caremark Corp.	N/A	N/A	6,310	100,868	530,671
Dentsply Intl. Inc.	N/A	N/A	900	4,391	51,813
Dominion Energy Inc.	N/A	N/A	60	4,240	4,512
Dow Chemical Company	N/A	N/A	2,090	101,461	112,463
Duke Energy Corp.	N/A	N/A	1,000	71,627	80,020
Dynegy Inc.	N/A	N/A	290	4,262	3,089
E.I. du Pont de Nemours & Co.	N/A	N/A	4,000	144,912	275,160
East West Bancorp Inc.	N/A	N/A	500	17,799	19,755
Eaton Corp.	N/A	N/A	90	3,710	5,739
Ebay Inc.	N/A	N/A	1,753	21,994	49,978
Ecolab Inc.	N/A	N/A	1,019	92,907	116,339
Eli Lilly and Company	N/A	N/A	60	4,899	4,430
Exelon Corp.	N/A	N/A	3,130	106,862	106,639
Express Scripts Holding Co.	N/A	N/A	800	43,798	53,920
Exxon Mobil Corp.	N/A	N/A	590	23,165	49,159
Facebook Inc.	N/A	N/A	1,060	32,468	138,849
Fastenal Co.	N/A	N/A	600	24,920	23,388
Fedex Corporation	N/A	N/A	400	50,624	69,728
Fortinet Inc.	N/A	N/A	1,440	45,292	46,166
General Electric Co.	N/A	N/A	5,174	142,278	150,563
Glatfelter	N/A	N/A	2,000	25,194	44,440
Google Inc. CL A	N/A	N/A	152	47,815	123,105
Google Inc. CL C	N/A	N/A	198	70,656	155,339
Halliburton Co.	N/A	N/A	90	3,921	4,140
Hartford Financial Services Group Inc.	N/A	N/A	110	4,281	4,852
HCP Inc.	N/A	N/A	300	8,969	10,275
Heineken N.V. ADR	N/A	N/A	1,000	26,314	41,280
Henry Schein Inc.	N/A	N/A	500	17,433	74,600
Hewlett-Packard Company	N/A	N/A	2,000	31,295	28,980
Hewlett-Packard Enterprise Company	N/A	N/A	2,000	35,078	44,940
Home Depot Inc.	N/A	N/A	1,090	12,791	132,991
Honeywell Intl Inc.	N/A	N/A	64	3,916	7,020
Illinois Tool Works Inc.	N/A	N/A	67	6,375	7,609
Incyte Corporation	N/A	N/A	20	1,886	1,739
Ingersoll-Rand Plc	N/A	N/A	3,100	76,272	208,599
Intel Corp.	N/A	N/A	210	7,286	7,323
Intercontinental Exchange Inc.	N/A	N/A	24	4,155	6,489
International Business Machines Corp.	N/A	N/A	1,100	64,415	169,059
International Paper Company	N/A	N/A	1,500	71,305	67,545
Invesco Limited	N/A	N/A	225	5,277	6,320
Johnson & Johnson	N/A	N/A	5,797	113,253	672,394
JP Morgan Chase & Co.	N/A	N/A	1,756	39,155	121,621

