

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
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A This return/report is for:	☐ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report ☐ an amended return/report	☐ the final 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 ☐ special extension (enter description)	☐ automatic extension	☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>E & H FAMILY GROUP, INC. EMPLOYEES' PENSION PLAN AND TRUST</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>06/30/1959</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>E & H FAMILY GROUP, INC.</u> <u>P.O. BOX 196</u> <u>WOOSTER, OH 44691-0196</u>		2b Employer Identification Number (EIN) <u>34-0677847</u>	
		2c Plan Sponsor's telephone number <u>330-264-4355</u>	
		2d Business code (see instructions) <u>445110</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	<u>10/16/2017</u> Date	<u>RICHARD A. LOWE</u> Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2016)
v. 160205

3a Plan administrator's name and address ☒ 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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1876
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 685 6a(2) 57 6b 257 6c 213 6d 527 6e 21 6f 548 6g 6h 0
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 1B 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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 E & H FAMILY GROUP, INC. EMPLOYEES' PENSION PLAN AND TRUST	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 E & H FAMILY GROUP, INC.	D Employer Identification Number (EIN) 34-0677847

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

(a) Name of insurance carrier

THE NORTHWESTERN MUTUAL 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
39-0509570	67091	01688	12	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****5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶ 4%**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)**
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below)..... **7c(5)**(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 0**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier..... **7e(2)**
(3) Transferred to separate account..... **7e(3)**
(4) Other (specify below)..... **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

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. Specify nature of costs.	10b	

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
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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 E & H FAMILY GROUP, INC. EMPLOYEES' PENSION PLAN AND TRUST	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF E & H FAMILY GROUP, INC.	D Employer Identification Number (EIN) 34-0677847
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2016			
2	Assets:			
a	Market value	2a	43336905	
b	Actuarial value	2b	45600243	
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	689	16795571	16795571
b	For terminated vested participants	502	4328907	4328907
c	For active participants	685	14563367	14714899
d	Total	1876	35687845	35839377
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	619351	

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	10/13/2017 Signature of actuary SETH PITASKY, EA, MAAA, MSPA Type or print name of actuary CBIZ RETIREMENT PLAN SERVICES Firm name 6050 OAK TREE BLVD SUITE 500 CLEVELAND, OH 44131 Address of the firm	10/13/2017 Date 17-07321 Most recent enrollment number 216-447-9000 Telephone number (including area code)
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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 <u>-1.88</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		14621287
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.35</u> %		928452
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		15549739
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	127.23%
15	Adjusted funding target attainment percentage	15	127.23%
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	90.38%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.43% 2nd segment: 5.91% 3rd segment: 6.65%	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	4
22	Weighted average retirement age	22	64
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	619351
b	Excess assets, if applicable, but not greater than line 31a	31b	619351
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
36	Additional cash requirement (line 34 minus line 35)	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42	Amount of acceleration adjustment	42	
43	Excess installment acceleration amount to be carried over to future plan years	43	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 E & H FAMILY GROUP, INC. EMPLOYEES' PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 E & H FAMILY GROUP, INC.	D Employer Identification Number (EIN) 34-0677847

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

☐ Yes ☒ No
- b

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

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

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

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

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

BMO HARRIS BANK N.A.

111 WEST MONROE STREET
CHICAGO, IL 60603

31-1296401

(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?
19 21 27 50 59	TRUSTEE	58677	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

UBS FINANCIAL SERVICES

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 52 59 60 63	NONE	38232	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 E & H FAMILY GROUP, INC. EMPLOYEES' PENSION PLAN AND TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 E & H FAMILY GROUP, INC.	D Employer Identification Number (EIN) 34-0677847	

Part I	Asset and Liability Statement
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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)	16448819	5700000
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	344510	328939
(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)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	26325702	7407466
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	271310	281169

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	43390341	13717574

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	43390341	13717574
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5700000	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5700000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	289	
(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)		289
(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)	527747	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		527747
(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)	1337453	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1337453

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-1756121
c Other income.....	2c		38940
d Total income. Add all income amounts in column (b) and enter total.....	2d		5848308

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

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	35297019	
(2) To insurance carriers for the provision of benefits	2e(2)	843	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		35297862
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	58677	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	38232	
(4) Other	2i(4)	126304	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		223213
j Total expenses. Add all expense amounts in column (b) and enter total	2j		35521075

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-29672767
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **RSM US LLP**

(2) EIN: **42-0714325**

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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: 0

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 3998685. (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.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>E & H FAMILY GROUP, INC. EMPLOYEES' PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>E & H FAMILY GROUP, INC.</u>	D Employer Identification Number (EIN) <u>34-0677847</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-1296401</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>1321</u>

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

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: <u>59.2</u> % Investment-Grade Debt: <u>38.5</u> % High-Yield Debt: _____% Real Estate: _____% Other: <u>2.3</u> %	
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 _____ / _____ / _____.		

