Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ 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
LACK'S VALLEY STORES, LTD. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1972

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)
LACK'S VALLEY STORES, LTD.

1300 SAN PATRICIA STREET
PHARR, TX 78577

2b Employer Identification Number (EIN) 74-2730084

2c Plan Sponsor's telephone number 956-702-3361

2d Business code (see instructions) 442110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/20/2017	RANDY C. MARTIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	665
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)**	570
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	504
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	82
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	586
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	587
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	580
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan LACK'S VALLEY STORES, LTD. 401(K) PROFIT SHARING PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LACK'S VALLEY STORES, LTD.	**D** Employer Identification Number (EIN) 74-2730084

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MCCAW & SALESBERRY RETIREMENT

19115 FM 2252, SUITE 21
GARDEN RIDGE, TX 78266

47-3027397

(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?
13	CONTRACT ADMINISTRATOR	28655	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

MERRILL LYNCH, INC.

200 S. 10TH STREET, SUITE 1002
MCALLEN, TX 78501

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY	77016	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PATTILLO, BROWN & HILL, L.L.P.

401 W. STATE HWY 6
WACO, TX 76710

74-1130599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	7650	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(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)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
LACK'S VALLEY STORES, LTD. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LACK'S VALLEY STORES, LTD.

D Employer Identification Number (EIN)
74-2730084

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reported on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2487	3861
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	320000	0
(2) Participant contributions	1b(2)	3087	425
(3) Other	1b(3)	10960	7436
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	293773	238592
(2) U.S. Government securities	1c(2)	1277672	1272781
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	541193	464100
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	5784642	6764555
(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)	972736	305440
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		0
(15) Other	1c(15)	900278	701668

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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**	10106828	9758858
	Liabilities			
g	Benefit claims payable	**1g**	9337	3313
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	7650	7552
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	16987	10865
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	10089841	9747993

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	0	
	(B) Participants	**2a(1)(B)**	208300	
	(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)**		208300
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	4	
	(B) U.S. Government securities	**2b(1)(B)**	19969	
	(C) Corporate debt instruments	**2b(1)(C)**	15285	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	0	
	(F) Other	**2b(1)(F)**	25920	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		61178
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	130252	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	20407	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		150659
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	139029	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		139029
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	402141	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		402141

		(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)		
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		961307
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1189834	
(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)		1189834
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)	7650	
(2) Contract administrator fees	2i(2)	28655	
(3) Investment advisory and management fees	2i(3)	77016	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		113321
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1303155
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-341848
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) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: PATILLO, BROWN & HILL, LLP **(2)** EIN: 74-1130599

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

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

Part V Trust Information

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
LACK'S VALLEY STORES, LTD. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LACK'S VALLEY STORES, LTD.

D Employer Identification Number (EIN)
74-2730084

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 74-3001344

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Lack's Valley Stores, Ltd.
401(k) Profit Sharing Plan

Financial Statements and Supplemental Schedule

December 31, 2016 and 2015

With Independent Auditors' Report

PB&H
PATTILLO, BROWN & HILL, L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS ■ BUSINESS CONSULTANTS

LACK'S VALLEY STORES, LTD.
401(k) PROFIT SHARING PLAN

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PB&H
PATTILLO, BROWN & HILL, L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS ■ BUSINESS CONSULTANTS

INDEPENDENT AUDITORS' REPORT

To Plan Administrator and Participants of
Lack's Valley Stores, Ltd. 401(k) Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Lack's Valley Stores, Ltd. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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AFFILIATE OFFICES: HILLSBORO, TX (254) 582-2583 ■ HOUSTON, TX (281) 671-6259
RIO GRANDE VALLEY, TX (956) 544-7778 ■ TEMPLE, TX (254) 791-3460 ■ ALBUQUERQUE, NM (505) 266-5904

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Lack's Valley Stores, Ltd. 401(k) Profit Sharing Plan as of December 31, 2016 and 2015, and the changes in its net assets available for benefits for the year ended December 31, 2016, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter, Changes in Accounting Principles

As discussed in Note 2 to the financial statements, the plan adopted new accounting guidance related to the investments. Prior year disclosures have been revised to reflect the retrospective application of adopting these changes in accounting

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Item 4i – Schedule of Assets (Held at End of Year) is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Pattillo, Brown & Hill, L.L.P.

Waco, Texas
October 11, 2017

LACK'S VALLEY STORES, LTD.
401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2016 AND 2015

ASSETS

	2016	2015
Investments, at fair value	$ 9,747,136	$ 9,770,294
Non-interest bearing cash	3,861	2,487
Receivables:		
Interest	7,436	10,960
Participant contributions	425	3,087
Employer contributions	-	320,000
Total Receivables	7,861	334,047
Total Assets	9,758,858	10,106,828

LIABILITIES

Excess contributions refundable	3,061	1,514
Fees payable	7,552	7,650
Total Liabilities	10,613	9,164
Net Assets Available for Benefits	$ 9,748,245	$ 10,097,664

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

LACK'S VALLEY STORES, LTD.
401(K) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2016

	2016
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income, net of investment expenses:	
Net appreciation in fair value of investments	$ 402,141
Realized gains	139,029
Interest and dividends	211,836
Total Investment Income	753,006
Contributions:	
Employee	208,300
Employer	-
Total Contributions	208,300
Total Additions	961,306
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	1,194,344
Corrective distributions	3,061
Administrative expenses	113,320
Total Deductions	1,310,725
NET DECREASE	(349,419)
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	10,097,664
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 9,748,245

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

1. DESCRIPTION OF PLAN

The following description of the Lack's Valley Stores, Ltd. 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, which includes all eligible employees of Lack's Valley Stores, Ltd. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The advisory committee (see Plan Administration paragraph below) oversees governance of the Plan. The Plan's advisory committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Directors.

Eligibility

An employee becomes eligible to participate in the Plan upon completion of 1 year of employment with 1,000 hours of service with the Company. Participation in the Plan begins on January 1 or July 1, whichever is the first date after the date on which an employee satisfies the eligibility requirements.

