# 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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
THE RETIREMENT PLAN FOR THE EMPLOYEES OF EVENING POST INDUSTRIES

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1955

**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)
EVENING POST INDUSTRIES, INC.

134 COLUMBUS STREET
CHARLESTON, SC 29403

**2b** Employer Identification Number (EIN) 57-0160880

**2c** Plan Sponsor's telephone number 843-937-5636

**2d** Business code (see instructions) 511110

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2017 | JOE WARING |
| | **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** | 1753 |
| **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)** | 550 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 541 |
| **b** Retired or separated participants receiving benefits | **6b** | 540 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 350 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 1431 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 100 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 1531 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

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

OMB No. 1210-0110

**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
THE RETIREMENT PLAN FOR THE EMPLOYEES OF EVENING POST INDUSTRIES

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EVENING POST INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
57-0160880

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

**1** Coverage Information:

**(a)** Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 13-5581829 | 65978 | GAC586 | | 01/01/2016 | 12/31/2016 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 760945 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 94600168 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 555906 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 24610290 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 1176 | | |
| | (4) Transferred from separate account | 7c(4) | 39146625 | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 63758091 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 64313997 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 6699375 | | |
| | (2) Administration charge made by carrier | 7e(2) | 116389 | | |
| | (3) Transferred to separate account | 7e(3) | 34100000 | | |
| | (4) Other (specify below) ▶ WITHDRWALS AND RISK CHARGES | 7e(4) | 22637288 | | |
| | (5) Total deductions | | | 7e(5) | 63553052 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 760945 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**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

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

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

**A** Name of plan
THE RETIREMENT PLAN FOR THE EMPLOYEES OF EVENING POST INDUSTRIES

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
EVENING POST INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
57-0160880

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2016

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 110760005 |
| **b** Actuarial value | **2b** | 118848498 |

**3** Funding target/participant count breakdown

| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|---|---|---|
| **a** For retired participants and beneficiaries receiving payment | 613 | 63949449 | 63949449 |
| **b** For terminated vested participants | 590 | 21441560 | 21441560 |
| **c** For active participants | 550 | 31929824 | 32064747 |
| **d** Total | 1753 | 117320833 | 117455756 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | **4a** | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | **4b** | |
| **5** Effective interest rate | **5** | 6.10 % |
| **6** Target normal cost | **6** | 930000 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Signature of actuary

10/02/2017
Date

DMITRIY F. ZHUKOVSKIY
Type or print name of actuary

17-07201
Most recent enrollment number

AON CONSULTING, INC.
Firm name

781-906-2313
Telephone number (including area code)

230 THIRD AVENUE
WALTHAM, MA 02451
Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of -2.88% | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 11961439 |
| b(1) | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.30 % | | 753571 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 12715010 |
| d | Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 101.18% |
| 15 | Adjusted funding target attainment percentage | 15 | 101.18% |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 93.94% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 11/28/2016 | 5000000 | 0 | | | |
| 09/01/2017 | 500000 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 5500000 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| a | Contributions allocated toward unpaid minimum required contributions from prior years. | 19a | 0 |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 5191615 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 4.43% | 5.91% | 6.65% | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 63 |

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

## Part VI Miscellaneous Items

| | | |
|---|---|---|
| **24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment | ☐ Yes | ☒ No |
| **25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment | ☐ Yes | ☒ No |
| **26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment | ☒ Yes | ☐ No |

| | | |
|---|---|---|
| **27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | **27** | |

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

## Part VIII Minimum Required Contribution For Current Year

**31** Target normal cost and excess assets (see instructions):

| | | |
|---|---|---|
| **a** Target normal cost (line 6) | **31a** | 930000 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 930000 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 0 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 0 | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 0 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 5191615 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 5191615 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

**41** If an election was made to use PRA 2010 funding relief for this plan:

**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years

**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

| | | |
|---|---|---|
| **42** Amount of acceleration adjustment | **42** | |
| **43** Excess installment acceleration amount to be carried over to future plan years | **43** | |

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2016**<br>**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
THE RETIREMENT PLAN FOR THE EMPLOYEES OF EVENING POST INDUSTRIES

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EVENING POST INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
57-0160880

## 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)

AON CONSULTING

23-2293237

| (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? |
|---|---|---|---|---|---|---|
| 16 50 | NONE | 331967 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

| (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 23 28 50 52 | NONE | 162553 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**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
THE RETIREMENT PLAN FOR THE EMPLOYEES OF EVENING POST INDUSTRIES

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
EVENING POST INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
57-0160880

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: METROPLOITAN SA 731

**b** Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 13-5581829-000 | P | 9377424 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: METROPLOITAN SA 677

**b** Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 13-5581829-000 | P | 5263513 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: METROPLOITAN SA 235

**b** Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 13-5581829-000 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: METROPLOITAN SA 294

**b** Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 13-5581829-000 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: METROPLOITAN SA 263

**b** Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 13-5581829-000 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: METROPLOITAN SA 237

**b** Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 13-5581829-000 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: METROPLOITAN SA 135

**b** Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 13-5581829-000 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: METROPOLITAN INDEX FUND MI VIA SA11

**b** Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

| **c** EIN-PN 13-5581829-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22924496 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: METROPOLITAN INTRNTNL EQTY SA 417

**b** Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

| **c** EIN-PN 13-5581829-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11161012 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: METROPLOITAN SA 632

**b** Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

| **c** EIN-PN 13-5581829-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4107636 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: METROPLOITAN SA 260

**b** Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

| **c** EIN-PN 13-5581829-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36257203 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: METROPLOITAN SA 287

**b** Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

| **c** EIN-PN 13-5581829-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5508884 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NON-US EQUITY PASSIVE FUND

**b** Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING, INC.

| **c** EIN-PN 27-2436452-010 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11000000 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: OFFSHOORE FUND OF HEDGE FUNDS LTD

**b** Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING, INC.

| **c** EIN-PN 98-1090818-001 | **d** Entity code E | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5500000 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# 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
THE RETIREMENT PLAN FOR THE EMPLOYEES OF EVENING POST INDUSTRIES

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EVENING POST INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
57-0160880

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 11000000 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 90904771 | 94600168 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 5500000 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 7383490 | 0 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 555906 | 760945 |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 98844167 | 111861113 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 98844167 | 111861113 |

## 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) | 17300000 | |
| | **(B)** Participants | 2a(1)(B) | | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 17300000 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 1176 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 1176 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 2494358 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 2494358 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 6663706 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 26459240 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 12790499 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 12790499 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 651795 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 651795 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 13442294 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 13016946 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

**(1)** Name: DIXON HUGHES GOODMAN LLP **(2)** EIN: 56-0747981

**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 | | 300000 |
| 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 | | | |
| 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 4010312 . (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
THE RETIREMENT PLAN FOR THE EMPLOYEES OF EVENING POST INDUSTRIES

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EVENING POST INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
57-0160880

## 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): 13-5581829

**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** 208

## 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: 48.0 % Investment-Grade Debt: 44.0 % High-Yield Debt: _____% Real Estate: _____% Other: 8.0 %

**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 ____/____/____.

# Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies

## Financial Statements

**As of and for the Years Ended December 31, 2016 and 2015**

DIXON HUGHES GOODMAN LLP

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DIXON HUGHES GOODMAN LLP

# Independent Auditors' Report

Retirement Committee of
Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Charleston, South Carolina

### *Report on the Financial Statements*

We were engaged to audit the accompanying financial statements of the Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

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

### *Auditors' Responsibility*

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

### *Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Metropolitan Life Insurance and Annuity Company, one of the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Metropolitan Life Insurance and Annuity Company holds the majority of the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from Metropolitan Life Insurance and Annuity Company as of December 31, 2016 and 2015, and for the years then ended, that the information provided to the plan administrator by Metropolitan Life Insurance and Annuity Company is complete and accurate.

### *Disclaimer of Opinion*

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

DIXON HUGHES GOODMAN LLP

***Other Matter – Supplementary Information***

The supplemental schedules as of and for the year ended December 31, 2016 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and are presented for the purpose of additional analysis, and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Metropolitan Life Insurance and Annuity Company, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Dixon Hughes Goodman LLP

**Charleston, South Carolina**
**October 6, 2017**

**Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies**
**Statements of Net Assets Available for Benefits**
**December 31, 2016 and 2015**

| | 2016 | 2015 |
|---|---|---|
| **ASSETS** | | |
| Investments at fair value | **$ 111,861,113** | $ 98,844,167 |
| Receivables: | | |
| Employer contributions | **500,000** | 12,300,000 |
| Net assets available for benefits | **$ 112,361,113** | $ 111,144,167 |

**See accompanying notes.**

**Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies**
**Statements of Changes in Net Assets Available for Benefits**
**Years Ended December 31, 2016 and 2015**

| | 2016 | 2015 |
|---|---|---|
| Additions to net assets attributed to: | | |
| Investment income: | | |
| Net appreciation in fair value of investments | **$ 6,663,706** | $ - |
| Interest and dividends | **2,495,534** | 2,157,572 |
| | **9,159,240** | 2,157,572 |
| Contributions: | | |
| Employer (net of forfeitures) | **5,500,000** | 15,670,000 |
| Total additions | **14,659,240** | 17,827,572 |
| Deductions to net assets attributed to: | | |
| Net depreciation in fair value of investments | **-** | 4,609,171 |
| Benefits paid to participants | **12,790,499** | 6,147,718 |
| Administrative expenses | **651,795** | 1,426,345 |
| Total deductions | **13,442,294** | 12,183,234 |
| Net change | **1,216,946** | 5,644,338 |
| Net assets available for benefits: | | |
| Beginning of year | **111,144,167** | 105,499,829 |
| End of year | **$ 112,361,113** | $ 111,144,167 |

**See accompanying notes.**

# Notes to Financial Statements

## 1. Description of Plan

The following description of the Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies (the "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 noncontributory defined benefit pension plan covering eligible employees of Evening Post Industries, Inc. (the "Company"). The Retirement Committee of the Company controls and manages the operation and administration of the Plan. Metropolitan Life Insurance and Annuity Company and Branch Banking and Trust Company, and Charles Schwab (the "Custodians") serve as the custodians of the Plan, and together with several investment managers, manage the Plan's investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective December 31, 2008, the Plan was frozen and eligibility into the Plan was closed to any new participants.

### *Pension Benefits*

Participants with five years of continuous service, as defined by the Plan, are entitled to pension benefits upon retirement. If employees terminate before rendering five years of continuous service, they forfeit the right to receive pension benefits upon retirement. Pension benefits are provided to participants under several types of retirement options based upon years of continuous service and age. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, including a lump-sum payment option.

