

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 <u>12/01/2015</u> and ending <u>11/30/2016</u>	
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 ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.</u>	1b Three-digit plan number (PN) ▶ <u>005</u> 1c Effective date of plan <u>12/31/1953</u>
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) <u>ALFRED NICKLES BAKERY, INC.</u> <u>26 N. MAIN STREET</u> <u>NAVARRE, OH 44662-1158</u>	2b Employer Identification Number (EIN) <u>34-0428345</u> 2c Plan Sponsor's telephone number <u>330-879-5635</u> 2d Business code (see instructions) <u>311800</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/15/2017</u>	<u>MARK T. SPONSELLER</u>
	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

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 562
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) 149
a(2) Total number of active participants at the end of the plan year	6a(2) 133
b Retired or separated participants receiving benefits.....	6b 252
c Other retired or separated participants entitled to future benefits.....	6c 108
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 493
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 51
f Total. Add lines 6d and 6e	6f 544
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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
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For calendar plan year 2015 or fiscal plan year beginning 12/01/2015 and ending 11/30/2016

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

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

(a) Name of insurance carrier
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	000759	544	12/01/2015	11/30/2016

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

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

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

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

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

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

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

(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** 9900229**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 12132340**c** Additions: (1) Contributions deposited during the year **7c(1)** 531183(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 448205(4) Transferred from separate account **7c(4)** 0(5) Other (specify below) **7c(5)** 0(6) Total additions **7c(6)** 979388**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 13111728**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 3178568(2) Administration charge made by carrier **7e(2)** 16329(3) Transferred to separate account **7e(3)** 0(4) Other (specify below) **7e(4)** 0(5) Total deductions **7e(5)** 3194897**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 9916831

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 12/01/2015 and ending 11/30/2016

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

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

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

Part I Basic Information

1	Enter the valuation date: Month 12 Day 01 Year 2015			
2	Assets:			
	a Market value	2a 48425712		
	b Actuarial value	2b 51545887		
3	Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
	a For retired participants and beneficiaries receiving payment	309	29320068	29320068
	b For terminated vested participants	104	3529978	3529978
	c For active participants	149	17089339	18416116
	d Total	562	49939385	51266162
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.22%	
6	Target normal cost	6	592166	

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

<div>SIGN HERE</div>	<div>08/31/2017</div>
<div>Signature of actuary</div>	<div>Date</div>
<div>SETH H. PITASKY, EA, MSPA, MAAA</div>	<div>14-07321</div>
<div>Type or print name of actuary</div>	<div>Most recent enrollment number</div>
<div>CBIZ RETIREMENT PLAN SERVICES</div>	<div>216-520-6174</div>
<div>Firm name</div>	<div>Telephone number (including area code)</div>
<div>6050 OAK TREE BLVD. SOUTH SUITE 500 CLEVELAND, OH 44131</div>	
<div>Address of the firm</div>	

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

Part II	Beginning of Year Carryover and Prefunding Balances
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		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	85175
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		85175
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-2.56</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		72
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.43</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		-2
c	Total available at beginning of current plan year to add to prefunding balance.....		70
d	Portion of (c) to be added to prefunding balance		70
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	70

Part III Funding Percentages

14	Funding target attainment percentage.....	14	100.54 %
15	Adjusted funding target attainment percentage	15	100.54 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	99.06 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)		(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)		(b) Amount paid by employer(s)	(c) Amount paid by employees	
03/15/2016		140634	0					
09/15/2016		70315	0					
12/15/2016		219000	0					
				Totals ►	18(b)	429949	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	410946

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	592166										
b Excess assets, if applicable, but not greater than line 31a	31b	279655										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td></td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment		0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment		0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	312511										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....			0									
36 Additional cash requirement (line 34 minus line 35)	36	312511										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	410946										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	98435										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years.....	40	0										

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

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

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

For calendar plan year 2015 or fiscal plan year beginning 12/01/2015 and ending 11/30/2016		
<div>A</div> Name of plan RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.	<div>B</div> Three-digit plan number (PN) ▶	005
<div>C</div> Plan sponsor's name as shown on line 2a of Form 5500 ALFRED NICKLES BAKERY, INC.	<div>D</div> Employer Identification Number (EIN) 34-0428345	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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-----	--

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

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

BNY MELLON, NA

ONE WALL STREET
NEW YORK, NY 10286

25-0659306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	155357	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AETNA LIFE INSURANCE COMPANY

151 FARMINGTON AVENUE
HARTFORD, CT 06156-9260

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	100240	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <u>12/01/2015</u> and ending <u>11/30/2016</u>		
A Name of plan <u>RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.</u>		B Three-digit plan number (PN) ► <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALFRED NICKLES BAKERY, INC.</u>		D Employer Identification Number (EIN) <u>34-0428345</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	320234	219000
	(2) Participant contributions	1b(2)	0	0
	(3) Other.....	1b(3)	77458	91485
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	517991	860920
	(2) U.S. Government securities.....	1c(2)	2448	1859
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other.....	1c(3)(B)	4407674	6617629
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common	1c(4)(B)	17191909	16230364
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property)	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans	1c(8)	0	0
	(9) Value of interest in common/collective trusts.....	1c(9)	0	0
	(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	14516872	14737817
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	12132340	9900229
	(15) Other	1c(15)	222227	282883

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	49389153	48942186

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	49389153	48942186
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	429949	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		429949

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	452175	
(B) U.S. Government securities	2b(1)(B)	121	
(C) Corporate debt instruments	2b(1)(C)	188443	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	8719	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		649458

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	329020	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	253011	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		582031

(3) Rents	2b(3)		0
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	8260547	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8411964	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-151417

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	424910	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		424910

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		858021
c Other income	2c		193902
d Total income. Add all income amounts in column (b) and enter total	2d		2986854

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3178224	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3178224
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	100240	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	155357	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		255597
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3433821

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-446967
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: MALONEY AND NOVOTNY LLC

(2) EIN: 34-0677006

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

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

Part IV Compliance Questions

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

During the plan year:

	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.)		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.)		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.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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.
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For calendar plan year 2015 or fiscal plan year beginning 12/01/2015 and ending 11/30/2016

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>06-6033492</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☒ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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: <u>0.0</u> % 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
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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

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

FINANCIAL REPORT

NOVEMBER 30, 2016 and 2015

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

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Independent Auditors' Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Plan for Non-Bargaining Employees of Alfred Nickles Bakery, Inc. (the "Plan"), which comprise the statements of net assets available for benefits as of November 30, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Aetna Life Insurance Company and BNY Mellon Wealth Management, the Custodians of the Plan, except for comparing the information with the related information included in the financial statements.