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2016

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
JC Penny Inc.	N/A	N/A	800	$ 19,691	$ 6,872
Kinder Morgan Inc.	N/A	N/A	500	15,621	10,215
Liberty Global Cl CF	N/A	N/A	200	2,619	6,360
Liberty Global Inc. Series A	N/A	N/A	200	2,712	6,520
Liberty Global Plc Class A	N/A	N/A	34	-	940
Liberty Global Plc Class C	N/A	N/A	34	-	940
Lloyds Banking Group Plc	N/A	N/A	10,000	50,230	28,200
Lowe's Companies, Inc.	N/A	N/A	300	23,273	19,995
Macy's, Inc.	N/A	N/A	1,120	8,398	40,869
Manitowoc Company Inc.	N/A	N/A	2,000	11,714	8,080
Manitowoc Foodservice Companies Inc.	N/A	N/A	2,000	40,004	30,220
Marathon Petroleum Corp.	N/A	N/A	120	5,206	5,231
McCormick Corp.	N/A	N/A	1,500	37,355	143,805
Medtronic Inc.	N/A	N/A	1,400	106,247	114,828
Merck & Co. Inc.	N/A	N/A	90	5,140	5,285
Meredith Corp.	N/A	N/A	1,600	12,669	72,560
Microsoft Corp.	N/A	N/A	3,272	72,325	196,058
Mondelez International, Inc.	N/A	N/A	120	5,083	5,393
Monsanto Co.	N/A	N/A	814	61,153	82,027
Monster Beverage Corporation	N/A	N/A	38	3,370	5,485
Nabors Industries, Ltd.	N/A	N/A	240	2,442	2,856
Nasdaq OMX Group	N/A	N/A	1,004	26,923	64,226
National Grid Plc	N/A	N/A	500	37,013	32,710
Nestle SA Reg Shs. Ser. B Spons	N/A	N/A	7,500	46,142	544,163
Nike Inc. CL B	N/A	N/A	104	5,801	5,219
Norfolk Southern Corp.	N/A	N/A	3,000	63,890	279,000
Nucor Corp.	N/A	N/A	70	3,101	3,420
Nvidia Corporation	N/A	N/A	70	4,608	4,981
NXP Semiconductors N.V.	N/A	N/A	84	7,238	8,400
Occidental Petroleum Corp.	N/A	N/A	2,100	27,975	153,111
Palo Alto Networks Inc.	N/A	N/A	470	59,135	72,300
Panera Bread Co.	N/A	N/A	22	4,658	4,197
Paypal Holdings	N/A	N/A	2,305	53,789	96,026
Pepsico Inc.	N/A	N/A	676	23,478	72,467
Pfizer Inc.	N/A	N/A	17,120	101,202	542,875
Philip Morris International Inc.	N/A	N/A	60	4,708	5,786
Pioneer Natural Resources Company	N/A	N/A	17	2,651	3,043
Pitney Bowes Inc.	N/A	N/A	2,000	32,996	35,680
Plains All American Pipeline LP	N/A	N/A	300	15,938	9,108
Proctor & Gamble Co.	N/A	N/A	1,480	113,780	128,464
Qualcomm Inc.	N/A	N/A	400	21,682	27,488
Red Hat Inc.	N/A	N/A	1,186	57,673	91,856
Regeneron Pharmaceuticals Inc.	N/A	N/A	140	43,893	48,303
Rockwell Collins, Inc.	N/A	N/A	1,032	92,988	87,018
Royal Dutch Shell Plc ADR CL A	N/A	N/A	1,255	85,276	62,512
Salesforce.Com Inc.	N/A	N/A	46	3,378	3,457
Schlumberger Ltd.	N/A	N/A	2,625	166,875	205,354
Shwab Charles Corp.	N/A	N/A	2,601	41,124	82,452
Shire Plc	N/A	N/A	144	28,304	24,284
Southern Co.	N/A	N/A	2,300	49,833	118,611
Southwest Airlines Co.	N/A	N/A	7,593	41,876	304,100
SPDR Gold Trust	N/A	N/A	400	48,029	48,776
Spectra Energy Corp.	N/A	N/A	1,000	20,733	41,810