E&H Family Group, Inc.
Employees' Pension Plan and Trust

Financial Report
December 31, 2016

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Independent Auditor's Report

To the Plan Sponsor of
E&H Family Group, Inc.
Employees' Pension Plan and Trust
Wooster, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of E&H Family Group, Inc. Employees' Pension Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015 (in liquidation), the related statement of changes in net assets available for benefits for the year ended December 31, 2016 (in liquidation), 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 the liquidation basis of accounting described in Note 2; this includes determining that the liquidation basis of accounting is an acceptable basis for the representation of the financial statements in the circumstances. Management is also responsible for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified or provided by BMO Harris Bank, N.A., the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the Plan Administrator by the trustee 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.

Independent Auditor's Report (Continued)

Emphasis of Matter – Plan Termination and Basis of Accounting

As discussed in Note 6 to the financial statements, the Board of Directors of E&H Family Group, Inc. and Subsidiaries, the Plan's Sponsor, voted on December 4, 2015 to terminate the Plan, and management determined that liquidation was imminent in 2015. As a result, the basis of accounting used in the Plan's 2016 and 2015 financial statements is the liquidation basis of accounting. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter

The supplemental schedules of assets (held at end of year) and reportable transactions as of or for the year ended December 31, 2016 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. 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 or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

RSM US LLP

Cleveland, Ohio
October 13, 2017

**E&H Family Group, Inc.
Employees' Pension Plan and Trust**

**Statements of Net Assets Available for Benefits
December 31, 2016 and 2015 (in Liquidation)**

	2016	2015
Assets		
Investments, at fair value	\$ 8,017,574	\$ 26,941,522
Receivables:		
Employer contributions	5,728,985	18,296,913
Accrued investment income	41,818	20,045
Total receivables	5,770,803	18,316,958
Total assets	13,788,377	45,258,480
Liabilities		
Accrued expenses	31,927	43,054
Net assets available for benefits	\$ 13,756,450	\$ 45,215,426

See notes to financial statements.

E&H Family Group, Inc.
Employees' Pension Plan and Trust

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2016 (in Liquidation)

Additions:	
Investment income:	
Interest and dividends	\$ 578,889
Net depreciation in fair value of investments	(418,668)
Increase in cash surrender value of life insurance policies	9,859
Total investment income	<u>170,080</u>
Employer contributions	<u>3,880,891</u>
Total additions	<u>4,050,971</u>
Deductions:	
Benefits paid to participants	35,297,862
Administrative expenses	212,085
Total deductions	<u>35,509,947</u>
Net decrease	(31,458,976)
Net assets available for benefits:	
Beginning	<u>45,215,426</u>
Ending	<u><u>\$ 13,756,450</u></u>

See notes to financial statements.

**E&H Family Group, Inc.
Employees' Pension Plan and Trust**

Notes to Financial Statements

Note 1. Description of Plan

The following description of E&H Family Group, Inc. Employees' Pension Plan and Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General: The Plan is a defined benefit plan which covered substantially all hourly and salaried employees of E&H Family Group, Inc. and Subsidiaries (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, the Highway and Transportation Funding Act of 2014 (HFTA), the Moving Ahead for Progress in the 21st Century Act (MAP-21), the 2012 Pension Relief Act, the Worker, Retiree and Employer Recovery Act of 2008, and the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010. Effective December 31, 2006, the Plan was frozen with respect to earnings accruing for benefit purposes and closed to new participants.

Payment of benefits: Participants may choose optional forms of benefit payments, which consist of life only settlement, five year certain and continuous, ten year certain and continuous, 50% joint and survivor settlement or 100% joint and survivor settlement. A full lump sum payment will be made only if the terminated participant has an account balance of \$5,000 or less. Partial lump sum payments will be made in the year benefit payments begin in the case of participants with account balances from prior to 1991. Under the straight life annuity, the participant receives a normal payment for life as calculated under the Plan's benefit formulas. Under the five year certain and continuous option and ten year certain and continuous option, the participant receives a reduced benefit for the rest of the participant's life, but the benefit payments are guaranteed for a minimum of five and ten years, respectively. Under the 50% joint and survivor settlement option, the participant receives reduced benefits during his or her lifetime with 50% of that amount being continued to his or her beneficiary after the participant's death for the remainder of his or her lifetime. Under the 100% joint and survivor settlement option, the participant receives a reduced benefit during his or her lifetime. After the participant's death, the beneficiary receives the same amount of reduced benefit for the remainder of his or her lifetime.