### *Death and Disability Benefits*

In the event of a vested employee's death, his or her designated beneficiary will be entitled to receive a survivor benefit equal to fifty percent of the participant's accrued benefit according to the Plan provisions. The survivor benefit commences on the earliest date that the deceased participant could have elected to receive retirement benefits. If a participant with 15 or more years of service becomes disabled, he or she may elect disability retirement which commences when the benefits under the Plan Sponsor's disability insurance expire.

## 2. Summary of Significant Accounting Policies

### *Basis of Accounting*

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("GAAP").

### *Estimates*

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates and assumptions.

### *Investment Valuation and Income Recognition*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the Custodians. See Note 6 for a discussion of fair value measurements.

The assets of the Plan are invested in accounts maintained by Metropolitan Life Insurance and Annuity Company ("MetLife"), except for investments totaling $16,500,000 as of December 31, 2016, which are held by Branch Banking and Trust Company and investments totaling $7,383,490 as of December 31, 2015, which were held by Charles Schwab. A portion of the assets maintained by MetLife are invested in pooled separate accounts which are multiple employer funds and are segregated at market value as determined by MetLife in accordance with accepted practices, laws and regulations. Mutual funds are valued at quoted market prices.

Assets are also maintained in an immediate participation guaranteed funds contract which is valued at contract value, which approximates fair value, by MetLife in its general account. The contract value represents contributions made by the Company under contract plus interest at the per annum contract rate less benefits paid to participants, contract administration fees and other direct expenses.

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.

### *Payment of Benefits*

Benefits are recorded upon distribution.

### *Administrative Expenses*

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the plan document. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan.

### *Subsequent Events*

The Plan has evaluated subsequent events through October 6, 2017, the date the financial statements were available to be issued.

## 3. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in the amount as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2016 and 2015.

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.

## 4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation for the highest five years of consecutive calendar years of pensionable pay during the ten year period ending on the earlier of the participant's termination date or December 31, 2008, the date the Plan was frozen. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective. During 2016, certain amendments to the Plan became effective which did not increase accumulated plan benefits. See Note 13 for additional information.

The significant actuarial assumptions used in the valuations as of January 01, 2016 and 2015 were:

| | |
|---|---|
| Actuarial cost method | Projected unit credit method |
| Discount rate | 4.50% and 4.38%, respectively |
| Assumed return on investments | 7.0% |
| Mortality rate | RP-2006 mortality table for employees and annuitants with a fully generational projection using scale MP-2015 |
| Retirement age | Age 65 or age on actuarial value date, if greater |

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits was as follows:

| | **January 1, 2016** |
|---|---|
| Vested benefits: | |
| Participants currently receiving benefits | $ 75,502,723 |
| Other participants | 78,865,186 |
| Total vested benefits | 154,367,909 |
| Non-vested benefits | 204,360 |
| Total actuarial present value of accumulated plan benefits | $ 154,572,269 |

The actuarial present value of accumulated plan benefits increased as follows:

| | |
|---|---|
| Actuarial present value of accumulated plan benefits, as of January 1, 2015 | $ 156,434,485 |
| Increase (decrease) attributable to: | |
| Interest accumulation | 6,718,639 |
| Benefits paid | (6,147,688) |
| Change in actuarial assumptions | (2,501,992) |
| Other Changes | 68,825 |
| Actuarial present value of accumulated plan benefits, as of January 1, 2016 | $ 154,572,269 |

## 5. Unaudited Information Certified by Custodian

One of the Plan's Custodians, Metropolitan Life Insurance and Annuity Company, has custody of the majority Plan assets except for the investments of $16,500,000, which were held by Branch Banking and Trust Company as of December 31, 2016, and $7,383,490, which were held by Charles Schwab as of December 31, 2015. The Plan's Custodians manage the plan assets and are authorized to execute investment transactions for the Plan. All of the financial information disclosed in the accompanying financial statements and supplemental schedules related to investments and investment related activity was supplied and certified as complete and accurate to the best of its knowledge and belief by the Metropolitan Life Insurance and Annuity Company, except for the Plan assets held by Branch Banking and Trust Company and Charles Schwab.

The accompanying financial statements include the following unaudited information as of December 31, 2016 and 2015 and for the years then ended, which was obtained from data prepared and certified to be complete and accurate by Metropolitan Life Insurance and Annuity Company:

| | 2016 | 2015 |
|---|---|---|
| Investments | **$ 95,361,113** | $ 91,460,677 |
| Interest and dividend income | **$ 2,495,534** | $ 2,157,572 |
| Net change in fair value of investments | **$ 6,663,706** | $ (4,609,171) |

## 6. Fair Value Measurements

Fair value, as defined under GAAP, is an exit price representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP establishes a three-tier fair value hierarchy which prioritizes the inputs used in measuring fair value. These tiers include:

**Level 1:** Observable inputs such as quoted prices in active markets.

**Level 2:** Inputs other than quoted prices in active markets that are either directly or indirectly observable.

**Level 3**: Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

There have been no changes in the methodologies used at December 31, 2016 and 2015. The following is a description of the valuation methodologies used for assets measured at fair value:

***Mutual funds***
Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded.

***Pooled separate accounts***
The Plan invests in pooled separate accounts for which quoted prices are not available in active markets for identical instruments. The Plan utilizes the NAV per share, as determined by MetLife, as the estimated fair value. Because quoted prices in active markets for identical assets are not available, these prices are determined using observable market information such as quotes from less active markets and/or quoted prices of securities with similar characteristics.

***Common collective trust funds***
These funds are valued at the NAV of units of the collective fund. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the funds will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 15 business days' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

***Hedge funds***
These funds are valued at the NAV per share of the investment fund as provided by the investment manager. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the funds will sell the investment for an amount different from the reported net asset value. Participant purchases may occur monthly and participant sales may occur quarterly. Following a twelve-month holding period for each series of shares, if the Plan initiates a full redemption of a series of shares, the issuer reserves the right to require 65 days' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

***Non-benefit-responsive investment contract***
The fair value of the non-benefit-responsive investment contract is estimated by MetLife, as the contract value, which approximates fair value (see Note 7). Since the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, management evaluates a variety of factors including review of existing contracts, economic and market developments, and credit ratings of the insurance company. Disclosure of unobservable inputs to fair value measurement has not been included for the non-benefit-responsive investment contract because quantitative unobservable inputs are not developed by the Plan when measuring fair value and have not been made available to the Plan by MetLife.

The following tables set forth by level within the fair value hierarchy the Plan's assets accounted for at fair value on a recurring basis as of December 31, 2016 and 2015.

| | Assets at Fair Value as of December 31, 2016 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Non-benefit-responsive investment contract | **$ -** | **$ -** | **$ 760,945** | **$ 760,945** |
| Total assets in the fair value hierarchy | **$ -** | **$ -** | **$ 760,945** | **760,945** |
| Investments measured at NAV *(a)* | | | | **111,100,168** |
| Investments at fair value | | | | **$111,861,113** |

| | Assets at Fair Value as of December 31, 2015 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Mutual funds | $ 7,383,490 | $ - | $ - | $ 7,383,490 |
| Non-benefit-responsive investment contract | - | - | 555,906 | 555,906 |
| Total assets in the fair value hierarchy | $ 7,383,490 | $ - | $ 555,906 | 7,939,396 |
| Investments measured at NAV *(a) (b)* | | | | 90,904,771 |
| Investments at fair value | | | | $ 98,844,167 |

*(a) In accordance with Topic 820, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.*

*(b) Included in investments measured at NAV are pooled separate accounts, for which the underlying investments are various publicly-traded equity and fixed-income securities, including common shares, preferred shares, securities convertible into equities, corporate bonds, mortgages and cash equivalents. The funds may also invest in exchange-traded futures and options for hedging and risk reduction purposes and as a tool for duration management. For pooled separate accounts for which the underlying investments are equity securities, the investments' principal strategies are to provide long-term growth of capital by investing in diversified portfolios of the equity securities of various companies with above average growth prospects. For pooled separate accounts for which the underlying investments are fixed-income securities, the investments' principal strategies are to provide attractive total returns, current income and capital gains, with volatility approximately that of broad market indices. Amounts may be transferred among the pooled separate accounts, although certain restrictions may apply. Withdrawals may be made in cash not later than 31 days after the date notice of withdrawal is received to the extent permitted under the terms of the MetLife contract.*

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2016 and 2015. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

| | Fair Value at December 31, 2016 | Fair Value at December 31, 2015 | Unfunded Commitments | Other Redemption Restrictions | Redemption Notice Period |
|---|---|---|---|---|---|
| Pooled separate accounts | **$ 94,600,168** | $ 90,904,771 | None | Daily | 1 month |
| Common collective trust funds | **$ 11,000,000** | $ - | None | Daily | 15 days |
| Hedge funds | **$ 5,500,000** | $ - | None | Quarterly | 65 days |

The Plan recognizes transfers between the levels as of the actual date of the event or change in circumstances that caused the transfer. There were no gross transfers between the levels for the year ended December 31, 2016.

The following table illustrates the activity of Level 3 assets measured at fair value on a recurring basis:

| | December 31, 2016 | December 31, 2015 |
|---|---|---|
| Fair value, beginning of year | **$ 555,906** | $ 485,542 |
| Purchases | **24,610,290** | 5,000,000 |
| Sales | **(29,290,299)** | (6,147,718) |
| Issuances | **5,046,625** | 7,145,924 |
| Settlements | **(161,377)** | (5,927,842) |
| Fair value, end of year | **$ 760,945** | $ 555,906 |

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future 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 date.

## 7. Non-benefit-responsive Investment Contract with Insurance Company

The Plan maintains an Immediate Participation Guarantee contract with MetLife. The investment is reported at contract value, which approximates fair value. The contract value represents contributions made by the Company under contract plus interest at the per annum contract rate less benefits paid to participants, contract administration fees and other direct expenses. Funds are invested with MetLife in pooled separate accounts. The funds are used to pay monthly benefits to retired participants, who have been issued a guaranteed annuity by MetLife at the time of retirement. Funds are not withdrawn to purchase the annuity, rather funds remain in the pooled separate accounts and MetLife requires the Company to maintain a minimum balance requirement in order to meet the contract liabilities created by the annuity guarantees.