We have been informed by the plan administrator that the Custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodians as of November 30, 2016 and 2015, and for the years then ended, that the information provided to the plan administrator by the Custodians is complete and accurate.

Disclaimer of Opinion

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

Report on Supplementary Information

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of or for the year ended November 30, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year), as of November 30, 2016 that accompanies the Plan's financial statements does not disclose the historical cost of certain nonparticipant-directed plan assets held by the Custodians. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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

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

Meloney + Novotny LLC

Canton, Ohio
September 13, 2017

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

November 30, 2016 and 2015

<u>ASSETS</u>	<u>2016</u>	<u>2015</u>
INVESTMENTS, AT FAIR VALUE		
Interest-bearing cash and cash equivalents	\$ 860,920	\$ 517,991
Mutual funds	14,737,817	14,516,872
Fixed income securities	6,902,371	4,632,349
Equities	16,230,364	17,191,909
Contracts with insurance company	<u>9,900,229</u>	<u>12,132,340</u>
Total investments	48,631,701	48,991,461
CONTRIBUTIONS RECEIVABLE	219,000	320,234
ACCRUED INCOME	<u>91,485</u>	<u>77,458</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u><u>48,942,186</u></u>	\$ <u><u>49,389,153</u></u>

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

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended November 30, 2016 and 2015

INVESTMENT ACTIVITY AND CONTRIBUTIONS	<u>2016</u>	<u>2015</u>
Investment activity:		
Interest	\$ 649,458	\$ 732,483
Dividends	582,031	634,775
Net appreciation (depreciation) in fair value of investments	<u>1,325,416</u>	<u>(221,835)</u>
Total investment activity	2,556,905	1,145,423
Contributions - employer	<u>429,949</u>	<u>1,230,234</u>
Total investment activity and contributions	2,986,854	2,375,657
 DEDUCTIONS		
Pension benefits paid	3,178,224	5,058,058
Administrative expenses	<u>255,597</u>	<u>236,126</u>
Total deductions	<u>3,433,821</u>	<u>5,294,184</u>
 Net (decrease)	(446,967)	(2,918,527)
 NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>49,389,153</u>	<u>52,307,680</u>
 END OF YEAR	<u>\$ 48,942,186</u>	<u>\$ 49,389,153</u>

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

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

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

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

General:

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

As of July 8, 2016, the Plan was frozen to new participation, credited service, and benefit accruals.

Plan Sponsor:

The Company operates bakeries that manufacture bread, buns, sweet rolls, and pastries which are sold to supermarkets, grocery stores, restaurants, distributors, and institutions throughout the Midwest.

Benefits:

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 1. Description of the Plan (continued)

Death Benefits:

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

Custodians:

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

Note 2. Summary of Significant Accounting Policies

The following are significant accounting policies followed by the Plan:

Basis of Accounting:

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

Actuarial Present Value of Accumulated Plan Benefits:

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 10 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Pension Benefits:

Benefits are recorded upon distribution. From September 1, 2014 through February 18, 2015, the Plan offered a Voluntary Lump Sum Program which allowed eligible deferred vested participants to elect to take a distribution of their account. Benefit payments of \$-0- and \$1,988,114 related to this program are included in pension benefits paid on the accompanying statement of changes in net assets available for benefits for the years ended November 30, 2016 and 2015, respectively.

Administrative Expenses:

Fees of the Plan's legal counsel, actuaries, and accountants are not reflected in the accompanying financial statements as they were paid by the Company. The only fees paid by the Plan were for the Custodians. In addition, certain investment related expenses are included in the net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Use of Estimates:

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (continued)

Subsequent Events:

The Plan has evaluated subsequent events through September 13, 2017, which is the date the financial statements were available to be issued.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits was determined by actuaries of CBIZ Retirement Plan Services and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the probability of payment and the time value of money between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of November 30, 2016 and 2015, include (a) assumed long-term rate of return on assets of 7.50% and 8.50% for 2016 and 2015, respectively; (b) retirement age of 65; (c) assumed mortality, turnover, and disability based on published statistical data (the RP-2014 Generational Mortality Table projected with MP-2016 for 2016 and the RP-2014 Generational Employee and Retiree Male and Female Tables for 2015); and (d) payment of custodian expenses from the earnings of the Plan. The foregoing actuarial assumptions are based on the presumption that the Plan will continue.

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

	<u>December 1,</u>	
	<u>2016</u>	<u>2015</u>
Vested benefits		
Participants currently receiving payments	\$ 28,073,643	\$ 25,765,813
Other participants	<u>18,121,236</u>	<u>16,165,784</u>
	46,194,879	41,931,597
Nonvested benefits	<u>945,766</u>	<u>1,080,393</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 47,140,645</u>	<u>\$ 43,011,990</u>

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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

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

	<u>2016</u>	<u>2015</u>
Actuarial present value of accumulated plan benefits as of the beginning of year	\$ 43,011,990	\$ 42,287,664
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial gains	3,653,754	2,402,900
Decrease in discount period	-	3,379,484
Actuarial assumption changes	3,653,125	-
Benefits paid	<u>(3,178,224)</u>	<u>(5,058,058)</u>
Net increase	<u>4,128,655</u>	<u>724,326</u>
Actuarial present value of accumulated plan benefits as of the end of year	\$ <u>47,140,645</u>	\$ <u>43,011,990</u>

Note 4. Funding Policy

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

Note 5. Plan Termination

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Plan Termination (continued)

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

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

Note 6. Income Tax Status

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

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of November 30, 2016, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements. As of November 30, 2016, the Plan's tax years from 2012 and thereafter remain subject to examination by the Internal Revenue Service, as well as various other taxing authorities.