The Plan permits early retirement at age 55, with five years of service, for all participants; however, accrued benefits are reduced by 1/3 of 1% for each retired month between age 55 and 60 and 1/2 of 1% for each retired month between age 60 and normal retirement (age 65). For a salaried employee with less than five years of service at retirement, the reduction is 5/9 of 1% per month.

The Plan provides disability retirement for all participants. If a participant becomes totally and permanently disabled, the participant will be eligible for a deferred vested benefit at the date of disability. Distribution of the benefit cannot begin until the participant's normal retirement date, unless the participant is otherwise eligible for early retirement. The disability benefit for salaried employees is calculated in the same way as a normal retirement benefit based on credited service and the terms of the Plan at the time the participant became disabled. For hourly employees, the accrued benefit is payable at date of disability and is a minimum of \$90.00 per month.

Participants are automatically covered by a pre-retirement survivor benefit if they die after becoming eligible for a benefit under the Plan and have a spouse to whom they have been married at least one year prior to receiving benefits from the Plan. The benefit paid to the surviving spouse is the surviving spouse's portion of the 50% joint and survivor benefit.

Vesting: An employee becomes fully vested in all pension benefits earned prior to termination. This is based upon a five year cliff vesting schedule (20% per year) for hourly employees and seven year graded vesting schedule for salaried employees. Salaried employees become 20% vested in their pension benefits upon the completion of three years of credited service and vesting percentages gradually increase by increments of 20% per year for each year of service thereafter. Due to the termination of the Plan (Note 6), all participants became 100% vested as of the effective date of termination (January 31, 2016).

**E&H Family Group, Inc.
Employees' Pension Plan and Trust**

Notes to Financial Statements

Note 1. Description of Plan (Continued)

Administrative expenses: Administrative expenses are paid by the Plan unless the Company elects to pay the amounts.

Note 2. Significant Accounting Policies

Basis of accounting: Due to the decision to terminate the Plan during the year ending December 31, 2015 (Note 6) and management's determination that liquidation is imminent and unlikely to be blocked by regulators, the accompanying financial statements as of December 31, 2016 and 2015 and for the year ending December 31, 2016 have been prepared using the liquidation basis of accounting.

Use of estimates: The preparation of financial statements in conformity with the liquidation basis of accounting requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits.

Investment valuation and income recognition: Investments on the Statements of Net Assets Available for Benefits as of December 31, 2016 and 2015 (in liquidation) are reported at liquidation value. For these investments, fair value approximates the amount the Plan expects to collect at liquidation. Fair value is the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Interest and dividends were recorded on the liquidation basis, including amounts expected to be earned through final liquidation.

Purchases and sales of investments were recorded on a trade-date basis, and net depreciation includes the Plan's gains and losses for investments bought and sold as well as held during the year.

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

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

Funding policy: At any time during the accounting period or at any other time permitted under the applicable sections of the Internal Revenue Code, the employer shall contribute to the Plan, in cash, the amount actuarially determined to be necessary to fund all of the retirement benefits provided by the Plan and to satisfy the minimum funding requirement, utilizing a reasonable and consistent method of funding.

**E&H Family Group, Inc.
Employees' Pension Plan and Trust**

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those future periodic payments, including lump sum distributions, for plan benefits that have accrued on the basis of each participant's earnings and service history as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits payable under all circumstances (i.e., retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Benefit payments: Benefit payments to participants or beneficiaries are recorded upon distribution.

Subsequent events: The Plan Administrator has evaluated events for potential recognition and/or disclosure through October 13, 2017, the date the financial statements were available to be issued.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

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

Due to the resolution to terminate the Plan adopted during the year ending December 31, 2015 (Note 6) and management's determination that liquidation is imminent as of December 31, 2015, the actuary calculated the actuarial present value of accumulated plan benefits using an end of year benefit information date, under a liquidation assumption at December 31, 2016 and 2015. The actuarial valuation is prepared as of January 1, 2017 and 2016 (presented as of December 31, 2016 and 2015), the most recent benefit information date. There were no significant Plan amendments or demographic differences between the presentations as of December 31, 2016 and 2015 and the respective actuarial valuation dates as of January 1, 2017 and 2016 that would have significantly changed the valuations.