## 8. Exempt Party-In-Interest Transactions

Certain Plan investments are shares of pooled separate accounts and insurance contracts managed by Metropolitan Life Insurance and Annuity Company. Metropolitan Life Insurance and Annuity Company is a custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included as a reduction of the return on each fund. Fees paid to the custodian by the Plan for administrative services were $651,795 and $687,562 for the years ended December 31, 2016 and 2015, respectively.

## 9. Tax Status

The Internal Revenue Service (the "IRS") has determined and informed the Company by a letter dated December 3, 2012, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (the "IRC"). The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## 10. Risks and Uncertainties

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

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

## 11. Plan Termination

In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

On December 31, 2008 (Freeze Date), the Plan was amended to freeze participants' plan benefits. Upon freezing the Plan, all participants with less than 5 years of service, who remained in service, were able to continue working towards their five years in order to become fully vested in their accrued retirement benefits. However, only the years of service and compensation earned prior to December 31, 2008 will be considered for calculation of the retirement benefit. New employees since the Freeze Date are not be eligible to participate in the Plan.

## 12. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2016 and 2015 financial statements to Schedule H of Form 5500:

| | December 31, 2016 | December 31, 2015 |
|---|---|---|
| Net assets available for benefits per the financial statements | **$ 112,361,113** | $ 111,144,167 |
| Contribution receivable not reflected on Form 5500 | **(500,000)** | (12,300,000) |
| Other | **-** | - |
| Net assets available for benefits per the Form 5500 | **$ 111,861,113** | $ 98,844,167 |

The following is a reconciliation of increases per the financial statements for the year ended December 31, 2016 to Schedule H of Form 5500.

| | December 31, 2016 | December 31, 2015 |
|---|---|---|
| Change in net assets per the financial statements | **$ 1,216,946** | $ 5,644,338 |
| Deduct current year employer contribution receivable | **(500,000)** | (12,300,000) |
| Add prior year employer contribution receivable | **12,300,000** | 1,630,000 |
| Other | **-** | 1 |
| Net income (loss) per the Form 5500 | **$ 13,016,946** | $ (5,025,661) |

## 13. Amendment

Effective September 19, 2016, the Plan was amended to increase the maximum threshold for eligibility for voluntary lump sum distributions to certain terminated vested participants from a maximum of $35,000 to $80,000.

*Supplementary Information*

**Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies**
**Schedule of Assets (Held at End of Year)**
**Schedule H, Line 4i**
**EIN: 57-0160880 Plan: 001**
**December 31, 2016**

| (a) | (b) Identity of Issuer, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value | (d) Cost** | (e) Current Value |
|---|---|---|---|---|
| | Pooled separate accounts: | | | |
| * | MetLife | Metropolitan Index Fund MI VIA SA #11 | ** | $ 22,924,496 |
| * | MetLife | Access to Core SA #260 | ** | 36,257,203 |
| * | MetLife | Access to Core SA #287 | ** | 5,508,884 |
| * | MetLife | International Equity SA #417 | ** | 11,161,012 |
| * | MetLife | Separate Account #632 | ** | 4,107,636 |
| * | MetLife | Separate Account #677 | ** | 5,263,513 |
| * | MetLife | Separate Account #731 | ** | 9,377,424 |
| | Common collective trust: | | | |
| * | Aon Hewitt Group Trust | Non-US Equity Index Fund | ** | 11,000,000 |
| | Hedge fund: | | | |
| * | Aon Hewitt | Offshore Fund of Hedge Funds Ltd | ** | 5,500,000 |
| | Non-benefit-responsive investment contract: | | | |
| * | MetLife | Immediate Participation Guaranteed Funds Contract | ** | 760,945 |
| | | | | $ 111,861,113 |

* *Party in interest*
** *Cost omitted for participant–directed investments*
*** *The accompanying financial statements classify participant loans as notes receivable from participants.*

**Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies**
**Schedule of Reportable Transactions**
**Schedule H, Line 4j**
**EIN: 57-0160880 Plan: 001**
**For the Year Ended December 31, 2016**

| (a) Identity of party involved (b) Description of Security | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expense Incurred with Tranaction | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|---|
| ***Series In Same Security*** | | | | | | | |
| Sales: | | | | | | | |
| Metlife- Insurance Contract | * | $ 63,533,052 | $ - | $ - | * | $ 63,533,052 | * |
| MetLife Separate Account #135 | * | $ 14,758,887 | $ - | $ - | * | $ 14,758,887 | * |
| MetLife Separate Account #263 | * | $ 13,115,110 | $ - | $ - | * | $ 13,115,110 | * |
| MetLife Index Fund MI VIA SA #11 | * | $ 6,520,346 | $ - | $ - | * | $ 6,520,346 | * |
| MetLife Separate Account #294 | * | $ 13,279,993 | $ - | $ - | * | $ 13,279,993 | * |
| MetLife Separate Account #237 | * | $ 14,081,406 | $ - | $ - | * | $ 14,081,406 | * |
| MetLife Separate Account #235 | * | $ 12,873,300 | $ - | $ - | * | $ 12,873,300 | * |
| Purchases: | | | | | | | |
| Metlife- Insurance Contract | $ 63,758,091 | $ - | $ - | $ - | * | $ 63,758,091 | $ - |
| MetLife Index Fund MI VIA SA #11 | $ 7,600,000 | $ - | $ - | $ - | * | $ 7,600,000 | $ - |
| MetLife Separate Account #417 | $ 11,800,000 | $ - | $ - | $ - | * | $ 11,800,000 | $ - |
| MetLife Separate Account #632 | $ 5,000,000 | $ - | $ - | $ - | * | $ 5,000,000 | $ - |
| MetLife Separate Account #287 | $ 5,500,000 | $ - | $ - | $ - | * | $ 5,500,000 | $ - |
| MetLife Separate Account #260 | $ 36,000,000 | $ - | $ - | $ - | * | $ 36,000,000 | $ - |
| AHGT Non-US Equity Index Fund | $ 11,000,000 | $ - | $ - | $ - | * | $ 11,000,000 | $ - |
| AH Offshore Fund of Hedge Funds | $ 5,500,000 | $ - | $ - | $ - | * | $ 5,500,000 | $ - |
| ***Single Transactions*** | | | | | | | |
| Sales: | | | | | | | |
| MetLife Separate Account #135 | * | $ 10,200,000 | $ - | $ - | * | $ 10,200,000 | * |
| MetLife Separate Account #263 | * | $ 12,657,895 | $ - | $ - | * | $ 12,657,895 | * |
| MetLife Index Fund MI VIA SA #11 | * | $ 5,000,000 | $ - | $ - | * | $ 5,000,000 | * |
| MetLife Separate Account #294 | * | $ 12,218,518 | $ - | $ - | * | $ 12,218,518 | * |
| MetLife Separate Account #237 | * | $ 13,825,830 | $ - | $ - | * | $ 13,825,830 | * |
| MetLife Separate Account #237 | * | $ 12,770,424 | $ - | $ - | * | $ 12,770,424 | * |
| Purchases: | | | | | | | |
| MetLife Index Fund MI VIA SA #11 | $ 5,300,000 | $ - | $ - | $ - | * | $ 5,300,000 | $ - |
| MetLife Separate Account #417 | $ 11,000,000 | $ - | $ - | $ - | * | $ 11,000,000 | $ - |
| MetLife Separate Account #287 | $ 5,500,000 | $ - | $ - | $ - | * | $ 5,500,000 | $ - |
| MetLife Separate Account #260 | $ 36,000,000 | $ - | $ - | $ - | * | $ 36,000,000 | $ - |
| AHGT Non-US Equity Index Fund | $ 11,000,000 | $ - | $ - | $ - | * | $ 11,000,000 | $ - |
| AH Offshore Fund of Hedge Funds | $ 5,500,000 | $ - | $ - | $ - | * | $ 5,500,000 | $ - |

* Information not provided by custodian.

**See independent auditors' report.**

# Schedule SB Attachment (Form 5500)—2016 Plan Year
# Retirement Plan for the Employees of Evening Post Industries, Inc.
# EIN: 57-0160880 PN: 001

## Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

Number of Participants

| Attained Age | Years of Credited Service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | <1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25 | | | | | | | | | | |
| 25-29 | | 3 | | | | | | | | |
| 30-34 | | 34 | 4 | | | | | | | |
| 35-39 | | 13 | 26 | 3 | | | | | | |
| 40-44 | | 21 | 25 | 11 | 5 | | | | | |
| 45-49 | | 17 | 27 | 16 | 17 | 6 | | | | |
| 50-54 | | 11 | 30 | 24 | 23 | 12 | 6 | | | |
| 55-59 | | 18 | 27 | 18 | 9 | 27 | 15 | 7 | | |
| 60-64 | | 11 | 19 | 12 | 11 | 9 | 6 | 11 | 1 | |
| 65-69 | | 2 | 4 | 1 | 2 | 3 | 1 | | | |
| 70+ | | | 1 | | | 1 | | | | |

N-550

# Schedule SB Attachment (Form 5500)—2016 Plan Year
# Retirement Plan for the Employees of Evening Post Industries, Inc.
# EIN: 57-0160880 PN: 001

## Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

| | |
|---|---|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with a four-month lookback (as of September 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor |
| 1st Segment Rate | 4.43% |
| 2nd Segment Rate | 5.91% |
| 3rd Segment Rate | 6.65% |
| Interest Rates for Maximum Tax Purposes | Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization |
| 1st Segment Rate | 1.34% |
| 2nd Segment Rate | 4.03% |
| 3rd Segment Rate | 5.06% |
| Optional Payment Form Election Percentage | 50% life annuity<br>30% joint and survivor 50%<br>20% joint and survivor 100% |
| Optional Payment Form Conversion Interest Rate | 7.00% for annuities |
| Optional Payment Form Conversion Mortality | 1971 GAM for Males |
| Retirement Age | |
| Active Participants | See Table 1 |
| Terminated Vested Participants | Age 62 with 10 years of service or age 65 if not eligible for early commencement. Current deferred vested participants are assumed to meet service requirements |
| Mortality Rates | |
| Healthy and Disabled | 2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) |
| Withdrawal Rates | See Table 2 |
| Disability Rates | None |
| Decrement Timing | Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%) |

| | |
|---|---|
| Surviving Spouse Benefit | It is assumed that 60% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses. |
| Benefit Limits | Projected benefits are limited by the current IRC section 415 maximum benefit of $210,000. |
| Valuation of Plan Assets | Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.<br><br>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii). |
| Expected Return on Assets | |
| 2014 Plan Year | 7.00%, limited to 6.99% |
| 2015 Plan Year | 7.00%, limited to 6.81% |
| Trust Expenses Included in Target Normal Cost | $930,000 |
| Actuarial Method | Standard unit credit cost method |
| Valuation Date | January 1, 2016 |