Note 7. Unaudited Information

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodians have certified to the completeness and accuracy of all investments reflected on the statements of net assets available for benefits at November 30, 2016 and 2015, the schedule of assets (held at end of year), the related investment activity reflected in the statements of changes in net assets available for benefits and the schedule of reportable transactions for the years ended November 30, 2016 and 2015 and the investment related information in the accompanying notes to the financial statements. This information is unaudited by independent accountants.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 7. Unaudited Information (continued)

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

	<u>2016</u>	<u>2015</u>
Interest	\$ <u>649,458</u>	\$ <u>732,483</u>
Dividends	\$ <u>582,031</u>	\$ <u>634,775</u>
Net (depreciation) appreciation in fair value of investments	\$ <u>1,325,416</u>	\$ <u>(221,836)</u>

Note 8. Risks and Uncertainties

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

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

Note 9. Party-in-Interest

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

	<u>2016</u>	<u>2015</u>
Aetna	\$ 100,240	\$ 107,987
Mellon	<u>155,357</u>	<u>128,138</u>
	\$ <u>255,597</u>	\$ <u>236,125</u>

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 10. Fair Value Measurements

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

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

The following is a description of the valuation methodologies used for assets of the Plan measured at fair value at November 30, 2016 and 2015.

- Interest-bearing cash and cash equivalents: Valued based on the underlying assets, most of which are short-term debt securities. The fund seeks to maintain a constant net asset value of \$1.00 per share.
- Mutual funds: Valued at the quoted net asset value of shares held by the Plan at year end.
- Fixed income securities and equities: Valued at quoted prices from national securities exchanges for identical assets in active markets.
- Contracts with insurance company: Valued at book value (i.e. beginning balance plus deposits less withdrawals plus fixed income interest equals ending balance) and adjusted to market value by Aetna based on a bond formula contained in the contracts. The contracts are invested in a money market account and in Segment 4 of Aetna's general account (a fixed income fund comprised of bonds and commercial mortgages). The contract includes \$5,099,558 at November 30, 2016 that is a reserve for Aetna-guaranteed annuities being paid to retirees and that cannot be withdrawn from the contract by the Plan.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 10. Fair Value Measurements (continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in methodologies used from the year ended November 30, 2015 to November 30, 2016. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2016:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash				
and cash equivalents	\$ -	\$ 860,920	\$ -	\$ 860,920
Mutual funds	14,737,817	-	-	14,737,817
Fixed income securities	6,902,371	-	-	6,902,371
Equities	16,230,364	-	-	16,230,364
Contracts with				
insurance company	-	9,900,229	-	9,900,229
Total	\$ 37,870,552	\$ 10,761,149	\$ -	\$ 48,631,701

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2015:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash				
and cash equivalents	\$ -	\$ 517,991	\$ -	\$ 517,991
Mutual funds	14,516,872	-	-	14,516,872
Fixed income securities	4,632,349	-	-	4,632,349
Equities	17,191,909	-	-	17,191,909
Contracts with				
insurance company	-	12,132,340	-	12,132,340
Total	\$ 36,341,130	\$ 12,650,331	\$ -	\$ 48,991,461

Line 26 - Schedule of Active Participant Data

Valuation Date: December 1, 2015

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

[illegible]

ACTUARIAL ASSUMPTIONS

Valuation Census Date Census data was provided by the Plan Sponsor as of December 01, 2015. We have reviewed the data for consistency and have no reason to doubt its substantial accuracy.

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

	24-Month Segment Rates	
	Unadjusted	Limited to 25 Year Corridor
Segment I:	1.32%	4.72%
Segment II:	4.06%	6.11%
Segment III:	5.09%	6.81%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the Highway and Transportation Funding Act of 2014 ('HATFA-14') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Unadjusted" column above.

The Effective Interest Rate (EIR) for the 2015 Plan Year was 6.22%. For the prior Plan year, the EIR was 6.43%.

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

Mortality Table Elected IRS Section 1.430(h)(3)-1 prescribed separate static annuitant and non-annuitant mortality tables for the current Plan Year. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 15 years for non-annuitants and plus 7 years for annuitants based on Scale AA.

Valuation Assets Per IRS Notice 2009-22, Actuarial Value of Assets is determined by averaging assets over a two year period, using 3 annual determination dates, adjusted for expected earnings and cashflows. A long-term rate of return of 8.50%, limited to be no greater than the third segment rate of 6.99%, is used. AVA is held to a minimum of 90% and a maximum of 110% of Fair Market Value.

ACTUARIAL ASSUMPTIONS

Expenses Administrative expenses were assumed to equal actual expenses in the prior year. Under this assumption, expenses of \$16,755 were included in the Normal Cost.

Salary Scale The salary increase assumption is 3.50% per year.

Taxable Wage Base Increases None.

Inflation None.

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

Retirement Rates Below is a table of representative rates.

Age	Rates
55	1.0%
56	1.0%
57	1.0%
58	1.0%
59	1.0%
60	4.0%
61	2.0%
62	50.0%
63	25.0%
64	25.0%
65	50.0%
66	50.0%
67	40.0%
68	30.0%
69	30.0%
70	100.0%

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

ACTUARIAL ASSUMPTIONS

Withdrawal Rates

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

Age	Rates
20	0.079384
25	0.077242
30	0.073966
35	0.068583
40	0.061129
45	0.051633
50	0.036161
55	0.013713
60	0.001315

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

Disability Incidence

The QAI(M) SOA 77REP Table for males, and the QAI(F) SOA 77REP Table for females. Below is a table of representative rates.

Age	Rates (M)	Rates (F)
20	0.000850	0.001030
25	0.000850	0.001030
30	0.000850	0.001030
35	0.000850	0.001030
40	0.001760	0.002970
45	0.003380	0.004110
50	0.006390	0.005900
55	0.006390	0.008970
60	0.011600	0.010180

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

ACTUARIAL ASSUMPTIONS

Disability Mortality

IRS Section 1.430(h)(3)-1 prescribed separate static annuitant and non-annuitant mortality tables for the current Plan Year. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 15 years for non-annuitants and plus 7 years for annuitants based on Scale AA. Below is a table of representative rates.

Age	Rates (M)	Rates (F)
30	0.000382	0.000195
40	0.000848	0.000449
50	0.003586	0.001607
60	0.005748	0.005553
70	0.015925	0.014994
80	0.051599	0.039309

Changes in non-required assumptions since the prior valuation

The retirement rates were changed to provide a more accurate representation of how actual retirements of participants from the Plan have occurred over the past several years. These rates are not generally changed each year. In looking at the age of participants at the time they retire, we believe that the current rates are a better predictor of future retirements. This had a very minor impact on liabilities and lowered obligations by about 0.7%.