Employee Contributions

Pursuant to Section 401(k) of the Internal Revenue Code (the "IRC"), participants may contribute up to the lesser of 100% of their compensation or $18,000 for 2016. Employees who are age 50 or older may also make catch-up contributions of up to $6,000 for 2016.

Employer Contributions

The Plan provides for employer matching and profit sharing contributions. Contributions to the Plan are at the Company's discretion. For the years ended December 31, 2016 and 2015, the Company made profit sharing contributions to the Plan in the amount of $0 and $320,000, respectively. There were no employer matching contributions made to the Plan for the years ended December 31, 2016 and 2015.

Investment Options

The provisions of the Plan document do not allow for participant-directed funds. Rather, all investments decisions are made by the trustee.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's discretionary profit sharing contribution, (b) the Company's discretionary employer matching contribution and, (c) Plan earnings (losses), and charged with an allocation of any administrative expenses paid by the plan. Allocations are based on participant earnings or account balances, as defined. The benefit of which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary contributions is based on years of service. For any discretionary matching or profit sharing contribution, participants are vested 0% during the first two years of service. A participant becomes 100% vested after three years of service. A participant will also be 100% vested upon normal retirement age, death or disability.

Payment of Benefits

Distributions from the account are not permitted before age 59½ except in the event of death, disability, termination of employment or reasons of proven financial hardship. On termination of service, a participant may elect to receive a lump-sum distribution, a part lump-sum and part installment distribution or a distribution over a period not exceeding the joint and last survivor expectancy of the participant and his or her designated beneficiary. If the participant elects a distribution other than a lump-sum, certain minimum distribution requirements shall apply.

Terminated employees are not required to withdraw amounts from their Plan accounts if such accounts are greater than $5,000.

Forfeitures

A forfeiture is the non-vested portion of a terminated participant's account balance. The forfeited amount remains in the Plan and is used to reduce any subsequent discretionary employer contributions. As of December 31, 2016 and 2015, there was $0 forfeitures remaining in the plan that had not yet been allocated to reduce employer contributions. Also, in 2016, $0 forfeitures was used to reduce employer contributions.

Plan Administration

The Plan is administered by an advisory committee consisting of one or more persons appointed by the Company. The advisory committee is given all powers necessary to enable it to carry out its duties including, but not limited to, the power to interpret the Plan document, decide on all questions of eligibility, the status and right of participants, and direct disbursements of benefits in accordance with the provisions of the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Changes in Accounting Principles

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent), which is effective for fiscal years beginning after December 15, 2016 for entities other than public business entities. ASU 2015-07 eliminates the requirement to categorize investments in the fair value hierarchy if the fair value is measured at net asset value (NAV) per share (or its equivalent) using the practical expedient in the FASB's fair value measurement guidance. This ASU does not apply to this Plan.

In July 2015, the FASB issued ASU 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investments contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part I and III are not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II are to be applied retrospectively. Management has elected to early adopt Part II of this ASU.

Use of Estimates

The preparation of the financial statements in conformity with generally accepted accounting principles requires Plan management to make estimates and assumptions that affect the reported amounts of Plan assets and liabilities and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting time.

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

Administrative Expenses

Certain administrative functions are performed by officers or employees of the Company. No such officers or employees receive compensation from the Plan. All administrative expenses, including trustee, accounting and legal fees have been paid by the Plan unless the Company at its discretion paid such expenses.

Investment related expenses are included in net appreciation of fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

3. NONPARTICIPANT-DIRECTED INVESTMENTS

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

	2016	2015
Net Assets:		
Cash and cash equivalents	$ 242,453	$ 296,260
Government and agency securities	1,272,781	1,277,672
Corporate common stock	6,764,555	5,784,642
Corporate preferred debt	464,100	541,193
Mutual funds	305,440	972,736
Other investments	701,668	900,278
Receivables at year end	7,861	334,047
Liabilities at year end	(10,613)	(9,164)
	$ 9,748,245	$ 10,097,664

	2016
Changes in Net Assets:	
Contributions	$ 208,300
Interest and dividends	211,836
Net appreciation and realized gains	541,170
Benefits paid to participants	(1,197,405)
Other income and expenses	(113,320)
	$(349,419)

The Plan's investments (including investments bought, sold, and held during the year) appreciated in value by $541,170 during the year ended December 31, 2016.

4. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair values using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 1 Fair Value Measurements

Common stocks –

Valued at the closing price reported on the active market on which the individual securities are traded

Mutual funds –

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Level 2 Fair Value Measurements

Interest bearing cash and Money Market accounts –

Valued at face value

Corporate bonds, U.S government securities, and other investments –

This asset class contains bonds, treasury notes, and hedge funds. The underlying exchange traded investments are valued by using closing prices reported on the active market on which the individual securities are traded. The underlying non-exchange traded investments use inputs such as quoted values and other data provided by nationally recognized independent pricing sources

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

Fair Value Measurements at the End of the Reporting Period Using:

December 31, 2016	Quoted Prices in Active Markets for Identical Assets (Level 1)	Quoted Prices for Similar Assets (Level 2)	Fair Value
Interest bearing cash	$ -	$ 238,592	$ 238,592
Government and agency securities	-	1,272,781	1,272,781
Corporate common stock	6,764,555	-	6,764,555
Corporate preferred debt	-	464,100	464,100
Mutual funds	305,440	-	305,440
Other investments	-	701,668	701,668
Total assets at fair value	$ 7,069,995	$ 2,677,141	$ 9,747,136

Fair Value Measurements at the End of the Reporting Period Using:

December 31, 2015	Quoted Prices in Active Markets for Identical Assets (Level 1)	Quoted Prices for Similar Assets (Level 2)	Fair Value
Interest bearing cash	$ -	$ 293,773	$ 293,773
Government and agency securities	-	1,277,672	1,277,672
Corporate common stock	5,784,642	-	5,784,642
Corporate preferred debt	-	541,193	541,193
Mutual funds	972,736	-	972,736
Other investments	-	900,278	900,278
Total assets at fair value	$ 6,757,378	$ 3,012,916	$ 9,770,294

The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2016, there were no significant transfers into or out of Level 3.

5. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to the Form 5500:

	December 31, 2016	December 31, 2015
Net assets available for benefits per the financial statements	$ 9,748,245	$ 10,097,664
Less: amounts allocated to withdrawing participants	(3,313)	(9,337)
Plus: current year accrued excess contributions refundable	3,061	1,514
Net assets available for benefits per the Form 5500	$ 9,747,993	$ 10,089,841

The following is a reconciliation of the benefits paid to participants and corrective distributions per the financial statements to the Form 5500:

	December 31, 2016
Benefits paid to participants and corrective distributions per the financial statements	$ 1,197,405
Less: amounts allocated to withdrawing participants at December 31, 2014	(9,337)
Plus: prior year accrued excess contributions refundable	1,514
Plus: amounts allocated to withdrawing participants at December 31, 2015	3,313
Less: current year accrued excess contributions refundable	(3,061)
Benefits paid to participants and corrective distributions, per the Form 5500	$ 1,189,834

Amounts allocated to withdrawing participants are recorded on the Schedule H of Form 5500 for benefit claims that have been processed and approved for payment prior to December 31, but not yet paid as of that date. Only benefit claims that have been processed, approved and paid as of December 31 are recorded on the financial statements as distributions.

6. EXCESS CONTRIBUTIONS REFUNDABLE

As of December 31, 2016 and 2015, payables of $3,061 and $1,514, respectively, are recorded for amounts refundable by the Plan to the participants for contributions made in excess of amounts allowed by the Internal Revenue Service.

7. TAX STATUS

The Plan obtained its latest opinion letter on March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the plan has been amended since receiving the determination letter, the plan administration and the plan's tax counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2013.

8. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Merrill Lynch, Inc, the custodian of the Plan. These transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan amounted to $77,016 for the investment management services for the year ended December 31, 2016.

The Plan pays certain administrative, audit and record keeping fees. Direct compensation paid during the year amounted to $36,305 for record keeping, audit and administrative services for the year ended December 31, 2016. These transactions qualify as exempt party-in-interest transactions.

9. PLAN TERMINATION

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

10. RISKS AND UNCERTAINITIES

The Plan invests in a variety of investment funds. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

11. RECLASSIFICATIONS

Certain amounts in the prior year financial statements have been reclassified for comparative purposes to conform to the presentation in the current year financial statements.

12. SUBSEQUENT EVENTS

For the years ended December 31, 2016, the Company has evaluated subsequent events for potential recognition and disclosure through October 11, 2017, the date of financial statement issuance. No events requiring disclosure were noted.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the Instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- ☐ a multiemployer plan;
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ 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
LACK'S VALLEY STORES, LTD. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 10/01/1972

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)

LACK'S VALLEY STORES, LTD.

1300 SAN PATRICIA STREET

US PHARR TX 78577

2b Employer Identification Number (EIN)
74-2730084

2c Plan Sponsor's telephone number
(956) 702-3361

2d Business code (see instructions)
442110

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	J Randy Martin	6-20-2017	Randy C. Martin
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	J Randy Martin	6-20-2017	Randy C. Martin
	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)
Skip this question

Preparer's telephone number
Skip this question

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	665
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)**	570
a(2) Total number of active participants at the end of the plan year	**6a(2)**	504
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	82
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	586
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f Total. Add lines **6d** and **6e**	**6f**	587
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	580
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2J 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	(1)	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	(2)	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	(3)	[X] Trust
(4)	[ ] General assets of the sponsor	(4)	[ ] General assets of the sponsor

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

a Pension Schedules		**b** General Schedules		
(1)	[X] **R** (Retirement Plan Information)	(1)	[X]	H (Financial Information)
(2)	[ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	[ ]	I (Financial Information - Small Plan)
		(3)	[ ] ____	A (Insurance Information)
		(4)	[X]	C (Service Provider Information)
(3)	[ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	[ ]	D (DFE/Participating Plan Information)
		(6)	[ ]	G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

5500 Electronic Filing Authorization

Plan Name: LACK'S VALLEY STORES, LTD. 401(K) PROFIT SHARING PLAN
EIN/PN: 74-2730084/001
Plan Year: 01/01/2016 - 12/31/2016

I hereby authorize McCaw & Salesberry Retirement Solutions LLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500 for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

Randy Mart
(sign)

6-28-2017
(date)

Plan Sponsor

Randy Mart
(sign)

6-28-2017
(date)

FORM 5500, SCHEDULE H, LINE 4i, SUPPORTING FINANCIAL SCHEDULES
LACK'S VELEY STORES, LTD.
LACKS VALLEY STORES, LTD. 401(K) PROFIT SHARING PLAN
PLAN YEAR END: 12/31/2014 EIN: 74-2730084 PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)

(a) (b) & Identity and Description		(c) Cost	(d) Proceeds
Common Stock	Allergan Plc	27,724.20	(1,647.17)
Common Stock	Autozone Inc	23,087.25	1,440.24
Common Stock	Cooper Cos Inc	23,509.48	(4,118.28)
Common Stock	Ebay Inc	16,038.42	(2,717.21)
Common Stock	Fedex Corp	35,278.80	(6,068.03)
Common Stock	Intl Game Tech Plc	220.88	3.58
Common Stock	LegacyTexas Financial Group	1,049.40	(39.37)
Common Stock	LinkedIn Corp	14,548.35	(539.79)
Common Stock	Mattress Firm Corp	728.80	(232.15)
Common Stock	Micron Technologies Inc	32,038.77	(1,937.94)
Common Stock	Netflix Com Inc	15,853.22	(1,469.58)
Common Stock	Reynolds American Inc	55,953.60	(6,591.05)
Common Stock	Ultimate Software Group	10,552.91	(790.25)
Common Stock	UnitedHealth Group Inc	15,852.32	(1,087.74)
Common Stock	Zimmer Biomet Hldg	14,184.92	1,510.83
Government Security	FNMA 1.875% 09/18/18	38,000.00	(110.45)

LACK'S VALLEY STORES, LTD.
401(k) PROFIT SHARING PLAN
EIN ' 74-2730084
PLAN NUMBER: 001
ATTACHMENT TO FORM 5500
DECEMBER 31, 2016