Table 1

**Retirement Rates**

| Age | Rate |
|---|---|
| 55 | 5.00% |
| 56 | 5.00% |
| 57 | 5.00% |
| 58 | 5.00% |
| 59 | 5.00% |
| 60 | 5.00% |
| 61 | 10.00% |
| 62 | 20.00% |
| 63 | 15.00% |
| 64 | 20.00% |
| 65 | 50.00% |
| 66 | 50.00% |
| 67 | 30.00% |
| 68 | 30.00% |
| 69 | 30.00% |
| 70+ | 100.00% |

Table 2—Page 1 of 2

**Withdrawal Rates**

| | Years of Service | | | | |
|---|---|---|---|---|---|
| **Age** | **0** | **1** | **2** | **3-4** | **5+** |
| 20 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| 21 | 30.90% | 29.60% | 25.60% | 24.30% | 29.20% |
| 22 | 30.40% | 29.10% | 25.10% | 23.70% | 28.20% |
| 23 | 29.90% | 28.50% | 24.50% | 23.20% | 27.20% |
| 24 | 29.30% | 28.00% | 24.00% | 22.70% | 26.00% |
| 25 | 28.80% | 27.50% | 23.50% | 22.20% | 25.00% |
| 26 | 28.30% | 26.90% | 23.00% | 21.60% | 24.00% |
| 27 | 27.70% | 26.40% | 22.40% | 21.10% | 22.80% |
| 28 | 27.20% | 25.90% | 21.90% | 20.60% | 21.80% |
| 29 | 26.70% | 25.30% | 21.40% | 20.00% | 20.80% |
| 30 | 24.80% | 23.50% | 19.80% | 18.50% | 18.60% |
| 31 | 24.30% | 23.00% | 19.30% | 18.00% | 17.60% |
| 32 | 23.80% | 22.50% | 18.80% | 17.50% | 16.60% |
| 33 | 23.50% | 22.30% | 18.50% | 17.30% | 16.00% |
| 34 | 23.00% | 21.80% | 18.00% | 16.80% | 15.00% |
| 35 | 22.50% | 21.30% | 17.50% | 16.30% | 14.00% |
| 36 | 22.30% | 21.00% | 17.30% | 16.00% | 13.60% |
| 37 | 21.80% | 20.50% | 16.80% | 15.50% | 12.60% |
| 38 | 21.50% | 20.30% | 16.50% | 15.30% | 12.00% |
| 39 | 21.30% | 20.00% | 16.30% | 15.00% | 11.60% |
| 40 | 19.60% | 18.40% | 15.00% | 13.80% | 10.20% |
| 41 | 19.30% | 18.20% | 14.70% | 13.60% | 9.60% |
| 42 | 19.30% | 18.20% | 14.70% | 13.60% | 9.60% |
| 43 | 19.10% | 18.00% | 14.50% | 13.40% | 9.20% |
| 44 | 18.80% | 17.70% | 14.30% | 13.10% | 8.80% |
| 45 | 16.60% | 15.60% | 12.60% | 11.60% | 7.20% |
| 46 | 16.40% | 15.40% | 12.40% | 11.40% | 6.80% |
| 47 | 16.20% | 15.20% | 12.20% | 11.20% | 6.40% |
| 48 | 16.00% | 15.00% | 12.00% | 11.00% | 6.00% |
| 49 | 15.80% | 14.80% | 11.80% | 10.80% | 5.80% |

Table 2—Page 2 of 2

**Withdrawal Rates**

| | Years of Service | | | | |
|---|---|---|---|---|---|
| **Age** | **0** | **1** | **2** | **3-4** | **5+** |
| 50 | 15.60% | 14.60% | 11.60% | 10.60% | 5.60% |
| 51 | 15.40% | 14.40% | 11.40% | 10.40% | 5.40% |
| 52 | 15.20% | 14.20% | 11.30% | 10.20% | 5.20% |
| 53 | 15.00% | 14.00% | 11.00% | 10.00% | 5.00% |
| 54 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 55 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 56 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 57 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 58 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 59 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 60 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 61 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 62 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 63 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 64 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 65+ | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

# 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
The Retirement Plan for the Employees of Evening Post Industries

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1955

**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)
Evening Post Industries, Inc.

134 Columbus Street

Charleston SC 29403

**2b** Employer Identification Number (EIN) 57-0160880

**2c** Plan Sponsor's telephone number 843-937-5636

**2d** Business code (see instructions) 511110

**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 | [signature] | 10/13/2017 | Joe Waring |
| | 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** | 1,753 |
| **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)** | 550 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 541 |
| **b** Retired or separated participants receiving benefits | **6b** | 540 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 350 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 1,431 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 100 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 1,531 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

**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) | [X] Insurance | (1) | [X] 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**

(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) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [X] **A** (Insurance Information) — 1

(4) [X] **C** (Service Provider Information)

(5) [X] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

**Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies**
**Schedule of Reportable Transactions**
**Schedule H, Line 4j**
**EIN: 57-0160880 Plan: 001**
**For the Year Ended December 31, 2016**

| (a) Identity of party involved (b) Description of Security | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expense Incurred with Tranaction | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|---|
| ***Series In Same Security*** | | | | | | | |
| Sales: | | | | | | | |
| Metlife- Insurance Contract | * | $ 63,533,052 | $ - | $ - | * | $ 63,533,052 | * |
| MetLife Separate Account #135 | * | $ 14,758,887 | $ - | $ - | * | $ 14,758,887 | * |
| MetLife Separate Account #263 | * | $ 13,115,110 | $ - | $ - | * | $ 13,115,110 | * |
| MetLife Index Fund MI VIA SA #11 | * | $ 6,520,346 | $ - | $ - | * | $ 6,520,346 | * |
| MetLife Separate Account #294 | * | $ 13,279,993 | $ - | $ - | * | $ 13,279,993 | * |
| MetLife Separate Account #237 | * | $ 14,081,406 | $ - | $ - | * | $ 14,081,406 | * |
| MetLife Separate Account #235 | * | $ 12,873,300 | $ - | $ - | * | $ 12,873,300 | * |
| Purchases: | | | | | | | |
| Metlife- Insurance Contract | $ 63,758,091 | $ - | $ - | $ - | * | $ 63,758,091 | $ - |
| MetLife Index Fund MI VIA SA #11 | $ 7,600,000 | $ - | $ - | $ - | * | $ 7,600,000 | $ - |
| MetLife Separate Account #417 | $ 11,800,000 | $ - | $ - | $ - | * | $ 11,800,000 | $ - |
| MetLife Separate Account #632 | $ 5,000,000 | $ - | $ - | $ - | * | $ 5,000,000 | $ - |
| MetLife Separate Account #287 | $ 5,500,000 | $ - | $ - | $ - | * | $ 5,500,000 | $ - |
| MetLife Separate Account #260 | $ 36,000,000 | $ - | $ - | $ - | * | $ 36,000,000 | $ - |
| AHGT Non-US Equity Index Fund | $ 11,000,000 | $ - | $ - | $ - | * | $ 11,000,000 | $ - |
| AH Offshore Fund of Hedge Funds | $ 5,500,000 | $ - | $ - | $ - | * | $ 5,500,000 | $ - |
| ***Single Transactions*** | | | | | | | |
| Sales: | | | | | | | |
| MetLife Separate Account #135 | * | $ 10,200,000 | $ - | $ - | * | $ 10,200,000 | * |
| MetLife Separate Account #263 | * | $ 12,657,895 | $ - | $ - | * | $ 12,657,895 | * |
| MetLife Index Fund MI VIA SA #11 | * | $ 5,000,000 | $ - | $ - | * | $ 5,000,000 | * |
| MetLife Separate Account #294 | * | $ 12,218,518 | $ - | $ - | * | $ 12,218,518 | * |
| MetLife Separate Account #237 | * | $ 13,825,830 | $ - | $ - | * | $ 13,825,830 | * |
| MetLife Separate Account #237 | * | $ 12,770,424 | $ - | $ - | * | $ 12,770,424 | * |
| Purchases: | | | | | | | |
| MetLife Index Fund MI VIA SA #11 | $ 5,300,000 | $ - | $ - | $ - | * | $ 5,300,000 | $ - |
| MetLife Separate Account #417 | $ 11,000,000 | $ - | $ - | $ - | * | $ 11,000,000 | $ - |
| MetLife Separate Account #287 | $ 5,500,000 | $ - | $ - | $ - | * | $ 5,500,000 | $ - |
| MetLife Separate Account #260 | $ 36,000,000 | $ - | $ - | $ - | * | $ 36,000,000 | $ - |
| AHGT Non-US Equity Index Fund | $ 11,000,000 | $ - | $ - | $ - | * | $ 11,000,000 | $ - |
| AH Offshore Fund of Hedge Funds | $ 5,500,000 | $ - | $ - | $ - | * | $ 5,500,000 | $ - |

* Information not provided by custodian.