ACTUARIAL METHODS

Minimum Funding Cost Method

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

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

Maximum deductible contribution method

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

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

ACTUARIAL METHODS

Asset Method

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

Per IRS Notice 2009-22, Actuarial Value of Assets is determined by averaging assets over a two year period, using 3 annual determination dates, adjusted for expected earnings and cashflows. A long-term rate of return of 8.50%, limited to be no greater than the third segment rate of 6.99%, is used. AVA is held to a minimum of 90% and a maximum of 110% of Fair Market Value.

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

EIN #34-0428345
PN #005

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

For the year ended November 30, 2016

(a) Identity of Party Involved

(b) Description of Assets

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

Mellon

Cash Reserve Account
197 purchases
53 sales

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

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

EIN #34-0428345

PN #005

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

<u>Purchase</u> <u>(c) Price</u>	<u>Selling</u> <u>(d) Price</u>	<u>Lease</u> <u>(e) Rental</u>	(A) Expenses <u>Incurred With</u> <u>(f) Transaction</u>	<u>Cost of</u> <u>(g) Asset</u>	Current Value of Asset on Transaction <u>(h) Date</u>	Net Gain or <u>(i) (Loss)</u>
\$ 4,349,749	N/A	N/A	N/A	N/A	\$ 4,349,749	N/A
N/A	4,006,808	N/A	N/A	4,006,808	4,006,808	\$ -

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</p> <p>▶ File as an attachment to Form 5500 or 5500-SF.</p>	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 12/01/2015 and ending 11/30/2016

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

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

A Name of plan RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ▶</td> <td style="width: 30%; text-align: center;">005</td> </tr> </table>	B Three-digit plan number (PN) ▶	005
B Three-digit plan number (PN) ▶	005		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Alfred Nickles Bakery, Inc.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 34-0428345</td> </tr> </table>	D Employer Identification Number (EIN) 34-0428345	
D Employer Identification Number (EIN) 34-0428345			
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500			

Part I Basic Information			
1 Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value	2a	48,425,712	
b Actuarial value	2b	51,545,887	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	309	29,320,068	29,320,068
b For terminated vested participants.....	104	3,529,978	3,529,978
c For active participants.....	149	17,089,339	18,416,116
d Total.....	562	49,939,385	51,266,162
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	6.22%	
6 Target normal cost.....	6	592,166	

Statement by Enrolled Actuary

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

SIGN HERE	SETH H. PITASKY, EA, MSPA, MAAA <div style="text-align: center;"> Signature of actuary </div>	<div style="text-align: center;"> 08/31/2017 Date </div>
	SETH H. PITASKY, EA, MSPA, MAAA <div style="text-align: center;"> Type or print name of actuary </div>	<div style="text-align: center;"> 1407321 Most recent enrollment number </div>
	CBIZ RETIREMENT PLAN SERVICES <div style="text-align: center;"> Firm name </div>	<div style="text-align: center;"> 216-520-6174 Telephone number (including area code) </div>
	6050 OAK TREE BLVD. SOUTH SUITE 500 CLEVELAND OH 44131 <div style="text-align: center;"> Address of the firm </div>	

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

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

Schedule SB (Form 5500) 2015
v. 150123

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	592,166	
b Excess assets, if applicable, but not greater than line 31a	31b	279,655	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	312,511	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	312,511	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	410,946	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	98,435	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</p> <p>▶ File as an attachment to Form 5500 or 5500-SF.</p>	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 12/01/2015 and ending 11/30/2016

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d Total.....	562	49,939,385	51,266,162
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b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
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6 Target normal cost.....	6	592,166	

Statement by Enrolled Actuary

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Schedule SB (Form 5500) 2015
v. 150123

Part II

Part 1		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	85,175
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		85,175
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-2.56%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		72
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.43%</u>		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		-2
c	Total available at beginning of current plan year to add to prefunding balance		70
d	Portion of (c) to be added to prefunding balance		70
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	70

Part III

14	Funding target attainment percentage	14	100.54%
15	Adjusted funding target attainment percentage	15	100.54%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	99.06%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV

18 Contributions made to the plan for the plan year by employer(s) and employees:

18(a) Contributions made to the plan for the plan year by employer(s) and employees.						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
03/15/2016	140,634	0				
09/15/2016	70,315	0				
12/15/2016	219,000	0				
			Totals ►	18(b)	429,949	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	410,946

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
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a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	312,511	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	410,946	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	98,435	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE SB ATTACHMENT

Line 19 - Discounted Employer Contributions

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

EIN/PN: 34-0428345/005

Valuation Date: December 1, 2015

Total Contributed: \$429,949.00

Total Discounted to Valuation Date: \$410,946.00

Date	Amount	Plan Year Beginning	Effective Rate of Interest	Amount Discounted	Penalty Rate of Interest	Additional Amount Discounted	Present Value on Date of Valuation
03/15/2016	140,634	12/2015	6.22%	2,414			138,220
09/15/2016	70,315	12/2015	6.22%	3,272			67,043
12/15/2016	219,000	12/2015	6.22%	13,317			205,683

SCHEDULE SB ATTACHMENT

Line 22 - Weighted Average Retirement Age

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

EIN/PN: 34-0428345/005

Valuation Date: December 1, 2015

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

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

SUMMARY of PLAN BENEFITS

Plan Effective Date	December 31, 1953. The plan was last restated effective December 1, 2011. The Plan was Amended to Freeze Benefits effective July 8, 2016.
Eligibility Requirements	First day of the month coincident with or next following attaining age 21, and following completion of 1,000 hours of service.
Vesting	100% vesting upon earning 5 Years of Vesting Service.
Accrued Benefit Formula	2.5% Career Average formula. For service prior to November 30, 1988, a minimum benefit of 1.75% times Credited Service to that date. Overall minimum is \$25 times Credited Service. Accrued Benefits are frozen as of July 8, 2016.
Credited Service	One Year upon working 1,000 hours in a Plan Year. Credited Service does not accrue past July 8, 2016.
Vesting Service	One Year upon working 1,000 hours in a Plan Year.
Normal Retirement Age	Upon attainment of 65 and five Years of Service.
Early Retirement	<p><u>Eligibility:</u> Upon attainment of age 55 and completion of 15 Years of Service.</p> <p><u>Benefit:</u> The accrued benefit is unreduced for the first three years and reduced 6% per year for each of the next 7 years.</p>
Disability Retirement	<p><u>Eligibility:</u> Upon attainment of age 55 and completion of 15 Years of Service, and not receiving payments for Workman's Compensation.</p> <p><u>Benefit:</u> 110% of the Early Retirement Benefit, but not greater than your Normal Retirement Benefit.</p>
Pre-Retirement Death	<p><u>Eligibility:</u> Upon earning 5 Years of Service.</p> <p><u>Benefit:</u> The spouse is eligible for 50% of the benefit that would have been payable, if the Participant had live to Early Retirement Eligibility and elected a 50% Qualified Joint and Survivor Annuity. The benefit is payable upon the Participant's Early Retirement Eligibility date.</p>

SUMMARY of PLAN BENEFITS

Normal Form of Payment

Unless otherwise elected, the benefit payable a participant who has been married at least one year is an actuarially equivalent 50% Joint and Survivor benefit. For unmarried participants, the Normal Form is a straight-life annuity with 3-Years Certain.