SCHEDULE H - ITEM 4i --

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	2016 Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date rate of interest, collateral, par or maturity value	2015 Cost	(e) Current Value
CORPORATE COMMON STOCK				
	3M Company	329 shares	$ 51,793	$ 58,750
	A N S Y S Inc	43 shares	3,926	3,977
	Abbott Labs	1843 shares	81,629	70,790
	Abbvie Inc	412 shares	24,407	25,799
	ABN Amro Group	503 shares	11,409	11,168
	Accenture Plc	1081 shares	115,247	126,618
	Activision Blizzard Inc	189 shares	7,655	6,825
	AEON Financial	274 shares	5,582	4,879
	Agilent Technologies Inc	89 shares	3,884	4,055
	AIA Group Ltd	2324 shares	14,050	13,114
	Air Products & Chemicals	94 shares	12,230	13,519
	Akamai Technologies Inc	86 shares	5,322	5,734
	Akzo Nobel	236 shares	15,727	14,783
	Alamo Group Inc	22 shares	1,436	1,674
	Alibaba Group Hldg	467 shares	37,369	41,007
	Allegheny Tech Inc	202 shares	3,500	3,218
	Alphabet Inc Cl A	27 shares	19,514	21,396
	Alphabet Inc Cl C	83 shares	64,061	64,061
	Altria Group Inc	500 shares	29,105	33,810
	Amadeus IT Hldg	253 shares	11,220	11,520
	Amazon Com Inc	65 shares	43,577	48,742
	American Campus Communities Inc	75 shares	3,469	3,733
	American Express Company	1092 shares	73,986	80,895
	American Tower Reit Inc	75 shares	7,971	7,926
	Ameris Bancorp	83 shares	2,866	3,619
	Amerisafe Inc Cl A	62 shares	3,344	3,866
	Amerisourcebergen Corp	52 shares	4,504	4,066
	Amgen Inc	96 shares	19,965	14,036
	AMP Ltd	857 shares	3,676	3,128
	Amplify Snack Brands Inc	111 shares	1,543	978
	Analog Devices Inc	47 shares	2,608	3,413
	Analogic Corp	18 shares	1,476	1,493
	Anheuser-Busch	153 shares	19,125	16,132

LACK'S VALLEY STORES, LTD.
401(k) PROFIT SHARING PLAN
EIN ' 74-2730084
PLAN NUMBER: 001
ATTACHMENT TO FORM 5500
DECEMBER 31, 2016

SCHEDULE H - ITEM 4i --

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	2016 Identity of issue, borrower, lessor or similar party	(c). Description of investment including maturity date rate of interest, collateral, par or maturity value	2015 Cost	(e) Current Value
CORPORATE COMMON STOCK (CONTINUED)				
	AON Plc	526 shares	S 57,585	S 58,665
	Apple Inc	606 shares	63,788	70,187
	Archer Daniels Midland	1299 shares	46,949	59,299
	ASML Hldg	135 shares	11,984	15,147
	Autodesk Inc	367 shares	22,830	27,162
	Automatic Data Proc	139 shares	11,776	14,286
	Balchem Corp	43 shares	2,956	3,609
	Bard C R Inc	21 shares	4,308	4,718
	Bayer AG Namek-AKT	190 shares	21,782	19,799
	Bio Rad Labs Cl A	18 shares	2,724	3,281
	Black Knight Finl Scvs Inc	112 shares	4,373	4,234
	Blackbaud Inc	60 shares	3,806	3,840
	Blackrock Inc	78 shares	25,351	29,682
	BNP Paribas	238 shares	13,661	15,200
	Borg Warner Inc	89 shares	3,472	3,510
	Boston Pptys Inc	26 shares	3,214	3,270
	BP Plc	2669 shares	14,357	16,806
	BT Group	996 shares	6,493	4,515
	Cabot Corp	46 shares	2,150	2,325
	Calatlantic Group Inc	103 shares	3,561	3,503
	Callidus Software Inc	139 shares	2,448	2,335
	Canadian Pacific Railway	96 shares	12,250	13,706
	Cantel Medical Corp	50 shares	3,374	3,938
	Cardtronics Inc	69 shares	2,928	3,765
	Catalent Inc	124 shares	3,064	3,343
	Cathay General Bancorp	137 shares	4,242	5,210
	CBRE Group Inc Cl A	171 shares	5,124	5,385
	CEB Inc	61 shares	3,370	3,697
	Celgene Corp	140 shares	16,766	16,205
	Cerner Corp	294 shares	16,401	13,927
	Chevron Corp	384 shares	34,545	45,197
	China Resources Gas Group	1374 shares	3,948	3,863
	Chubb Ltd	841 shares	99,329	111,113
	Cigna Corp	298 shares	40,960	39,750

LACK'S VALLEY STORES, LTD.
401(k) PROFIT SHARING PLAN
EIN ' 74-2730084
PLAN NUMBER: 001
ATTACHMENT TO FORM 5500
DECEMBER 31, 2016