**See independent auditors' report.**

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**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

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

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

**A** Name of plan
RETIREMENT PLAN FOR THE EMPLOYEES OF EVENING POST INDUSTRIES, INC.

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
EVENING POST INDUSTRIES, INC

**D** Employer Identification Number (EIN)
57-0160880

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2016

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 110,760,005 |
| **b** Actuarial value | **2b** | 118,848,498 |

**3** Funding target/participant count breakdown

| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|---|---|---|
| **a** For retired participants and beneficiaries receiving payment | 613 | 63,949,449 | 63,949,449 |
| **b** For terminated vested participants | 590 | 21,441,560 | 21,441,560 |
| **c** For active participants | 550 | 31,929,824 | 32,064,747 |
| **d** Total | 1,753 | 117,320,833 | 117,455,756 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | **4a** | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | **4b** | |
| **5** Effective interest rate | **5** | 6.10% |
| **6** Target normal cost | **6** | 930,000 |

**Statement by Enrolled Actuary**

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

**SIGN HERE** Dmitriy F. Zhukovskiy D.F.Z.

Signature of actuary

10/02/2017
Date

DMITRIY F. ZHUKOVSKIY
Type or print name of actuary

1707201
Most recent enrollment number

AON CONSULTING, INC.
Firm name

781-906-2313
Telephone number (including area code)

230 THIRD AVENUE

WALTHAM MA 02451
Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of -2.88% | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 11,961,439 |
| | **b(1)** Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.30% | | 753,571 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 12,715,010 |
| | **d** Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 101.18% |
| 15 | Adjusted funding target attainment percentage | 15 | 101.18% |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 93.94% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 11/28/2016 | 5,000,000 | 0 | | | |
| 09/01/2017 | 500,000 | 0 | | | |
| | | | | | |
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| | | | | | |
| | | | Totals ► 18(b) | 5,500,000 | 18(c) 0 |

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

| | | |
|---|---|---|
| **a** Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| **b** Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 5,191,615 |

20 Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | ☐ N/A, full yield curve used |
|---|---|---|---|
| 4.43% | 5.91% | 6.65% | |

**b** Applicable month (enter code) — **21b**: 4

**22** Weighted average retirement age — **22**: 63

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

## Part VI Miscellaneous Items

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

| | | |
|---|---|---|
| **27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | **27** | |

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

## Part VIII Minimum Required Contribution For Current Year

**31** Target normal cost and excess assets (see instructions):

| | | |
|---|---|---|
| **a** Target normal cost (line 6) | **31a** | 930,000 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 930,000 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 0 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 0 | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 0 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 5,191,615 |

**38** Present value of excess contributions for current year (see instructions)

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 5,191,615 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

**41** If an election was made to use PRA 2010 funding relief for this plan:

**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years

**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

| | | |
|---|---|---|
| **42** Amount of acceleration adjustment | **42** | |
| **43** Excess installment acceleration amount to be carried over to future plan years | **43** | |

# Schedule SB Attachment (Form 5500)—2016 Plan Year
# Retirement Plan for the Employees of Evening Post Industries, Inc.
# EIN: 57-0160880 PN: 001

## Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

Following the AFTAP certification dated September 28, 2016, Funding Target was re-determined reflecting minor data corrections. These corrections served to decrease Funding Target by $101,869, consequently increasing the AFTAP from 101.09% to 101.18%.

# Schedule SB Attachment (Form 5500)—2016 Plan Year
# Retirement Plan for the Employees of Evening Post Industries, Inc.
# EIN: 57-0160880 PN: 001

## Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

| Date | Amount | Days to Discount to 1/1/2016 at 6.10% | Interest Adjusted Contribution |
|---|---|---|---|
| November 28, 2016 | $ 5,000,000 | 332 | $ 4,738,528 |
| September 1, 2017 | 500,000 | 609 | 453,087 |
| Total Contribution | $ 5,500,000 | | $ 5,191,615 |

# Schedule SB Attachment (Form 5500)—2016 Plan Year
# Retirement Plan for the Employees of Evening Post Industries, Inc.
# EIN: 57-0160880 PN: 001

## Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

| (a) Age | (b) Rate | (c) Weight | (d) Product (a) × (b) × (c) |
|---|---|---|---|
| 55.5 | 5.00% | 1.0000 | 2.78 |
| 56.5 | 5.00% | 0.9500 | 2.68 |
| 57.5 | 5.00% | 0.9025 | 2.59 |
| 58.5 | 5.00% | 0.8574 | 2.51 |
| 59.5 | 5.00% | 0.8145 | 2.42 |
| 60.5 | 5.00% | 0.7738 | 2.34 |
| 61.5 | 10.00% | 0.7351 | 4.52 |
| 62.5 | 20.00% | 0.6616 | 8.27 |
| 63.5 | 15.00% | 0.5293 | 5.04 |
| 64.5 | 20.00% | 0.4499 | 5.80 |
| 65.5 | 50.00% | 0.3599 | 11.79 |
| 66.5 | 50.00% | 0.1800 | 5.98 |
| 67.5 | 30.00% | 0.0900 | 1.82 |
| 68.5 | 30.00% | 0.0630 | 1.29 |
| 69.5 | 30.00% | 0.0441 | 0.92 |
| 70 | 100.00% | 0.0309 | 2.16 |
| | | Weighted Average | 62.91 |

## Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

| | |
|---|---|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with a four-month lookback (as of September 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor |
| 1st Segment Rate | 4.43% |
| 2nd Segment Rate | 5.91% |
| 3rd Segment Rate | 6.65% |
| Interest Rates for Maximum Tax Purposes | Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization |
| 1st Segment Rate | 1.34% |
| 2nd Segment Rate | 4.03% |
| 3rd Segment Rate | 5.06% |
| Optional Payment Form Election Percentage | 50% life annuity<br>30% joint and survivor 50%<br>20% joint and survivor 100% |
| Optional Payment Form Conversion Interest Rate | 7.00% for annuities |
| Optional Payment Form Conversion Mortality | 1971 GAM for Males |
| Retirement Age | |
| Active Participants | See Table 1 |
| Terminated Vested Participants | Age 62 with 10 years of service or age 65 if not eligible for early commencement. Current deferred vested participants are assumed to meet service requirements |
| Mortality Rates | |
| Healthy and Disabled | 2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) |
| Withdrawal Rates | See Table 2 |
| Disability Rates | None |
| Decrement Timing | Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%) |

| | |
|---|---|
| Surviving Spouse Benefit | It is assumed that 60% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses. |
| Benefit Limits | Projected benefits are limited by the current IRC section 415 maximum benefit of $210,000. |
| Valuation of Plan Assets | Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.<br><br>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii). |
| Expected Return on Assets | |
| 2014 Plan Year | 7.00%, limited to 6.99% |
| 2015 Plan Year | 7.00%, limited to 6.81% |
| Trust Expenses Included in Target Normal Cost | $930,000 |
| Actuarial Method | Standard unit credit cost method |
| Valuation Date | January 1, 2016 |

Table 1

**Retirement Rates**

| Age | Rate |
|---|---|
| 55 | 5.00% |
| 56 | 5.00% |
| 57 | 5.00% |
| 58 | 5.00% |
| 59 | 5.00% |
| 60 | 5.00% |
| 61 | 10.00% |
| 62 | 20.00% |
| 63 | 15.00% |
| 64 | 20.00% |
| 65 | 50.00% |
| 66 | 50.00% |
| 67 | 30.00% |
| 68 | 30.00% |
| 69 | 30.00% |
| 70+ | 100.00% |

Table 2—Page 1 of 2

**Withdrawal Rates**

| | Years of Service | | | | |
|---|---|---|---|---|---|
| **Age** | **0** | **1** | **2** | **3-4** | **5+** |
| 20 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| 21 | 30.90% | 29.60% | 25.60% | 24.30% | 29.20% |
| 22 | 30.40% | 29.10% | 25.10% | 23.70% | 28.20% |
| 23 | 29.90% | 28.50% | 24.50% | 23.20% | 27.20% |
| 24 | 29.30% | 28.00% | 24.00% | 22.70% | 26.00% |
| 25 | 28.80% | 27.50% | 23.50% | 22.20% | 25.00% |
| 26 | 28.30% | 26.90% | 23.00% | 21.60% | 24.00% |
| 27 | 27.70% | 26.40% | 22.40% | 21.10% | 22.80% |
| 28 | 27.20% | 25.90% | 21.90% | 20.60% | 21.80% |
| 29 | 26.70% | 25.30% | 21.40% | 20.00% | 20.80% |
| 30 | 24.80% | 23.50% | 19.80% | 18.50% | 18.60% |
| 31 | 24.30% | 23.00% | 19.30% | 18.00% | 17.60% |
| 32 | 23.80% | 22.50% | 18.80% | 17.50% | 16.60% |
| 33 | 23.50% | 22.30% | 18.50% | 17.30% | 16.00% |
| 34 | 23.00% | 21.80% | 18.00% | 16.80% | 15.00% |
| 35 | 22.50% | 21.30% | 17.50% | 16.30% | 14.00% |
| 36 | 22.30% | 21.00% | 17.30% | 16.00% | 13.60% |
| 37 | 21.80% | 20.50% | 16.80% | 15.50% | 12.60% |
| 38 | 21.50% | 20.30% | 16.50% | 15.30% | 12.00% |
| 39 | 21.30% | 20.00% | 16.30% | 15.00% | 11.60% |
| 40 | 19.60% | 18.40% | 15.00% | 13.80% | 10.20% |
| 41 | 19.30% | 18.20% | 14.70% | 13.60% | 9.60% |
| 42 | 19.30% | 18.20% | 14.70% | 13.60% | 9.60% |
| 43 | 19.10% | 18.00% | 14.50% | 13.40% | 9.20% |
| 44 | 18.80% | 17.70% | 14.30% | 13.10% | 8.80% |
| 45 | 16.60% | 15.60% | 12.60% | 11.60% | 7.20% |
| 46 | 16.40% | 15.40% | 12.40% | 11.40% | 6.80% |
| 47 | 16.20% | 15.20% | 12.20% | 11.20% | 6.40% |
| 48 | 16.00% | 15.00% | 12.00% | 11.00% | 6.00% |
| 49 | 15.80% | 14.80% | 11.80% | 10.80% | 5.80% |

Table 2—Page 2 of 2

**Withdrawal Rates**

| | Years of Service | | | | |
|---|---|---|---|---|---|
| **Age** | **0** | **1** | **2** | **3-4** | **5+** |
| 50 | 15.60% | 14.60% | 11.60% | 10.60% | 5.60% |
| 51 | 15.40% | 14.40% | 11.40% | 10.40% | 5.40% |
| 52 | 15.20% | 14.20% | 11.30% | 10.20% | 5.20% |
| 53 | 15.00% | 14.00% | 11.00% | 10.00% | 5.00% |
| 54 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 55 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 56 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 57 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 58 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 59 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 60 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 61 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 62 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 63 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 64 | 14.00% | 13.80% | 10.80% | 9.80% | 3.60% |
| 65+ | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