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2016

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Corporate Bonds:					
Allergan, Plc	2.800%	3/15/2023	50,000	$ 44,508	$ 49,569
Morgan Stanley	5.000%	5/17/2023	30,000	30,000	30,788
Navient Corp.	4.625%	9/25/2017	20,000	20,479	20,331
Total Corporate Bonds				94,987	100,688
Common Stock:					
21st Century Fox	N/A	N/A	3,128	$ 94,059	$ 82,173
3M Company	N/A	N/A	1,028	45,436	169,928
Abbott Labs	N/A	N/A	480	10,146	18,835
Abbvie Inc.	N/A	N/A	400	7,554	22,312
Accenture LTD	N/A	N/A	20	2,101	2,325
Adobe Systems Inc.	N/A	N/A	993	76,177	106,757
Advansix Inc.	N/A	N/A	0	-	2
Aetna Inc.	N/A	N/A	746	77,964	80,083
Aflac Inc.	N/A	N/A	400	19,243	27,548
Agilent Technologies Inc.	N/A	N/A	70	3,311	3,050
Akamai Technologies Inc.	N/A	N/A	2,294	93,723	159,364
Alexion Pharmaceuticals Inc.	N/A	N/A	669	88,999	87,305
Allegion Plc	N/A	N/A	1,000	18,463	63,840
Allergan Plc	N/A	N/A	69	15,042	14,417
Ally Financial Inc.	N/A	N/A	200	4,337	3,614
Altria Group Inc.	N/A	N/A	2,000	39,314	132,240
Amazon.Com Inc.	N/A	N/A	304	35,604	240,105
American Express Company	N/A	N/A	2,025	93,290	134,501
American International Group	N/A	N/A	1,000	43,877	61,700
American Tower Group	N/A	N/A	49	5,021	5,742
Anheuser Busch Inbev Spon ADR	N/A	N/A	748	47,978	86,387
Apple Computer Inc.	N/A	N/A	1,130	73,914	128,300
AT&T Inc.	N/A	N/A	5,180	69,770	190,572
Australia & New Zealand Bkg ADR	N/A	N/A	400	-	8,426
Automatic Data Processing	N/A	N/A	500	17,529	43,530
Baker Hughes Inc.	N/A	N/A	500	25,947	27,700
Bank of America Corp.	N/A	N/A	3,520	60,802	58,080
Bank of New York Mellon Corp.	N/A	N/A	1,875	56,555	81,131
Baxter International Inc.	N/A	N/A	300	17,724	14,277
Berkshire Hathaway	N/A	N/A	600	54,474	86,580
Biogen Idec Inc.	N/A	N/A	369	24,310	103,386
Biomarin Pharmaceutical Inc.	N/A	N/A	15	1,611	1,208
Blackrock Inc.	N/A	N/A	322	57,465	109,879
BP Plc	N/A	N/A	500	23,013	17,775
Bristol Myers Squibb Company	N/A	N/A	1,468	71,678	74,736
Broadcom Ltd.	N/A	N/A	58	6,475	9,876
CSX Transportation Corp.	N/A	N/A	900	21,842	27,459
California Resources Corp	N/A	N/A	98	1,130	1,005
Canadian Pacific Railway Ltd.	N/A	N/A	100	6,367	14,296
Caterpillar Inc.	N/A	N/A	1,300	114,395	108,498
CDK Global Inc.	N/A	N/A	166	-	9,065
Celanese Corp Series A	N/A	N/A	70	2,706	5,104
Celgene Corp.	N/A	N/A	1,256	39,981	128,338
Chemours Company	N/A	N/A	800	7,764	13,144
Chevron Corporation	N/A	N/A	42	4,779	4,400