SCHEDULE H - ITEM 4i --

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	2016 Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date rate of interest, collateral, par or maturity value	2015 Cost	(e) Current Value
CORPORATE COMMON STOCK (CONTINUED)				
	Cimarex Energy Co	30 shares	$ 3,588	$ 4,077
	Cisco Systems Inc	1170 shares	31,830	35,357
	Citigroup Inc	1314 shares	58,958	78,091
	CK Hutchinson Hldgs	450 shares	5,942	5,102
	Clarcor Inc	64 shares	3,814	5,278
	Coca Cola	1551 shares	66,657	64,304
	Cognex Corp	78 shares	2,861	4,962
	Cohen & Steers Inc	86 shares	2,969	2,890
	Comcast Corp Cl A	1748 shares	100,489	120,699
	Compass Minerals Intl Inc	28 shares	2,074	2,194
	ConocoPhillips	525 shares	24,512	26,324
	Constellation Brands Inc	84 shares	12,718	12,878
	Continental Resoures Inc	105 shares	4,515	5,412
	Cotiviti Hldgs Inc	43 shares	1,491	1,479
	Coty Inc Cl A	2103 shares	48,430	38,506
	Croda Intl Ltd	279 shares	11,710	11,018
	CSX Corp	157 shares	4,579	5,641
	Cummins Inc	38 shares	4,234	5,193
	CVS Health Corp	918 shares	83,920	72,439
	D R Horton Inc	189 shares	5,678	5,165
	Daikin Industries	188 shares	12,825	17,303
	Danaher Corp	724 shares	65,428	56,356
	Danone S A	165 shares	11,034	10,477
	Danone Spons	1782 shares	24,267	22,418
	Darden Restaurants Inc	57 shares	3,690	4,145
	Deer Co	177 shares	14,993	18,238
	Delphi Automotive Plc	729 shares	57,286	49,098
	Dentsply Sirona Inc	70 shares	3,935	4,041
	Diplomatic Pharmacy	94 shares	2,548	1,184
	Disney (Walt) Co	261 shares	27,426	27,201
	Dover Corp	55 shares	3,762	4,121
	Dril Quip	38 shares	2,045	2,282
	Du Pont E I De Nemours	394 shares	26,920	28,920
	Eastman Chemical	66 shares	4,658	4,964

LACK'S VALLEY STORES, LTD.
401(k) PROFIT SHARING PLAN
EIN ' 74-2730084
PLAN NUMBER: 001
ATTACHMENT TO FORM 5500
DECEMBER 31, 2016

SCHEDULE H - ITEM 4i --

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	2016 Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date rate of interest, collateral, par or maturity value	2015 Cost	(e) Current Value
CORPORATE COMMON STOCK (CONTINUED)				
	Eaton Corp Plc	659 shares	$ 36,972	$ 44,212
	Eaton Vance Corp	100 shares	3,445	4,188
	Echostar Corporation	68 shares	2,983	3,495
	Education Realty Tr Inc	107 shares	4,252	4,526
	Enbridge Inc	158 shares	5,503	6,655
	Engie	333 shares	5,626	4,257
	ENI Eur2	638 shares	9,210	10,410
	EOG Resources Inc	708 shares	52,583	71,579
	Epam Systems Inc	47 shares	3,331	3,023
	Equifax Inc	131 shares	15,600	15,488
	Estee Lauder Cos Inc	213 shares	18,757	16,292
	Exlservice Hldgs Inc	58 shares	2,720	2,926
	Expeditors Intl Wash Inc	411 shares	18,580	21,767
	Exxon Mobil Corp	567 shares	44,198	51,177
	Facebook Inc	778 shares	82,049	89,509
	Factset Resh Sys Inc	81 shares	13,091	13,238
	Fidelity National Info Svcs Inc	876 shares	58,124	66,261
	Fiserv Inc	393 shares	41,072	41,768
	Five Below Inc	92 shares	3,326	3,676
	Flotek Inds Inc	145 shares	1,652	1,362
	Forum Energy Technologies Inc	136 shares	2,149	2,992
	Galp Energia	575 shares	7,142	8,606
	GATX Corporation	72 shares	3,188	4,434
	General Dynamics Corp	31 shares	4,574	5,352
	Gilead Sciences Inc	125 shares	12,649	8,951
	GKN Plc	2965 shares	13,144	12,152
	Glacier Bancorp Inc	74 shares	2,046	2,681
	Global Pmnts Inc	89 shares	6,130	6,177
	Globus Med Inc Cl A	164 shares	4,024	4,069
	Goldman Sachs Group Inc	516 shares	92,532	123,556
	Grand Canyon Education Inc	120 shares	5,322	7,014
	HDFC Bank Ltd	113 shares	7,112	6,857
	Health Care Services Group	106 shares	3,822	4,152
	Heartland Express Inc	183 shares	3,322	3,726
	HEICO Corp	54 shares	3,381	4,166

LACK'S VALLEY STORES, LTD.
401(k) PROFIT SHARING PLAN
EIN ' 74-2730084
PLAN NUMBER: 001
ATTACHMENT TO FORM 5500
DECEMBER 31, 2016

SCHEDULE H - ITEM 4i --

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	2016	(c)	2015	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date rate of interest, collateral, par or maturity value	Cost	Current Value
CORPORATE COMMON STOCK (CONTINUED)				
	HEICO Corp Cl A	40 shares	$ 2,167	$ 2,716
	Helen of Troy Ltd	26 shares	2,420	2,196
	Hibbett Sports Inc	71 shares	2,544	2,648
	Honeywell Intl Inc	547 shares	57,088	63,370
	Hubspot Inc	75 shares	4,135	3,525
	Iberiabank Corp	42 shares	2,588	3,518
	ICU Medical Inc	47 shares	5,960	6,925
	Idacorp Inc	48 shares	3,605	3,866
	Illinois Tool Works Inc	426 shares	40,216	52,168
	Iluka Resources Ltd	1162 shares	5,231	6,117
	Impax Labs Inc	88 shares	2,237	1,166
	Inc Resh Hldgs Inc Cl A	100 shares	4,533	5,260
	Intercontinental Exchange Inc	418 shares	21,833	23,584
	Intesa SanPaolo	4265 shares	12,436	10,913
	Intuit Inc	70 shares	7,310	8,023
	Intuitive Surgical Inc	26 shares	16,810	16,488
	J M Smucker Co	488 shares	64,331	62,493
	Japan Tobacco Inc	368 shares	13,575	12,128
	Johnson & Johnson	973 shares	101,960	112,099
	Johnson Controls Inc	1800 shares	81,885	74,142
	JP Morgan Chase & Co	2741 shares	180,826	236,521
	Just Eat Plc	455 shares	3,225	3,281
	Kapstone Paper & Pckg Corp	109 shares	2,190	2,403
	KBC Group	186 shares	11,717	11,541
	KDDI Corp	1223 shares	16,003	15,471
	Keycorp	276 shares	3,853	5,043
	Keysight Technologies Inc	118 shares	3,960	4,315
	Kubota Ltd	712 shares	9,986	10,185
	L.V.M.H.	69 shares	11,103	13,202
	Laboratory Corp Amer Hldgs	31 shares	3,859	3,980
	Leg Immobilien	124 shares	11,440	9,481
	Linde	87 shares	12,995	14,364
	Lithia Motors Inc Cl A	61 shares	5,599	5,907
	Lloyds Bnk Grp	10961 shares	11,144	8,466
	Logmein Inc	78 shares	6,213	7,531
	Macom Technology Sols Hldgs Inc	84 shares	3,218	3,888