## Schedule SB, Part V—Summary of Plan Provisions

| | |
|---|---|
| Effective Date | The plan was originally effective January 1, 1955. The most recent amendment reflected in the following provisions was adopted on October 27, 2014 and effective October 1, 2014, retrospectively. |
| Eligibility for Participation | All employees, excluding leased employees and those covered by a collective bargaining unit.<br><br>**Employees hired before October 1, 1990:** Eligible as of the first day of the calendar month on or immediately after (1) the completion of three consecutive months of service during which at least 83 and ⅓ hours were worked during the month and (2) attainment of age 21.<br><br>**Employees hired on or after October 1, 1990:** Eligible as of the first day of the calendar month on or immediately after (1) the completion of 1,000 hours of service during the 12-month period after hire and (2) attainment of age 21.<br><br>Effective December 31, 2008, the plan was closed to new entrants. Only eligible employees who had satisfied participation requirements as of this date shall be consider participants under the plan. |
| Normal Retirement | |
| Eligibility | Age 65 and five years of participation. |
| Benefit | 2.00% of final average compensation per year of service not in excess of 35 years, reduced by 0.359% of final average pay per year of service not in excess of 35 years. |
| Early Retirement | |
| Eligibility | Age 55 and 10 years of vesting service. |
| Benefit | Benefit accrued as of the date of early retirement, reduced by 5/12 of 1% for each month that the early retirement date precedes the normal retirement date. |

| | |
|---|---|
| **Vested Termination** | |
| Eligibility | Five years of vesting service. |
| Benefit | Benefit accrued as of the date of termination. Participants with 10 years of vesting service at the date of termination may elect to commence payment upon attainment of age 55, reduced in the same manner as for early retirement. |
| **Disability** | |
| Eligibility | Fifteen years of vesting service and total and complete disablement. |
| Benefit | For participants covered by the long-term disability plan, benefit accrued under the assumption that the participant had remained in service until normal retirement date and continued to earn pensionable pay at the same rate as in effect at the date of disablement. Benefit becomes payable upon cessation of payments under the long-term disability plan.<br><br>For participants not covered by the long-term disability plan, benefit accrued as of the date benefits cease under the short-term disability plan. Benefit becomes payable as upon the cessation of payments under the short-term disability plan. |
| **Surviving Spouse** | |
| Eligibility | Five years of vesting service. |
| Benefit | 50% of the benefit accrued as of the date of death, reduced for the joint and 50% survivor pension option and for early commencement of benefit as early as the participant's fifty-fifth birthday. |
| **Normal Form of Annuity** | |
| Without Spouse | Life annuity. |
| With Spouse | Joint and 50% survivor annuity of equivalent actuarial value to the life annuity. |
| Optional Forms of Annuity | Joint and 75% survivor annuity<br>Joint and 100% survivor annuity<br>Life annuity with 10-year certain period<br>Small amount lump sum ($1,000 to $5,000) |

| | |
|---|---|
| Actuarial Equivalence | For optional annuity forms of payment, the 1971 Group Annuity Mortality Table for males and interest at 7.00% compounded annually.<br><br>For optional small amount lump sums, the applicable mortality table published for the plan year and interest at the applicable interest rate for the November immediately preceding the beginning of the plan year, both pursuant to IRC §417(e)(3). |
| Definitions | |
| Credited Service | **Prior to January 1, 1991:** Years and months of service from date of hire.<br><br>**On and after January 1, 1991 and prior to December 31, 2008:** One year credited for each plan year in which at least 1,000 hours of service are completed.<br><br>**On December 31, 2008:** Credited service accrual ceases. |
| Vesting Service | **Prior to January 1, 1991:** Years and months of service from date of hire, including service with a successor corporation for employees in sold divisions.<br><br>**On and after January 1, 1991:** One year credited for each plan year in which at least 1,000 hours of service are completed. |
| Pensionable Pay | **Prior to December 31, 2008:** W-2 earnings, plus 401(k) deferrals.<br><br>**On December 31, 2008:** No additional pay to be considered for benefits purposes. |
| Final Average Compensation | The average of the highest five consecutive calendar years of pensionable pay during the last 10 years of credited service. |
| Covered Compensation | The average Social Security wage base over the 35 year period ending in the year of attainment of Social Security retirement age (or December 31, 2008, if earlier). |

| | |
|---|---|
| Final Average Pay | The lesser of (a) and (b):<br>(a) The average of the final average compensation (excluding compensation in excess of the Social Security wage base in effect at the beginning of the plan year) for the three full consecutive plan years ending coincident with or prior to retirement, termination, or death (or December 31, 2008, if earlier).<br>(b) Covered compensation |

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

# Schedule SB Attachment (Form 5500)—2016 Plan Year
# Retirement Plan for the Employees of Evening Post Industries, Inc.
# EIN: 57-0160880 PN: 001

## Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

Number of Participants

| Attained Age | Years of Credited Service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | <1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25 | | | | | | | | | | |
| 25-29 | | 3 | | | | | | | | |
| 30-34 | | 34 | 4 | | | | | | | |
| 35-39 | | 13 | 26 | 3 | | | | | | |
| 40-44 | | 21 | 25 | 11 | 5 | | | | | |
| 45-49 | | 17 | 27 | 16 | 17 | 6 | | | | |
| 50-54 | | 11 | 30 | 24 | 23 | 12 | 6 | | | |
| 55-59 | | 18 | 27 | 18 | 9 | 27 | 15 | 7 | | |
| 60-64 | | 11 | 19 | 12 | 11 | 9 | 6 | 11 | 1 | |
| 65-69 | | 2 | 4 | 1 | 2 | 3 | 1 | | | |
| 70+ | | | 1 | | | 1 | | | | |

N-550

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September 28, 2016

Mr. Joe Waring
Evening Post Industries, Inc.
134 Columbus Street
Charleston, SC 29403

Dear Joe:

Subject: Certification of 2016 Funded Status for PPA Benefit Limitations—Retirement Plan for the Employees of Evening Post Industries, Inc.

Certain benefit limitations may apply to plans that have a funded status below various key thresholds. The funded status for benefit limitation purposes is referred to as the Adjusted Funding Target Attainment Percentage ("AFTAP").

Attached is a specific certification of the 2016 funded status for the Retirement Plan for the Employees of Evening Post Industries, Inc.. Unless superseded by a subsequent certification, this certification will apply for determining any benefit limitations applicable for the remainder of 2016.

As shown in the attached certification, the 2016 AFTAP for the Retirement Plan for the Employees of Evening Post Industries, Inc. is 101.09%.

This certification reflects the Funding Target, Value of Plan Assets, Funding Standard Carryover Balance, and Prefunding Balance for the Retirement Plan for the Employees of Evening Post Industries, Inc. as of January 1, 2016.

Since the AFTAP for the Retirement Plan for the Employees of Evening Post Industries, Inc. is at least 90%, this means that the plan is not subject to the limitation on accelerated benefit distributions for the 2016 plan year. If an unpredictable contingent event (UCE) occurs or a plan amendment takes effect on or after the valuation date, the certified AFTAP may need to be adjusted for determining whether the benefit limitations apply to the UCE benefits or plan amendment.

Under the final §436 regulations, the presumed AFTAP for the 2017 plan year will also be 101.09% until the earliest of: October 1, 2017; the date a 2017 AFTAP is certified; or the date (if any) on which the presumed AFTAP must be modified to reflect certain events. The plan will become subject to the limitation on accelerated benefit distributions on October 1, 2017 if a 2017 AFTAP of at least 80% is not certified before that date. In addition, the plan may become subject to the limitation on benefit accruals on October 1, 2017 if a 2017 AFTAP of at least 60% is not certified before that date.

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On January 1, 2017, the Plan must adopt the updated mortality table under Internal Revenue Code section 417(e). Assuming no unexpected changes in plan rules before that date and no changes in the methodology that the Internal Revenue Service uses to determine the table, the amendment will not reduce the AFTAP below 80% at January 1, 2017, so the amendment will be allowed to take effect without additional funding.

Evening Post Industries, Inc. should retain a copy of this certification in its files for future reference as necessary. There is no requirement to file this certification with any government agency. However, the Plan Administrator must be provided with a copy of this certification and must any applicable benefit limitations.

Please let us know if you have any questions, or if we can provide additional assistance.

Sincerely,

Hewitt Associates LLC, an Aon Hewitt company

Dmitriy F. Zhukovskiy
FSA, EA

DFZ:nt
Attachments
cc: Mr. Ron Owens, Evening Post Industries
Mr. David Scharett, Evening Post Industries
Ms. Kaci Currie, Aon Hewitt
Mr. Bryan Anderson, Aon Hewitt
Mr. Nguyen Tran, Aon Hewitt

# Certification of the AFTAP for the Retirement Plan for the Employees of Evening Post Industries, Inc. for the 2016 Plan Year

**To:** Plan Administrator of the Retirement Plan for the Employees of Evening Post Industries, Inc.

**Date:** September 28, 2016

**The Adjusted Funding Target Attainment Percentage (AFTAP) for the Retirement Plan for the Employees of Evening Post Industries, Inc. for the 2016 plan year is 101.09%.**

This certification supersedes any prior certification(s) for the 2016 plan year, effective immediately.

Limitations on accelerated benefit distributions or on benefit accruals could start or stop as a result of this certification. In addition, if an unpredictable contingent event (UCE) occurs or a plan amendment takes effect on or after the date of this certification, the above certified AFTAP should be adjusted for determining whether the benefit limitations apply to the UCE benefits or the plan amendment.

In determining the 2016 AFTAP, we have relied on information for the Retirement Plan for the Employees of Evening Post Industries, Inc. (as of January 1, 2016 valuation date, except as otherwise noted). The basis for this information, including the Funding Target, Value of Plan Assets, personnel and plan design information, and actuarial assumptions and methods, is documented in the 2016 valuation report, except as otherwise noted herein:

- A Funding Target of $117,557,625. The Funding Target has been determined pursuant to Internal Revenue Code (IRC) §430 without regard to the at-risk rules under IRC §430(i).
- A Value of Plan Assets of $118,848,498. The Value of Plan Assets has been determined pursuant to IRC §430, using a Market Value of Assets of $98,844,168 (excluding accrued contributions for the 2015 plan year) as supplied by Evening Post Industries, Inc. Including discounted accrued contributions to date for the 2015 plan year, the Market Value of Assets is $110,760,005.

  Under final regulations §1.436-1(h)(4)(i)(B), the Value of Plan Assets used in this certification includes any contributions for the 2015 plan year that have been made, but excludes any contributions anticipated to be made after the date of this certification. Thus, the Value of Plan Assets reflects contributions of $12,300,000 for the 2015 plan year already made after January 1, 2016.
- A Funding Standard Carryover Balance of $0 and Prefunding Balance of $0. Since the Value of Plan Assets was equal to at least 100% of the Funding Target for the 2016 plan year, the Value of Plan Assets was not reduced by the Funding Standard Carryover Balance and Prefunding Balance in the determination of the AFTAP.

While we cannot verify the accuracy of all this information, the supplied information was reviewed for consistency and reasonability. As a result of this review, we do not doubt the substantial accuracy or completeness of the information and we believe that it has produced appropriate results. This information, along with any adjustments or modifications, is summarized in the above referenced actuarial report.