Optional Forms

Benefits may be elected from:

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

Changes in Plan Benefits recognized since the last valuation

None.

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

EIN #34-0428345

PN #005

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

November 30, 2016

		Description of Investment, Including Maturity Date, Rate of Interest, Collateral,			
(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	(c) Par or Maturity Value	(d) Cost	(e) Value	Current (e) Value
*	Aetna Life Insurance Company	Contracts with Insurance Company: Group Annuity Contract 000759	\$ (A)	\$	9,900,229

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

* Indicates party-in-interest to the Plan.

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

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.
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(a) (b)	Cash and cash equivalents		(e)	(d)
	(c)	(c)	Market value	Tax cost
		Description		
	860,919.75	CRA (BNY Mellon, N.A., Member FDIC) (Principal Holding)	\$ 860,919.75	\$ 860,919.75
	Total cash and cash equivalents		\$ 860,919.75	\$ 860,919.75

*
Mellon

Fixed income

Taxable

Individual securities Corporate

Shares/par value	Description	Market price	Market value	Tax cost
105,000	Diageo Capital PLC DTD 5/11/2012 1.5% 5/11/2017 Cusip: 25243YAR0 Moody's: A3 S&P: A-	\$ 100.1880	\$ 105,197.40	\$ 106,108.00
30,000	Astrazeneca PLC DTD 9/12/2007 5.9% 9/15/2017 Cusip: 046353AB4 Moody's: A3 S&P: A-	103.5780	31,073.40	33,840.30
110,000	British Telecommunicationsplc DTD 12/12/2007 5.95% 1/15/2018 Cusip: 11102AAA9 Moody's: BAA1 S&P: BBB+	104.5780	115,035.80	120,056.30
115,000	Abbvie Inc DTD 5/14/2015 1.8% 5/14/2018 Cusip: 00287YAN9 Moody's: BAA2 S&P: A-	99.9370	114,927.55	115,065.45
85,000	Glaxosmithkline Cap Inc DTD 5/13/2008 5.65% 5/15/2018 Cusip: 377372AD9 Moody's: A2 S&P: A+	105.6670	89,816.95	96,605.05
145,000	Grupo Televisa Sab DTD 5/12/2008 6% 5/15/2018 Cusip: 40049JAX5 Moody's: BAA1 S&P: BBB+	105.4900	152,960.50	161,877.65
75,000	Emc Corp DTD 6/6/2013 1.875% 6/1/2018 Cusip: 268648AP7 Moody's: BA2 S&P: BB-	98.5380	73,903.50	75,405.00

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.
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(a) (b)	Individual securities Corporate continued		Market price	(e) Market value	(d) Tax cost
	(c) Shares/par value	(c) Description			
	155,000	Bank Of America Corp DTD 10/22/2013 2.6% 1/15/2019 Cusip: 06051GEX3 Moody's: BAA1 S&P: BBB+	100.8810	156,365.55	156,946.80
	75,000	Dr Pepper Snapple Group DTD 11/15/2011 2.6% 1/15/2019 Cusip: 26138EAN9 Moody's: BAA1 S&P: BBB+	101.4460	76,084.50	76,275.00
	120,000	Amgen Inc DTD 1/16/2009 5.7% 2/1/2019 Cusip: 031162AZ3 Moody's: BAA1 S&P: A	107.8010	129,361.20	135,665.10
	145,000	Cisco Systems DTD 03/03/2014 2.125% 03/01/2019 Cusip: 17275RAR3 Moody's: A1 S&P: AA-	100.9450	146,370.25	146,423.45
	55,000	Shell International Fin DTD 9/22/09 4.3% 9/22/2019 Cusip: 822582AJ1 Moody's: AA2 S&P: A	106.1270	58,369.85	55,158.95
	70,000	Enterprise Products Oper DTD 10/14/2014 2.55% 10/15/2019 Cusip: 29379VBD4 Moody's: BAA1 S&P: BBB+	100.9380	70,656.60	70,091.00
	150,000	Barclays PLC DTD 11/10/14 2.7500% 11/8/2019 Cusip: 06738EAD7 Moody's: BAA3 S&P: BBB	99.6300	149,445.00	151,379.35
	120,000	Abbott Laboratories DTD 11/22/2016 2.35% 11/22/2019 Cusip: 002824BC3 Moody's: BAA3 S&P: A+	100.0820	120,098.40	120,241.20
	115,000	Adobe Systems Inc DTD 2/1/2010 4.75% 2/1/2020 Cusip: 00724FAB7 Moody's: BAA1 S&P: A-	107.5390	123,669.85	126,923.05
	235,000	Santander Holdings USA DTD 4/17/2015 2.65% 4/17/2020 Cusip: 80282KAD8 Moody's: BAA3 S&P: BBB+	98.3820	231,197.70	234,842.60