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CORPORATE COMMON STOCK (CONTINUED)				
	MarketAxess Holdings Inc	46 shares	$ 6,221	$ 6,758
	Masco Corp	173 shares	5,162	5,470
	Matador Res Co	217 shares	4,734	5,590
	McDonalds Corp	163 shares	19,257	19,840
	McKesson Corporation	261 shares	48,597	36,657
	Medidata Solutions Inc	72 shares	3,506	3,576
	Mednax Inc	53 shares	3,480	3,533
	Medtronic Inc	1361 shares	104,383	96,944
	Merck & Co Inc	1448 shares	78,310	85,244
	Metlife Inc	1483 shares	71,113	79,919
	Microsoft Corp	1065 shares	57,438	66,179
	Mitsubishi Corp	260 shares	3,625	5,551
	Mitsui Fudosan	611 shares	13,323	14,170
	Mobile Mini Inc	74 shares	2,115	2,239
	Monro Muffler Brake Inc	29 shares	1,665	1,659
	Monster Beverage	609 shares	27,249	27,003
	Nasdaq OMX Group Inc	894 shares	53,245	60,005
	National Health Invs Inc Reit	53 shares	3,594	3,931
	Nestle SA	305 shares	22,479	21,922
	Nestle	1509 shares	111,205	108,256
	Newfield Expl Co	99 shares	3,641	4,010
	Nike Inc Cl B	290 shares	17,794	14,741
	Northrop Gruman Corp	363 shares	70,564	84,427
	Northwestern Corp	91 shares	5,069	5,175
	Novartis Adr	408 shares	35,086	29,719
	Novartis Ag	222 shares	18,788	16,186
	Novo Nordisk	1152 shares	63,449	41,311
	Occidental Pete Corp	1076 shares	73,679	76,643
	Oil Search Ltd	1012 shares	5,218	5,254
	Oracle Corp	1076 shares	39,340	41,372
	Oxford Industries	47 shares	3,026	2,826
	Packaging Corp America	51 shares	3,774	4,326
	Pebblebrook Hotel Trust	79 shares	2,099	2,350
	Pepsico Inc	214 shares	21,383	22,391
	Pfizer Inc	2041 shares	65,957	66,292

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CORPORATE COMMON STOCK (CONTINUED)				
	Phillip Morris Intl Inc	2263 shares	$ 201,002	$ 207,042
	PNC Finl Services Group	753 shares	68,475	88,071
	Power Integrations Inc	60 shares	3,381	4,071
	PPG Industrustries Inc	988 shares	96,564	93,623
	PRA Group Inc	46 shares	1,532	1,799
	Praxair Inc	174 shares	17,818	20,391
	Primoris Services Corp	138 shares	2,975	3,144
	Proassurance Corp	67 shares	3,407	3,765
	Proctor & Gamble Co	463 shares	36,766	38,929
	Progressive Corp	116 shares	3,689	4,118
	Proofpoint Inc	30 shares	2,285	2,120
	Qualcomm Inc	465 shares	23,379	30,318
	Raymond James Finl Inc	81 shares	4,907	5,611
	RBC Bearings Inc	38 shares	2,657	3,527
	Reckitt Benckiser Group	180 shares	16,501	15,316
	Regeneron Pharmaceuticals	52 shares	21,054	19,089
	Reinsurance Group	44 shares	4,367	5,537
	Relx	557 shares	9,536	9,394
	Renaissance RE Hldgs Ltd	32 shares	3,830	4,359
	Republic Services Inc	130 shares	6,348	7,417
	Rio Tinto Plc	428 shares	13,182	16,704
	Ritchie Bros Auctioneers	131 shares	3,939	4,454
	Roche Hldgs Genush	69 shares	18,637	15,791
	Roche Hldg Ltd	785 shares	27,059	22,396
	Rogers Corp	21 shares	1,495	1,613
	Samsung Electr	11 shares	7,945	8,206
	Santen Pharmaceutical	1270 shares	18,634	15,571
	Schindler Hldg	60 shares	10,286	10,603
	Schlumberger Ltd	1125 shares	80,608	94,444
	Schneider Electric	263 shares	15,631	18,339
	Sealed Air Corp	122 shares	5,539	5,531
	SEI Invt Co	427 shares	22,336	21,077
	Silgan Hldgs Inc	50 shares	2,615	2,559
	Snap On Inc	49 shares	7,981	8,392
	Stag Industrials Inc	160 shares	3,320	3,819

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CORPORATE COMMON STOCK (CONTINUED)				
	State Street Corp	281 shares	$ 18,647	$ 21,839
	Stifel Financial Corp	159 shares	6,537	7,942
	Sumitomo Mitsui	1995 shares	14,954	15,242
	Sun Commntys Inc	52 shares	3,753	3,984
	Sundrug Co Ltd	195 shares	12,818	13,526
	Synchrony Financial	159 shares	4,750	5,767
	Synopsys Inc	77 shares	4,089	4,532
	Taiwan S Manufacturing	619 shares	14,749	17,796
	Target Corp	175 shares	12,325	12,640
	Texas Cap Bancshares Inc	64 shares	3,524	5,018
	Texas Instruments	1883 shares	107,609	137,403
	Texas Roadhouse Inc Cl A	124 shares	4,866	5,982
	The Scotts Miracle Gro Co	47 shares	3,623	4,491
	Thermo Fisher Scientific Inc	393 shares	56,367	55,452
	Time Warner Inc	402 shares	27,044	38,805
	TJX Cos Inc	90 shares	6,539	6,762
	Toro Co	71 shares	3,094	3,972
	Total SA	274 shares	12,316	13,966
	Total Sys Svcs Inc	97 shares	4,836	4,756
	Toto Co Ltd	186 shares	7,551	7,376
	Travelers Cos Inc	624 shares	70,690	76,390
	Tupperware Brands Corp	47 shares	2,615	2,473
	Twenty-First Century Fox Inc Cl A	730 shares	19,827	20,469
	Tyler Techs Inc	37 shares	5,946	5,282
	UBS Group AG Namen	933 shares	17,579	14,642
	Union Pacific Corp	804 shares	66,801	83,359
	United Bankshares Inc	49 shares	2,289	2,266
	UnitedHealth Group Inc	98 shares	13,258	15,684
	United Parcel Service Cl B	177 shares	17,093	20,291
	United Techs Corp	848 shares	81,851	92,958
	Universal Forest Products	46 shares	3,640	4,700
	US Bancorp	2123 shares	89,687	109,059
	US Ecology Inc	54 shares	2,181	2,654
	Varian Medical Sys Inc	186 shares	15,090	16,699
	Verisign Inc	78 shares	6,814	5,933