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2016

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Mutual Funds - Participant Directed (continued):					
Massachusetts Investors Trust-R2	N/A	N/A	2,798	N/A	$ 75,393
MFS Aggressive Growth Alloc-R2	N/A	N/A	7,828	N/A	151,086
MFS Conservative Allocation-R2	N/A	N/A	7,417	N/A	107,471
MFS Global Growth Fund-R2	N/A	N/A	2,949	N/A	94,265
MFS Government Securities Fd-R2	N/A	N/A	3,884	N/A	39,227
MFS Growth Allocation Fund-R2	N/A	N/A	27,853	N/A	499,676
MFS Moderate Allocation Fund-R2	N/A	N/A	11,103	N/A	178,536
MFS New Discovery Fund-R2	N/A	N/A	8,158	N/A	179,724
MFS Research Bond Fund-R2	N/A	N/A	9,390	N/A	101,692
MFS Research International Fd-R2	N/A	N/A	7,588	N/A	114,807
MFS Total Return Fund-R2	N/A	N/A	11,194	N/A	201,376
MFS Value Fund-R2	N/A	N/A	4,560	N/A	156,730
Pimco Total Return-R	N/A	N/A	9,979	N/A	102,586
Victory Established Value Fund-R	N/A	N/A	6,611	N/A	220,998
Victory Small Company Oppor Fd-R	N/A	N/A	3,186	N/A	119,758
Total Mutual Funds - Participant Directed					3,485,368
Mutual Funds - Non-participant Directed:					
Advantage Dynamic Total Return Fund	N/A	N/A	2,706	$ 42,000	$ 43,479
Alps ETF Trust Alerian MLP ETF	N/A	N/A	500	7,836	6,115
BNY Mellon Corporate Bond Fund *	N/A	N/A	8,836	115,000	114,960
BNY Mellon Emerging Markets Fund *	N/A	N/A	6,257	57,893	56,252
BNY Mellon Income Stock Fund *	N/A	N/A	14,510	123,000	123,772
BNY Mellon Intermediate Bond Fund *	N/A	N/A	11,085	142,887	140,337
BNY Mellon Mid Cap Stock Fund *	N/A	N/A	10,929	145,000	158,473
BNY Mellon Small Cap Stock Fund *	N/A	N/A	5,574	80,500	90,752
Capital Income Builder Fund Class A	N/A	N/A	6,211	356,801	357,027
Dreyfus Alternative Diversifier Fund	N/A	N/A	3,563	44,500	43,898
Dreyfus Diversified International Fund	N/A	N/A	16,355	180,000	178,919
Dreyfus Floating Rate Income Fund	N/A	N/A	2,118	26,000	25,582
Dreyfus Growth & Income Fund Inc.	N/A	N/A	23,831	394,978	456,848
Dreyfus High Yield Fund	N/A	N/A	2,505	15,985	15,478
Dreyfus International Small Cap Fund	N/A	N/A	2,655	35,000	34,961
Franklin Income Series Class A	N/A	N/A	113,976	268,323	254,167
iShares Nasdaq Biotechnology ETF	N/A	N/A	100	27,975	25,668
iShares Trust FTSE Xinhau HK China 25 Index	N/A	N/A	300	5,714	11,058
iShares Trust Russell 1000 Growth Index Fund	N/A	N/A	9,075	613,340	923,290
iShares Trust Russell 1000 Value Index Fund	N/A	N/A	6,163	510,537	641,198
iShares Trust Russell 2000 Growth Index Fund	N/A	N/A	1,492	208,750	208,686
iShares Trust Russell Midcap Growth Fund	N/A	N/A	3,674	282,636	343,078
iShares Trust Russell Midcap Value Fund	N/A	N/A	2,335	158,101	174,938
Managed Futures Strategy Fund	N/A	N/A	4,032	43,000	39,595
Oppenheimer Steelpath MLPFX Fund	N/A	N/A	4,384	54,587	40,028
Proshares S&P 500 Dividend Aristocrats	N/A	N/A	1,589	83,969	82,358
Prudential Jennison Equity Income Fund Class A	N/A	N/A	24,459	377,679	359,064
Spdr S&P Dividend ETF	N/A	N/A	1,038	83,943	84,524
Sterling Capital Funds	N/A	N/A	4,960	119,184	105,054
Voya Global Target Payment Fund	N/A	N/A	31,646	281,951	253,487
Wisdomtree Intl Hedged Quality Div Growth ETF	N/A	N/A	5,487	140,158	140,796
Wisdomtree Trust Europe Hedged Equity Fund	N/A	N/A	4,356	244,661	236,618
Total Mutual Funds - Non-participant Directed				5,271,888	5,770,460

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