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(a) (b)	Individual securities Corporate continued		Market price	(e) Market value	(d) Tax cost
	(c) Shares/par value	(c) Description			
	140,000	Telefonica Emisiones Sau DTD 4/26/2010 5.134% 4/27/2020 Cusip: 87938WAM5 Moody's: BAA3 S&P: BBB	106.9500	149,730.00	155,789.55
	120,000	Scripps Networks Interac DTD 6/2/2015 2.8% 6/15/2020 Cusip: 811065AE1 Moody's: BAA3 S&P: BBB	100.0860	120,103.20	120,303.00
	145,000	Wells Fargo & Company DTD 7/22/2015 2.6% 7/22/2020 Cusip: 94974BGM6 Moody's: A2 S&P: A	100.4950	145,717.75	147,992.80
	46,000	Dow Chemical Co/The DTD 11/9/2010 4.25% 11/15/2020 Cusip: 260543CC5 Moody's: BAA2 S&P: BBB	105.8840	48,706.64	50,090.78
	150,000	Intercontinentalexchange DTD 11/24/2015 2.75% 12/1/2020 Cusip: 45866FAC8 Moody's: A2 S&P: A	100.6500	150,975.00	151,754.55
	150,000	Ford Motor Credit Co LLC DTD 11/9/2015 3.2% 1/15/2021 Cusip: 345397XQ1 Moody's: BAA2 S&P: BBB	99.8380	149,757.00	153,170.10
	135,000	HSBC Finance Corp DTD 7/15/2011 6.676% 1/15/2021 Cusip: 40429CGD8 Moody's: BAA2 S&P: A-	112.3510	151,673.85	160,374.85
	140,000	Anheuser-Busch Inbev Fin DTD 1/25/2016 2.65% 2/1/2021 Cusip: 035242AJ5 Moody's: A3 S&P: A-	100.3470	140,485.80	142,489.05
	130,000	General Elec Cap Corp DTD 2/11/2011 5.3% 2/11/2021 Cusip: 369622SM8 Moody's: A2 S&P: A+	111.0800	144,404.00	149,153.70
	90,000	Wal Mart Stores Inc DTD 4/18/2011 4.25% 4/15/2021 Cusip: 931142DD2 Moody's: AA2 S&P: AA	108.5090	97,658.10	100,144.80

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

EIN #34-0428345; PN #005

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

November 30, 2016

(a)
(b)

Individual securities Corporate continued				
(c) Shares/par value	(c) Description	Market price	(e) Market value	(d) Tax cost
125,000	Deutsche Bank AG DTD 5/12/2016 3.375% 5/12/2021 Cusip: 25152R5F6 Moody's: BAA2 S&P: BBB+	96.7630	120,953.75	123,607.35
85,000	Aercap Ireland Cap Ltd/A DTD 5/15/2015 4.5% 5/15/2021 Cusip: 00772BAF8 Moody's: BA1 S&P: BBB-	103.1250	87,656.25	89,356.25
125,000	Boston Properties LP DTD 11/18/2010 4.125% 5/15/2021 Cusip: 10112RAS3 Moody's: BAA2 S&P: A-	105.6110	132,013.75	134,470.00
100,000	Kroger Co/The DTD 10/28/2014 2.95% 11/1/2021 Cusip: 501044CZ2 Moody's: BAA1 S&P: BBB	101.1280	101,128.00	101,763.95
145,000	Time Warner Inc DTD 10/17/2011 4% 1/15/2022 Cusip: 887317AN5 Moody's: BAA2 S&P: BBB	103.7430	150,427.35	152,888.05
150,000	Petroleos Mexicanos DTD 7/24/2012 4.875% 1/24/2022 Cusip: 71654QBB7 Moody's: BAA3 S&P: BBB+	97.3000	145,950.00	157,445.00
125,000	Actavis Funding Scs DTD 3/12/2015 3.45% 3/15/2022 Cusip: 00507UAR2 Moody's: BAA3 S&P: BBB	101.4420	126,802.50	126,373.25
75,000	Arrow Electronics Inc DTD 3/2/2015 3.5% 4/1/2022 Cusip: 042735BD1 Moody's: BAA3 S&P: BBB-	99.3570	74,517.75	75,242.25
155,000	Oracle Corp DTD 5/5/2015 2.5% 5/15/2022 Cusip: 68389XBB0 Moody's: A1 S&P: AA-	99.0290	153,494.95	154,457.15
155,000	AT&T Inc DTD 5/4/2015 3% 6/30/2022 Cusip: 00206RCM2 Moody's: BAA1 S&P: BBB+	98.1360	152,110.80	151,868.90

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

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(a) (b)	Individual securities Corporate continued		Market price	(e) Market value	(d) Tax cost
	(c) Shares/par value	(c) Description			
	150,000	EBAY Inc DTD 7/24/2012 2.6% 7/15/2022 Cusip: 278642AE3 Moody's: BAA1 S&P: BBB+	96.6200	144,930.00	142,854.85
	155,000	Citigroup Inc DTD 2/8/2013 4.05% 7/30/2022 Cusip: 172967GK1 Moody's: BAA3 S&P: BBB	103.2620	160,056.10	164,671.25
	125,000	Credit Suisse Grp Fdg Guerns 3.8000% DTD 09/15/2015 3.8% 09/15/2022 Cusip: 225433AH4 Moody's: BAA3 S&P: BBB+	100.0290	125,036.25	126,049.05
	120,000	Kimco Realtycorp DTD 10/19/2015 3.4% 11/1/2022 Cusip: 49446RAN9 Moody's: BAA1 S&P: BBB+	101.5790	121,894.80	123,224.65
	150,000	Morgan Stanley DTD 10/23/12 4.875% 11/1/22 Cusip: 6174824M3 Moody's: BAA2 S&P: BBB-	107.6150	161,422.50	162,326.20
	140,000	Rabobank Nederland DTD 11/9/2012 3.95% 11/9/2022 Cusip: 21685WDF1 Moody's: A3 S&P: BBB+	102.3460	143,284.40	146,924.40
	135,000	Intel Corp DTD 12/11/2012 2.70% 12/15/2022 Cusip: 458140AM2 Moody's: A1 S&P: A+	100.8580	136,158.30	136,381.15
	155,000	Nbcuniversal Media LLC DTD 10/05/2012 2.875% 01/15/2023 Cusip: 63946BAH3 Moody's: A3 S&P: A-	100.0320	155,049.60	162,724.65
	155,000	JP Morgan Chase & Co DTD 5/1/2013 3.375% 5/1/2023 Cusip: 46625HJJ0 Moody's: BAA1 S&P: BBB+	99.8770	154,809.35	153,974.60
	140,000	Verizon Communications DTD 9/18/2013 5.15% 9/15/2023 Cusip: 92343VBR4 Moody's: BAA1 S&P: BBB+	110.7140	154,999.60	160,082.75

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.
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(a)
(b)