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CORPORATE COMMON STOCK (CONTINUED)				
	Visa Inc Cl A	789 shares	$ 61,903	$ 61,558
	Vodafone Group Plc	3448 shares	10,653	8,514
	VWR Corp	151 shares	4,260	3,780
	Walgreens Boots Alliance Inc	153 shares	13,029	12,662
	WD 40 Company	20 shares	2,062	2,338
	WEC Energy Grp Inc	68 shares	3,762	3,988
	Webster Finl Corp	87 shares	3,416	4,722
	Wells Fargo & Co	2545 shares	132,912	140,255
	West Pharmaceutical Services Inc	90 shares	6,205	7,635
	Whitbread Plc	184 shares	11,278	8,585
	Wolverine World Wide	108 shares	2,146	2,371
	Woodward Inc	62 shares	3,325	4,281
	WPP Plc	398 shares	8,931	8,931
	Wright Medical Group	139 shares	3,115	3,194
	Xcel Energy Inc	1508 shares	59,723	61,376
	Xilinx Inc	209 shares	12,094	12,617
	Yum Brands Inc	201 shares	14,683	12,729
	Yum China Holdings	288 shares	2,327	7,523
	Zurich Insurance Grp	66 shares	17,506	18,209
		Total common stock	6,326,567	6,764,554
OTHER INVESTMENTS				
	Ozofii Access Ltd	276319 shares	357,336	359,022
	Skybridge Multi-Advisor Hedge	303 shares	362,541	342,646
		Total other investments	719,877	701,668

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GOVERNMENT SECURITIES				
	FHLMC	G1 5745 3.5%2029	S 5,151	S 4,994
	FHLMC	G1 8513 3.5%2029	3,762	3,721
	FHLMC	G1 8514 3%2029	3,885	3,837
	FHLMC	G1 8532 3.5%2029	772	763
	FHLMC	G1 8534 3%2029	4,333	4,282
	FHLMC	G1 8535 3.5%2029	7,043	6,936
	FHLMC	G1 8537 3.0%2030	1,521	1,503
	FHLMC	G1 8552 3.0%2030	3,304	3,219
	FHLMC	G1 8561 3.0%2030	4,175	4,132
	FHLMC	G1 8572 3.0%2030	2,545	2,518
	FHLMC	G1 8582 3.0%2031	1,806	1,757
	FHLMC	G1 8592 3.0%2031	5,579	5,438
	FHLMC	J1 3382 3.5%2025	2,949	2,896
	FHLMC	J1 4965 3.5%2026	22,820	22,484
	FHLMC	J1 6933 3%2026	4,220	4,084
	FHLMC	J2 6920 3%2029	22,951	22,707
	FHLMC	J3 1961 03 50%2027	4,362	4,246
	FNMA	6.625% 11/15/30	17,182	16,693
	FNMA	P890710 03%2031	60,206	58,524
	FNMA	PAL8001 03.5%2031	3,573	3,483
	FNMA	PAL8774 03%2029	4,665	4,551
	FNMA	PAL8841 3.50%2031	7,517	7,376
	FNMA	PAS2993 3.5%2029	16,665	16,339
	FNMA	PAS3603 3%2029	26,413	26,035
	FNMA	PAS5729 3%2030	3,954	3,908
	FNMA	PAY8259 3%2030	30,379	30,076
	FNMA	PMA2425 03%3030	47,174	45,824
	FNMA	PMA2498 03%2031	1,777	1,739
	US Treasury Bond	3.125% 11/15/41	10,504	10,149
	US Treasury Bond	3.0% 05/15/42	19,454	18,841
	US Treasury Bond	3.0% 11/15/44	6,062	5,927
	US Treasury Bond	3.0% 05/15/45	9,042	8,878
	US Treasury Bond	2.25% 08/15/46	2,880	2,522

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GOVERNMENT SECURITIES (CONTINUED)				
	US Treasury Note	0.5% 07/31/17	$ 132,037	$ 133,863
	US Treasury Note	0.625% 07/31/17	7,004	6,997
	US Treasury Note	0.625% 06/30/18	6,993	6,956
	US Treasury Note	1.25% 11/30/18	48,065	48,070
	US Treasury Note	0.875% 07/31/19	402,703	405,244
	US Treasury Note	1.375% 08/31/20	7,937	7,917
	US Treasury Note	1.125% 02/28/21	231,524	225,738
	US Treasury Note	3.125% 05/15/21	25,683	25,291
	US Treasury Note	1.375% 05/31/21	7,102	6,861
	US Treasury Note	1.125% 09/30/21	2,980	2,894
	US Treasury Note	1.750% 11/30/21	6,954	6,948
	US Treasury Note	1.625% 11/15/22	4,906	4,866
	US Treasury Note	2.75% 11/15/23	9,491	9,297
	US Treasury Note	2.0% 08/15/25	2,971	2,906
	US Treasury Note	1.625% 02/15/26	6,875	6,541
	US Treasury Note	1.625% 05/15/26	4,043	3,730
	US Treasury Note	1.50% 08/15/26	8,848	8,278
		Total government securities	1,284,739	1,272,781
CORPORATE PREFERRED DEBT				
	Aflac Inc	3.625% 11/15/24	7,205	7,204
	Agilent Techs Inc	6.5% 11/01/17	1,067	1,037
	Alcoa Inc	5.9% 02/01/27	2,753	3,128
	Ally Auto Rec	1.25% 04/15/19	1,680	1,687
	Ally Auto Rec	1.28% 06/17/19	6,753	6,784
	Ally Auto Rec	1.39% 09/16/19	1,004	1,001
	Ally Auto Rec	1.14% 04/15/20	4,021	4,002
	Altria Group Inc.	2.85% 08/09/22	2,925	3,004
	American Express	Var% 12/15/21	2,002	2,004
	Anheuser-Busch	3.30% 02/01/23	7,528	7,124
	Apple Inc	2.4% 05/03/23	6,853	6,816