This certification reflects the provisions of IRC §430, the Pension Protection Act of 2006, the Worker, Retiree, and Employer Recovery Act of 2008, the Moving Ahead for Progress in the 21st Century Act, the Highway and Transportation Funding Act of 2014, the Bipartisan Budget Act of 2015, and any regulatory guidance provided prior to the issuance of this certification. The certification may need to be modified due to subsequent regulatory guidance or law changes.

The interest rate and mortality assumptions used to measure the Funding Target are prescribed by Evening Post Industries, Inc., based on the options permitted under the Internal Revenue Code. Aon Hewitt provided guidance with respect to the alternative interest rate and mortality table options and we believe that the option prescribed by Evening Post Industries, Inc. is appropriate for funding purposes. While the method used to value plan assets is prescribed by Evening Post Industries, Inc., Aon Hewitt provided guidance with respect to the use of this method and we believe that the method is appropriate for funding purposes.

We believe that all other actuarial assumptions used for this certification represent reasonable expectations of anticipated plan experience. The basis for the significant non-prescribed assumptions (i.e., assumptions other than interest rates and mortality) and changes thereto will be documented in the 2016 valuation report which will be delivered within a reasonable time after this certification.

The funded status measurements shown in this report are not appropriate for assessing the sufficiency of plan assets to cover the estimated cost of settling the plan's benefit obligations or for assessing the need for or the amount of future contributions.

The undersigned is familiar with the near-term and long-term aspects of pension valuations and meets the Qualification Standards of the American Academy of Actuaries necessary to render the actuarial opinions contained herein. All sections of this letter are considered an integral part of the actuarial opinions.

To our knowledge, no colleague of Aon Hewitt providing services to Evening Post Industries, Inc. has any material direct or indirect financial interest in Evening Post Industries, Inc. Thus, we believe there is no relationship existing that might affect our capacity to prepare and certify this AFTAP for Evening Post Industries, Inc.

Respectfully submitted,

Hewitt Associates LLC, an Aon Hewitt company

Dmitriy F. Zhukovskiy
Enrolled Actuary No. 14-07201

# Calculation of the AFTAP for the Retirement Plan for the Employees of Evening Post Industries, Inc. for the 2016 Plan Year as of January 1, 2016

2016 AFTAP =

$$\frac{\text{Value of Plan Assets}^1 - \text{FSCB}^2 - \text{PB}^3}{\text{Funding Target}^4}$$

1. **Value of Plan Assets:** The Value of Plan Assets is $118,848,498.

2. **Funding Standard Carryover Balance (FSCB):** The appropriate Funding Standard Carryover Balance is $0 if the Value of Plan Assets is at least 100% of the Funding Target. Otherwise, the appropriate Funding Standard Carryover Balance is $0, which reflects an election by the plan sponsor to reduce the Funding Standard Carryover Balance by $0. The appropriate Funding Standard Carryover Balance for purposes of the AFTAP calculation is $0.

3. **Prefunding Balance (PB):** The appropriate Prefunding Balance is $0 if the Value of Plan Assets is at least 100% of the Funding Target. Otherwise, the appropriate Prefunding Balance is $0, which reflects an election by the plan sponsor to reduce the Prefunding Balance by $0. The appropriate Prefunding Balance for purposes of the AFTAP calculation is $0.

4. **Funding Target:** The Funding Target is $117,557,625.

The 2016 AFTAP for the Retirement Plan for the Employees of Evening Post Industries, Inc. is 101.09% calculated as follows:

$$\frac{\$118,848,498 - \$0 - \$0}{\$117,557,625}$$

Date: September 28, 2016

# Schedule SB Attachment (Form 5500)—2016 Plan Year
# Retirement Plan for the Employees of Evening Post Industries, Inc.
# EIN: 57-0160880  PN: 001

## Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

Following the AFTAP certification dated September 28, 2016, Funding Target was re-determined reflecting minor data corrections. These corrections served to decrease Funding Target by $101,869, consequently increasing the AFTAP from 101.09% to 101.18%.

# Schedule SB Attachment (Form 5500)—2016 Plan Year
# Retirement Plan for the Employees of Evening Post Industries, Inc.
# EIN: 57-0160880 PN: 001

## Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

| Date | Amount | Days to Discount to 1/1/2016 at 6.10% | Interest Adjusted Contribution |
|---|---|---|---|
| November 28, 2016 | $ 5,000,000 | 332 | $ 4,738,528 |
| September 1, 2017 | 500,000 | 609 | 453,087 |
| Total Contribution | $ 5,500,000 | | $ 5,191,615 |

# Schedule SB Attachment (Form 5500)—2016 Plan Year
# Retirement Plan for the Employees of Evening Post Industries, Inc.
# EIN: 57-0160880 PN: 001

## Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

| (a) Age | (b) Rate | (c) Weight | (d) Product (a) × (b) × (c) |
|---|---|---|---|
| 55.5 | 5.00% | 1.0000 | 2.78 |
| 56.5 | 5.00% | 0.9500 | 2.68 |
| 57.5 | 5.00% | 0.9025 | 2.59 |
| 58.5 | 5.00% | 0.8574 | 2.51 |
| 59.5 | 5.00% | 0.8145 | 2.42 |
| 60.5 | 5.00% | 0.7738 | 2.34 |
| 61.5 | 10.00% | 0.7351 | 4.52 |
| 62.5 | 20.00% | 0.6616 | 8.27 |
| 63.5 | 15.00% | 0.5293 | 5.04 |
| 64.5 | 20.00% | 0.4499 | 5.80 |
| 65.5 | 50.00% | 0.3599 | 11.79 |
| 66.5 | 50.00% | 0.1800 | 5.98 |
| 67.5 | 30.00% | 0.0900 | 1.82 |
| 68.5 | 30.00% | 0.0630 | 1.29 |
| 69.5 | 30.00% | 0.0441 | 0.92 |
| 70 | 100.00% | 0.0309 | 2.16 |
| | | Weighted Average | 62.91 |

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September 28, 2016

Mr. Joe Waring
Evening Post Industries, Inc.
134 Columbus Street
Charleston, SC 29403

Dear Joe:

Subject: Certification of 2016 Funded Status for PPA Benefit Limitations—Retirement Plan for the Employees of Evening Post Industries, Inc.

Certain benefit limitations may apply to plans that have a funded status below various key thresholds. The funded status for benefit limitation purposes is referred to as the Adjusted Funding Target Attainment Percentage ("AFTAP").

Attached is a specific certification of the 2016 funded status for the Retirement Plan for the Employees of Evening Post Industries, Inc.. Unless superseded by a subsequent certification, this certification will apply for determining any benefit limitations applicable for the remainder of 2016.

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This certification reflects the Funding Target, Value of Plan Assets, Funding Standard Carryover Balance, and Prefunding Balance for the Retirement Plan for the Employees of Evening Post Industries, Inc. as of January 1, 2016.

Since the AFTAP for the Retirement Plan for the Employees of Evening Post Industries, Inc. is at least 90%, this means that the plan is not subject to the limitation on accelerated benefit distributions for the 2016 plan year. If an unpredictable contingent event (UCE) occurs or a plan amendment takes effect on or after the valuation date, the certified AFTAP may need to be adjusted for determining whether the benefit limitations apply to the UCE benefits or plan amendment.

Under the final §436 regulations, the presumed AFTAP for the 2017 plan year will also be 101.09% until the earliest of: October 1, 2017; the date a 2017 AFTAP is certified; or the date (if any) on which the presumed AFTAP must be modified to reflect certain events. The plan will become subject to the limitation on accelerated benefit distributions on October 1, 2017 if a 2017 AFTAP of at least 80% is not certified before that date. In addition, the plan may become subject to the limitation on benefit accruals on October 1, 2017 if a 2017 AFTAP of at least 60% is not certified before that date.

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On January 1, 2017, the Plan must adopt the updated mortality table under Internal Revenue Code section 417(e). Assuming no unexpected changes in plan rules before that date and no changes in the methodology that the Internal Revenue Service uses to determine the table, the amendment will not reduce the AFTAP below 80% at January 1, 2017, so the amendment will be allowed to take effect without additional funding.

Evening Post Industries, Inc. should retain a copy of this certification in its files for future reference as necessary. There is no requirement to file this certification with any government agency. However, the Plan Administrator must be provided with a copy of this certification and must any applicable benefit limitations.

Please let us know if you have any questions, or if we can provide additional assistance.

Sincerely,

Hewitt Associates LLC, an Aon Hewitt company

Dmitriy F. Zhukovskiy
FSA, EA

DFZ:nt
Attachments
cc: Mr. Ron Owens, Evening Post Industries
Mr. David Scharett, Evening Post Industries
Ms. Kaci Currie, Aon Hewitt
Mr. Bryan Anderson, Aon Hewitt
Mr. Nguyen Tran, Aon Hewitt

# Certification of the AFTAP for the Retirement Plan for the Employees of Evening Post Industries, Inc. for the 2016 Plan Year

**To:** Plan Administrator of the Retirement Plan for the Employees of Evening Post Industries, Inc.

**Date:** September 28, 2016

**The Adjusted Funding Target Attainment Percentage (AFTAP) for the Retirement Plan for the Employees of Evening Post Industries, Inc. for the 2016 plan year is 101.09%.**

This certification supersedes any prior certification(s) for the 2016 plan year, effective immediately.

Limitations on accelerated benefit distributions or on benefit accruals could start or stop as a result of this certification. In addition, if an unpredictable contingent event (UCE) occurs or a plan amendment takes effect on or after the date of this certification, the above certified AFTAP should be adjusted for determining whether the benefit limitations apply to the UCE benefits or the plan amendment.

In determining the 2016 AFTAP, we have relied on information for the Retirement Plan for the Employees of Evening Post Industries, Inc. (as of January 1, 2016 valuation date, except as otherwise noted). The basis for this information, including the Funding Target, Value of Plan Assets, personnel and plan design information, and actuarial assumptions and methods, is documented in the 2016 valuation report, except as otherwise noted herein:

- A Funding Target of $117,557,625. The Funding Target has been determined pursuant to Internal Revenue Code (IRC) §430 without regard to the at-risk rules under IRC §430(i).
- A Value of Plan Assets of $118,848,498. The Value of Plan Assets has been determined pursuant to IRC §430, using a Market Value of Assets of $98,844,168 (excluding accrued contributions for the 2015 plan year) as supplied by Evening Post Industries, Inc. Including discounted accrued contributions to date for the 2015 plan year, the Market Value of Assets is $110,760,005.