Individual securities Corporate
continued

(c) Shares/par value	(c) Description	Market price	(e) Market value	(d) Tax cost
145,000	Essex Portfolio L P DTD 4/15/2014 3.875% 5/1/2024 Cusip: 29717PAN7 Moody's: BAA1 S&P: BBB+	101.6090	147,333.05	150,566.55
155,000	Goldman Sachs Group Inc DTD 10/21/2015 4.25% 10/21/2025 Cusip: 38141GVR2 Moody's: BAA2 S&P: BBB-	101.5050	157,332.75	155,869.95
125,000	Royal Bank Of Canada DTD 1/27/2016 4.65% 1/27/2026 Cusip: 780082AD5 Moody's: BAA1 S&P: A-	104.7730	130,966.25	127,405.50
130,000	Lloyds Banking Group PLC DTD 3/24/2016 4.65% 3/24/2026 Cusip: 53944YAB9 Moody's: BAA2 S&P: BBB-	99.5980	129,477.40	135,346.95
115,000	Teva Pharmaceuticals NE 7/21/2016 3.15% 10/1/2026 Cusip: 88167AAE1 Moody's: BAA2 S&P: BBB	92.2420	106,078.30	114,513.35

Individual securities Mortgage backed securities

Shares/par value	Description	Market price	Market value	Tax cost
491.02	Government National Mortgage Assn Passthru CTF Pool Number 780577 DTD 6/1/1997 7% 12/15/2023 Cusip: 36225AUA6 Moody's: N/A S&P: N/A	\$ 110.7720	\$ 543.91	\$ 483.42
453.51	Federal National Mortgage Assn Passthru CTF Pool Number 252255 DTD 1/1/1999 6.5% 2/1/2029 Cusip: 31371HE46 Moody's: N/A S&P: N/A	114.0480	517.22	425.46
548.44	Federal National Mortgage Assn Passthru CTF Pool Number 535426 DTD 7/1/2000 6% 6/1/2030 Cusip: 31384VYX4 Moody's: N/A S&P: N/A	114.0420	625.45	502.43

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(a)
 (b)

Individual securities continued				
Mortgage backed securities				
(c)	(c)		(e)	(d)
Shares/par value	Description	Market price	Market value	Tax cost
147.78	Federal National Mortgage Assn Passthru CTF Pool Number 545437 DTD 1/1/2002 7% 2/1/2032 Cusip: 31385H4W9 Moody's: N/A S&P: N/A	116.4850	172.14	150.94
Individual securities Other				
Shares/par value	Description	Market price	Market value	Tax cost
65,000	Illinois ST DTD 3/10/2011 5.877% 3/1/2019 Taxable Cusip: 452152HU8 Moody's: BAA2 S&P: BBB	\$ 105.9920	\$ 68,894.80	\$ 72,157.80
90,000	California ST Earthquake Auth DTD 11/6/2014 2.805% 7/1/2019 Txbl Cusip: 13017HAE6 Moody's: A3 S&P: N/R	101.3060	91,175.40	90,881.45
120,000	Florida ST Hurricane Catastrophe DTD 4/23/2013 2.995% 7/1/2020 Ser A Cusip: 34074GDH4 Moody's: AA3 S&P: AA	102.3440	122,812.80	121,887.20
Total taxable individual securities			\$ 6,902,370.81	\$ 7,031,044.13
Total taxable fixed income			\$ 6,902,370.81	\$ 7,031,044.13

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High yield

(a)

(b)

Pooled vehicle				
(c)	(c)		(e)	(d)
Shares/par value	Description	Market price	Market value	Tax cost
165,517.12	Dreyfus High Yield Fund Cusip: 261980759	\$ 6.1400	\$ 1,016,275.12	\$ 1,033,083.58
Total high yield pooled vehicle			\$ 1,016,275.12	\$ 1,033,083.58
Total high yield fixed income			\$ 1,016,275.12	\$ 1,033,083.58
Total fixed income			\$ 7,918,645.93	\$ 8,064,127.71

Equities

U.S. large cap

Shares/par value	Description	Market price	Market value	Tax cost
1,250	Aon PLC (AON)	\$ 114.1000	\$ 142,625.00	\$ 83,199.87
1,540	Accenture PLC (ACN)	119.4300	183,922.20	118,404.29
3,497	Eaton Corp PLC (ETN)	66.5100	232,585.47	199,496.97
5,000	Invesco Limited (IVZ)	31.3100	156,550.00	152,249.50
3,392	Johnson Ctls Intl PLC (JCI)	44.9800	152,572.16	163,189.12
2,390	Medtronic, PLC (MDT)	73.0100	174,493.90	179,524.85
4,460	Broadcom Ltd. (AVGO)	170.4900	760,385.40	201,592.15
2,400	Aflac Inc (AFL)	71.3800	171,312.00	149,829.84
6,690	AT&T Inc (T)	38.6300	258,434.70	245,625.48
4,740	Adobe Systems Inc (ADBE)	102.8100	487,319.40	224,497.99
645	Alexion Pharmaceuticals Inc (ALXN)	122.5900	79,070.55	99,798.01
451	Alphabet, Inc. (GOOG)	758.0400	341,876.04	191,675.87

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(a) (b)	U.S. large cap continued		Market price	(e) Market value	(d) Tax cost
	(c) Shares/par value	(c) Description			
	450	Alphabet, Inc. (GOOGL)	775.8800	349,146.00	191,275.24
	792	Amazon.Com Inc (AMZN)	750.5700	594,451.44	191,902.84
	1,790	American Express Company (AXP)	72.0400	128,951.60	74,892.82
	2,220	American International Group Inc (AIG)	63.3300	140,592.60	75,038.89
	2,000	Amgen Inc (AMGN)	144.0700	288,140.00	230,268.60
	7,357	Apple Inc (AAPL)	110.5200	813,095.64	273,327.95
	356	Biogen Idec Inc (BIIB)	294.0700	104,688.92	100,397.62
	4,740	Bristol-Myers Squibb Company (BMY)	56.4400	267,525.60	197,546.14
	2,160	CIGNA Corp (CI)	134.7400	291,038.40	53,208.34
	2,190	Capital One Financial Corporation (COF)	84.0400	184,047.60	96,033.10
	1,846	Chevron Corporation (CVX)	111.5600	205,939.76	224,155.17
	4,590	Comcast Corp Cl A (CMCSA)	69.5100	319,050.90	197,655.22
	1,307	Costco Whsl Corp New (COST)	150.1100	196,193.77	144,920.03
	2,150	D T E Energy Co (DTE)	93.0900	200,143.50	152,921.42
	2,790	The Walt Disney Company (DIS)	99.1200	276,544.80	128,030.82
	1,300	Dover Corp (DOV)	72.6100	94,393.00	92,302.69
	2,830	Dow Chemical Co (DOW)	55.7200	157,687.60	150,159.80
	2,600	Express Scripts Holdings, Inc. (ESRX)	75.8800	197,288.00	154,836.87
	2,010	Exxon Mobil Corp (XOM)	87.3000	175,473.00	100,035.16
	3,020	Facebook Inc. (FB)	118.4200	357,628.40	94,727.74
	880	Fedex Corp (FDX)	191.6700	168,669.60	80,538.10
	1,020	Fortive Corp. (FTV)	54.9900	56,089.80	16,377.84
	9,470	General Electric Company (GE)	30.7600	291,297.20	234,679.58
	2,120	Gilead Sciences Inc (GILD)	73.7000	156,244.00	124,443.79