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CORPORATE PREFERRED DEBT (CONTINUED)				
	AT&T Inc	2.4% 03/15/17	$ 15,157	$ 15,037
	AT&T Inc	3.875% 08/15/21	5,130	5,162
	Bank of Montreal	1.90% 08/27/21	3,978	3,876
	Bank of New York Mellon	3.65% 02/04/24	6,286	6,174
	Bear Stearns Co Inc	5.55% 01/22/17	13,473	13,025
	BP Cap Mkts	3.245% 05/06/22	5,243	5,106
	Burlington North Santa Fe	4.7% 10/01/19	5,441	5,377
	Capital One Mul	1.39% 01/15/21	1,989	1,999
	Capital One Mul	Var% 02/15/22	15,055	15,061
	Capital One Mul	Var% 06/15/22	10,968	11,027
	Capital One Mul	2.08% 03/15/23	989	1,003
	Caterpillar Inc	1.35% 05/18/19	3,990	3,945
	CCO Hldgs LLC	6.625% 01/31/22	3,161	3,109
	Chase Issuance	1.15% 01/15/19	24,981	25,000
	Chase Issuance	Var% 02/18/20	2,003	2,002
	Chase Issuance	1.84% 04/15/22	1,975	1,990
	Citibank Credit	1.02% 02/22/19	23,943	23,999
	Citigroup	4.4% 06/10/25	3,030	3,069
	Citigroup Inc	4.6% 03/09/26	3,054	3,101
	ConocoPhillips Co	4.20% 03/15/21	3,266	3,187
	CSX Corp	2.60%11/01/26	3,940	3,744
	Deutsche Bank	3.125% 01/13/21	4,019	3,933
	Dominion Resources Inc	5.2% 08/15/19	4,354	4,300
	Ebay Inc	3.80% 03/09/22	3,106	3,099
	Energy Transfer Ptnrs	6.7% 07/01/18	3,155	3,187
	EOG Resources Inc	5.625% 06/01/19	13,487	12,967
	Express Scripts Inc.	3.0% 07/15/23	3,066	2,904
	Fifth Third Bancorp	2.875% 07/27/20	12,986	13,143
	Ford Credit	1.39% 07/15/20	7,030	6,997
	GE Cap Corp	6.875% 01/10/39	6,948	7,050
	Georgia Pacific Corp	7.75% 11/15/29	3,888	4,038
	Goldman Sachs	6.15% 04/01/18	6,516	6,312
	Honda Auto Rece	0.67% 11/21/17	731	749
	Honda Auto Rece	1.220% 12/18/19	12,011	11,972
	HSBC Hldgs Plc	5.10% 04/05/21	5,557	5,404

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CORPORATE PREFERRED DEBT (CONTINUED)				
	Hyundai Auto	0.79% 07/16/18	$ 1,110	$ 1,123
	Hyundai Auto	1.05% 04/15/19	5,689	5,695
	IBM Corp	4.0% 06/20/42	7,603	7,002
	John Deere Cap Corp	2.80% 03/06/23	7,116	7,000
	McDonald's Corp	5.0% 02/01/19	2,161	2,124
	Mondelez Intl	Flt% 02/01/19	14,759	14,999
	Morgan Stanley	2.65% 01/27/20	7,197	7,033
	Nisource Finance Corp	6.125% 03/01/22	3,434	3,460
	Owens Corning Inc	7.0% 12/01/36	3,289	3,557
	Pacific Gas & Elec	4.0% 03/15/45	7,030	7,159
	Royal Bk of Canada	1.625% 04/15/19	3,995	3,978
	Shell Intl Fin	6.375% 12/15/38	3,547	3,869
	Statoil ASA	1.15% 05/15/18	4,936	4,969
	Time Warner Cable	5.85% 05/01/17	5,194	5,071
	Time Warner Inc.	6.625% 05/15/29	1,171	1,223
	21st Century Fox Amer	4.5% 02/15/21	3,310	3,207
	21st Century Fox Amer	6.4% 12/15/35	2,304	2,389
	Verizon Comms	3.65% 09/14/18	14,812	14,462
	Verizon Comms	5.150% 09/15/23	6,722	6,634
	Vodafone Group	2.95% 02/19/23	4,005	3,878
	Wal-Mart	6.5% 08/15/37	7,592	6,776
	Walgreens Boots Alliance	1.75% 11/17/17	13,989	14,035
	Watson Pharma	1.875% 10/01/17	14,000	14,027
	Wells Fargo	4.6% 04/01/21	6,570	6,447
	Western Union Co	2.875% 12/10/17	14,188	14,143
	Zimmer Hldgs	2.70% 04/01/20	14,189	14,001
		Total corporate preferred debt	467,604	464,100
MUTUAL FUNDS				
	Loomis Sayles Hi Income Opps Cl Instl	4349 shares	42,475	46,012
	Loomis Sayles Securitize Assets Cl Instl	25459 shares	265,141	259,427
		Total mutual funds	307,616	305,440

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CASH AND CASH EQUIVALENTS				
	Cash on hand		$ 3,861	$ 3,861
	BIF Money Fund		238,592	238,592
		Total cash and cash equivalents	242,453	242,453
		Total Investments	$ 9,348,856	$ 9,750,997

* Represents Investments that are 5% or more of ending net assets (none in 2016)