  Under final regulations §1.436-1(h)(4)(i)(B), the Value of Plan Assets used in this certification includes any contributions for the 2015 plan year that have been made, but excludes any contributions anticipated to be made after the date of this certification. Thus, the Value of Plan Assets reflects contributions of $12,300,000 for the 2015 plan year already made after January 1, 2016.
- A Funding Standard Carryover Balance of $0 and Prefunding Balance of $0. Since the Value of Plan Assets was equal to at least 100% of the Funding Target for the 2016 plan year, the Value of Plan Assets was not reduced by the Funding Standard Carryover Balance and Prefunding Balance in the determination of the AFTAP.

While we cannot verify the accuracy of all this information, the supplied information was reviewed for consistency and reasonability. As a result of this review, we do not doubt the substantial accuracy or completeness of the information and we believe that it has produced appropriate results. This information, along with any adjustments or modifications, is summarized in the above referenced actuarial report.

This certification reflects the provisions of IRC §430, the Pension Protection Act of 2006, the Worker, Retiree, and Employer Recovery Act of 2008, the Moving Ahead for Progress in the 21st Century Act, the Highway and Transportation Funding Act of 2014, the Bipartisan Budget Act of 2015, and any regulatory guidance provided prior to the issuance of this certification. The certification may need to be modified due to subsequent regulatory guidance or law changes.

The interest rate and mortality assumptions used to measure the Funding Target are prescribed by Evening Post Industries, Inc., based on the options permitted under the Internal Revenue Code. Aon Hewitt provided guidance with respect to the alternative interest rate and mortality table options and we believe that the option prescribed by Evening Post Industries, Inc. is appropriate for funding purposes. While the method used to value plan assets is prescribed by Evening Post Industries, Inc., Aon Hewitt provided guidance with respect to the use of this method and we believe that the method is appropriate for funding purposes.

We believe that all other actuarial assumptions used for this certification represent reasonable expectations of anticipated plan experience. The basis for the significant non-prescribed assumptions (i.e., assumptions other than interest rates and mortality) and changes thereto will be documented in the 2016 valuation report which will be delivered within a reasonable time after this certification.

The funded status measurements shown in this report are not appropriate for assessing the sufficiency of plan assets to cover the estimated cost of settling the plan's benefit obligations or for assessing the need for or the amount of future contributions.

The undersigned is familiar with the near-term and long-term aspects of pension valuations and meets the Qualification Standards of the American Academy of Actuaries necessary to render the actuarial opinions contained herein. All sections of this letter are considered an integral part of the actuarial opinions.

To our knowledge, no colleague of Aon Hewitt providing services to Evening Post Industries, Inc. has any material direct or indirect financial interest in Evening Post Industries, Inc. Thus, we believe there is no relationship existing that might affect our capacity to prepare and certify this AFTAP for Evening Post Industries, Inc.

Respectfully submitted,

Hewitt Associates LLC, an Aon Hewitt company

Dmitriy F. Zhukovskiy
Enrolled Actuary No. 14-07201

# Calculation of the AFTAP for the Retirement Plan for the Employees of Evening Post Industries, Inc. for the 2016 Plan Year as of January 1, 2016

2016 AFTAP =

$$\frac{\text{Value of Plan Assets}^1 - \text{FSCB}^2 - \text{PB}^3}{\text{Funding Target}^4}$$

1. **Value of Plan Assets:** The Value of Plan Assets is $118,848,498.

2. **Funding Standard Carryover Balance (FSCB):** The appropriate Funding Standard Carryover Balance is $0 if the Value of Plan Assets is at least 100% of the Funding Target. Otherwise, the appropriate Funding Standard Carryover Balance is $0, which reflects an election by the plan sponsor to reduce the Funding Standard Carryover Balance by $0. The appropriate Funding Standard Carryover Balance for purposes of the AFTAP calculation is $0.

3. **Prefunding Balance (PB):** The appropriate Prefunding Balance is $0 if the Value of Plan Assets is at least 100% of the Funding Target. Otherwise, the appropriate Prefunding Balance is $0, which reflects an election by the plan sponsor to reduce the Prefunding Balance by $0. The appropriate Prefunding Balance for purposes of the AFTAP calculation is $0.

4. **Funding Target:** The Funding Target is $117,557,625.

The 2016 AFTAP for the Retirement Plan for the Employees of Evening Post Industries, Inc. is 101.09% calculated as follows:

$$\frac{\$118,848,498 - \$0 - \$0}{\$117,557,625}$$

Date: September 28, 2016

# Schedule SB Attachment (Form 5500)—2016 Plan Year
# Retirement Plan for the Employees of Evening Post Industries, Inc.
# EIN: 57-0160880 PN: 001

## Schedule SB, Part V—Summary of Plan Provisions

| | |
|---|---|
| Effective Date | The plan was originally effective January 1, 1955. The most recent amendment reflected in the following provisions was adopted on October 27, 2014 and effective October 1, 2014, retrospectively. |
| Eligibility for Participation | All employees, excluding leased employees and those covered by a collective bargaining unit.<br><br>**Employees hired before October 1, 1990:** Eligible as of the first day of the calendar month on or immediately after (1) the completion of three consecutive months of service during which at least 83 and ⅓ hours were worked during the month and (2) attainment of age 21.<br><br>**Employees hired on or after October 1, 1990:** Eligible as of the first day of the calendar month on or immediately after (1) the completion of 1,000 hours of service during the 12-month period after hire and (2) attainment of age 21.<br><br>Effective December 31, 2008, the plan was closed to new entrants. Only eligible employees who had satisfied participation requirements as of this date shall be consider participants under the plan. |
| Normal Retirement | |
| Eligibility | Age 65 and five years of participation. |
| Benefit | 2.00% of final average compensation per year of service not in excess of 35 years, reduced by 0.359% of final average pay per year of service not in excess of 35 years. |
| Early Retirement | |
| Eligibility | Age 55 and 10 years of vesting service. |
| Benefit | Benefit accrued as of the date of early retirement, reduced by 5/12 of 1% for each month that the early retirement date precedes the normal retirement date. |

| | |
|---|---|
| **Vested Termination** | |
| Eligibility | Five years of vesting service. |
| Benefit | Benefit accrued as of the date of termination. Participants with 10 years of vesting service at the date of termination may elect to commence payment upon attainment of age 55, reduced in the same manner as for early retirement. |
| **Disability** | |
| Eligibility | Fifteen years of vesting service and total and complete disablement. |
| Benefit | For participants covered by the long-term disability plan, benefit accrued under the assumption that the participant had remained in service until normal retirement date and continued to earn pensionable pay at the same rate as in effect at the date of disablement. Benefit becomes payable upon cessation of payments under the long-term disability plan.<br><br>For participants not covered by the long-term disability plan, benefit accrued as of the date benefits cease under the short-term disability plan. Benefit becomes payable as upon the cessation of payments under the short-term disability plan. |
| **Surviving Spouse** | |
| Eligibility | Five years of vesting service. |
| Benefit | 50% of the benefit accrued as of the date of death, reduced for the joint and 50% survivor pension option and for early commencement of benefit as early as the participant's fifty-fifth birthday. |
| **Normal Form of Annuity** | |
| Without Spouse | Life annuity. |
| With Spouse | Joint and 50% survivor annuity of equivalent actuarial value to the life annuity. |
| Optional Forms of Annuity | Joint and 75% survivor annuity<br>Joint and 100% survivor annuity<br>Life annuity with 10-year certain period<br>Small amount lump sum ($1,000 to $5,000) |

| | |
|---|---|
| Actuarial Equivalence | For optional annuity forms of payment, the 1971 Group Annuity Mortality Table for males and interest at 7.00% compounded annually.<br><br>For optional small amount lump sums, the applicable mortality table published for the plan year and interest at the applicable interest rate for the November immediately preceding the beginning of the plan year, both pursuant to IRC §417(e)(3). |
| Definitions | |
| Credited Service | **Prior to January 1, 1991:** Years and months of service from date of hire.<br><br>**On and after January 1, 1991 and prior to December 31, 2008:** One year credited for each plan year in which at least 1,000 hours of service are completed.<br><br>**On December 31, 2008:** Credited service accrual ceases. |
| Vesting Service | **Prior to January 1, 1991:** Years and months of service from date of hire, including service with a successor corporation for employees in sold divisions.<br><br>**On and after January 1, 1991:** One year credited for each plan year in which at least 1,000 hours of service are completed. |
| Pensionable Pay | **Prior to December 31, 2008:** W-2 earnings, plus 401(k) deferrals.<br><br>**On December 31, 2008:** No additional pay to be considered for benefits purposes. |
| Final Average Compensation | The average of the highest five consecutive calendar years of pensionable pay during the last 10 years of credited service. |
| Covered Compensation | The average Social Security wage base over the 35 year period ending in the year of attainment of Social Security retirement age (or December 31, 2008, if earlier). |

| | |
|---|---|
| Final Average Pay | The lesser of (a) and (b):<br>(a) The average of the final average compensation (excluding compensation in excess of the Social Security wage base in effect at the beginning of the plan year) for the three full consecutive plan years ending coincident with or prior to retirement, termination, or death (or December 31, 2008, if earlier).<br>(b) Covered compensation |

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

**Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies**
**Schedule of Assets (Held at End of Year)**
**Schedule H, Line 4i**
**EIN: 57-0160880 Plan: 001**
**December 31, 2016**

| (a) | (b) Identity of Issuer, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value | (d) Cost** | (e) Current Value |
|---|---|---|---|---|
| | Pooled separate accounts: | | | |
| * | MetLife | Metropolitan Index Fund MI VIA SA #11 | ** | $ 22,924,496 |
| * | MetLife | Access to Core SA #260 | ** | 36,257,203 |
| * | MetLife | Access to Core SA #287 | ** | 5,508,884 |
| * | MetLife | International Equity SA #417 | ** | 11,161,012 |
| * | MetLife | Separate Account #632 | ** | 4,107,636 |
| * | MetLife | Separate Account #677 | ** | 5,263,513 |
| * | MetLife | Separate Account #731 | ** | 9,377,424 |
| | Common collective trust: | | | |
| * | Aon Hewitt Group Trust | Non-US Equity Index Fund | ** | 11,000,000 |
| | Hedge fund: | | | |
| * | Aon Hewitt | Offshore Fund of Hedge Funds Ltd | ** | 5,500,000 |
| | Non-benefit-responsive investment contract: | | | |
| * | MetLife | Immediate Participation Guaranteed Funds Contract | ** | 760,945 |
| | | | | $ 111,861,113 |

* *Party in interest*
** *Cost omitted for participant–directed investments*
*** *The accompanying financial statements classify participant loans as notes receivable from participants.*