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(a) (b)	U.S. large cap continued		(e) Market price	(e) Market value	(d) Tax cost
	(c) Shares/par value	(c) Description			
	3,970	Halliburton Co (HAL)	53.0900	210,767.30	196,560.31
	2,976	Hartford Finl Svcs Group Inc (HIG)	47.1200	140,229.12	122,277.89
	2,350	Home Depot Inc (HD)	129.4000	304,090.00	174,483.27
	2,910	Honeywell Intl Inc (HON)	113.9400	331,565.40	229,403.07
	8,655	Intercontinentalexchange Group, Inc.(ICE)	55.4000	479,487.00	269,897.71
	2,160	JP Morgan Chase & Co (JPM)	80.1700	173,167.20	50,306.27
	1,600	Mead Johnson Nutrition Company (MJN)	72.0900	115,344.00	150,207.84
	3,090	Metlife Inc (MET)	55.0100	169,980.90	142,111.26
	5,970	Mondelez International (MDLZ)	41.2400	246,202.80	187,626.78
	2,190	Nextera Energy Inc (NEE)	114.2300	250,163.70	119,631.03
	3,000	Nike Inc Class B Stock (NKE)	50.0700	150,210.00	155,940.00
	2,000	Nucor Corp (NUE)	62.1900	124,380.00	91,014.80
	1,550	Occidental Petroleum Corp (OXY)	71.3600	110,608.00	82,927.08
	3,210	Oracle Corp (ORCL)	40.1900	129,009.90	53,802.25
	2,420	PNC Financial Services Group (PNC)	110.5400	267,506.80	175,129.83
	3,645	Pepsico Inc (PEP)	100.1000	364,864.50	209,996.94
	6,591	Pfizer Inc (PFE)	32.1400	211,834.74	122,270.61
	1,970	Philip Morris International Inc (PM)	88.2800	173,911.60	87,929.56
	3,060	The Procter & Gamble Company (PG)	82.4600	252,327.60	236,524.22
	1,710	Qualcomm Inc (QCOM)	68.1300	116,502.30	66,808.60
	4,610	Salesforce.Com Inc (CRM)	72.0000	331,920.00	254,932.24
	2,010	Schlumberger Ltd (SLB)	84.0500	168,940.50	161,999.59
	1,988	Shire PLC (SHPG) ADR	174.6000	347,104.80	220,995.82
	3,470	State Street Corp (STT)	78.8000	273,436.00	232,266.53
	1,200	United Technologies Corp (UTX)	107.7200	129,264.00	129,651.96

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(a) (b)	U.S. large cap continued				
	(c) Shares/par value	(c) Description	Market price	(e) Market value	(d) Tax cost
	1,400	Unitedhealth Group Inc (UNH)	158.3200	221,648.00	190,537.90
	5,960	Valero Energy Corp New (VLO)	61.5600	366,897.60	220,685.85
	6,480	Wells Fargo & Company (WFC)	52.9200	342,921.60	161,265.90
	7,980	Yahoo Inc (YHOO)	41.0200	327,339.60	221,393.12
	2,460	Yum! Brands Inc (YUM)	63.3900	155,939.40	126,169.91
	2,460	Yum China Holdings Inc (YUMC)	28.1200	69,175.20	49,965.84
	21,962	SPDR S&P 500 ETF Trust (SPY)	220.3800	4,839,985.56	3,122,741.55
	Total U.S. large cap			\$ 21,052,193.07	\$ 13,406,215.24
	U.S. mid cap				
	Shares/par value	Description	Market price	Market value	Tax cost
	25,975.154	Dreyfus Midcap Index Fund Inc (DMIDX)	\$ 37.9800	\$ 986,536.35	\$ 765,910.73
	15,505	ISHARES TR (IJH) S & P Midcap 400 Index FD	162.5200	2,519,872.60	1,979,382.36
	Total U.S. mid cap			\$ 3,506,408.95	\$ 2,745,293.09
	U.S. small cap				
	Shares/par value	Description	Market price	Market value	Tax cost
	30,050.064	Dreyfus Opportunistic Small Cap Fund(DSCVX)	\$ 32.3500	\$ 972,119.57	\$ 931,736.78
	10,161	ISHARES TR S & P Smallcap 600 (IJR)	133.5300	1,356,798.33	1,092,176.97
	23,335.696	Dreyfus Select Managers Small Cap (DSGYX) Growth Fund	22.9600	535,787.58	448,843.94
	Total U.S. small cap			\$ 2,864,705.48	\$ 2,472,757.69

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.
 EIN #34-0428345; PN #005
 Schedule H, Line 4i - - Schedule of Assets (Held at End of Year)
 November 30, 2016

Developed international

(a) (b)	(c) Shares/par value	(c) Description	Market price	(e) Market value	(d) Tax cost
	339	Adient PLC (ADNT)	\$ 53.5600	\$ 18,156.84	\$ 15,792.31
	64,169.896	BNY Mellon International Fund (MPITX)	10.8900	698,810.17	742,563.42
	64,036.62	Dreyfus Diversified International (DDIFX) Fund	10.6100	679,428.54	651,186.06
Total developed international				\$ 1,396,395.55	\$ 1,409,541.79

Emerging markets

	Shares/par value	Description	Market price	Market value	Tax cost
	0.002	Dfa Emerging Markets Core Equity (DFCEX) Funds	\$ 17.4000	\$ 0.03	\$ 0.04
	6,624	ISHARES MSCI Emerging Markets Index (EEM) Fund	35.5000	235,152.00	262,449.91
	98,253.19	Virtus Emerging Markets (HIEMX) Opportunities Fund	9.1300	897,051.62	942,713.35
Total emerging markets				\$ 1,132,203.65	\$ 1,205,163.30
Total equities				\$ 29,951,906.70	\$ 21,238,971.11
Total assets				\$ 38,731,472.38	\$ 30,164,018.57