The significant actuarial assumptions used in the valuation as of December 31, 2016, under a liquidation assumption due to the Plan termination (Note 6), were (a) life expectancy of the participants (2016 IRC Section 417(e)(3) Applicable Mortality Table for lump sums; RP-2014 Employee and Healthy Annuity Mortality Tables, Scale MP-2016, for annuities); (b) benefit commencement age and withdrawal rates (assumed 100% of participants not in pay status will commence in 2017 and probability of withdrawal in 2017 is 100%); and (c) investment return (IRC Section 417(e) Applicable Interest Rates for November 2015 for lump sums; annuity purchase rates most recently published by Dietrich & Associates for the week of December 12, 2016 for annuities). The estimated actuarial present value of accumulated Plan benefits as of December 31, 2016 differs from the net assets available for benefits recorded on a liquidation basis as of December 31, 2016 primarily due to a difference between the estimated investment return used in the valuation and the amount of accrued investment income recorded in liquidation on the statement of net assets available for benefits.

The significant actuarial assumptions used in the valuation as of December 31, 2015, under a liquidation assumption due to the Plan termination (Note 6), were (a) life expectancy of the participants (2016 IRC Section 417(e)(3) Applicable Mortality Table for lump sums; RP-2014 Employee and Healthy Annuity Mortality Tables, Scale MP-2015, for annuities); (b) benefit commencement age and withdrawal rates (assumed 100% of participants not in pay status will commence in 2016 and probability of withdrawal in 2016 is 100%); and (c) investment return (IRC Section 417(e) Applicable Interest Rates for November 2015 for lump sums; annuity purchase rates most recently published by Dietrich & Associates during May 2016 for annuities).

**E&H Family Group, Inc.
Employees' Pension Plan and Trust**

Notes to Financial Statements

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

The actuarial present value of accumulated Plan benefits as of December 31, 2016 and 2015 (in liquidation) is as follows:

	2016	2015
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	\$ 9,575,430	\$ 19,784,540
Other participants	4,304,730	25,430,886
Total actuarial present value of accumulated plan benefits	\$ 13,880,160	\$ 45,215,426

A reconciliation of the actuarial present value of accumulated Plan benefits as of December 31, 2015 (in liquidation) to the actuarial present value of accumulated Plan benefits as of December 31, 2016 (in liquidation) for the Plan follows:

Actuarial present value of accumulated plan benefits, December 31, 2015	\$ 45,215,426
Increase (decrease) during the period attributable to:	
Decrease in the discount period (interest cost)	701,560
Benefits paid	(35,297,862)
Actuarial assumption changes	1,408,532
Other actuarial gains and losses	1,852,504
Net decrease	(31,335,266)
Actuarial present value of accumulated plan benefits, December 31, 2016	\$ 13,880,160

Note 4. Information Certified and Provided by BMO Harris Bank, N.A.

The following is a summary of the Plan's asset information as of December 31, 2016 and 2015 and for the year ended December 31, 2016, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets.

	2016	2015
Investments, at fair value:		
Registered investment companies	\$ 7,736,405	\$ 26,670,212
Cash surrender value of life insurance policies	281,169	271,310
	\$ 8,017,574	\$ 26,941,522

**E&H Family Group, Inc.
Employees' Pension Plan and Trust**

Notes to Financial Statements

Note 4. Information Certified and Provided by BMO Harris Bank, N.A. (Continued)

The trustee also certified to the completeness and accuracy of the following for the year ended December 31, 2016:

Interest and dividends	<u>\$ 578,889</u>
Net depreciation in fair value of investments	<u>\$ (418,668)</u>
Increase in cash surrender value of life insurance policies	<u>\$ 9,859</u>

Note 5. Fair Value Measurements

Accounting standards established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under accounting standards are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Registered investment companies: Valued at the quoted market value of shares held by the Plan at year end.

Cash surrender value of life insurance policies: Valued at amortized cost, which approximates fair value.

**E&H Family Group, Inc.
Employees' Pension Plan and Trust**

Notes to Financial Statements

Note 5. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value as of December 31:

	2016			
	Level 1	Level 2	Level 3	Total
Investments, at fair value				
Registered investment companies	\$ 7,736,405	\$ -	\$ -	\$ 7,736,405
Cash surrender value of life insurance policies	-	-	281,169	281,169
Total assets at fair value	\$ 7,736,405	\$ -	\$ 281,169	\$ 8,017,574

	2015			
	Level 1	Level 2	Level 3	Total
Investments, at fair value				
Registered investment companies	\$ 26,670,212	\$ -	\$ -	\$ 26,670,212
Cash surrender value of life insurance policies	-	-	271,310	271,310
Total assets at fair value	\$ 26,670,212	\$ -	\$ 271,310	\$ 26,941,522

The following table sets forth a summary of changes in the fair value of the cash surrender value of life insurance policies, a Level 3 asset, for the year ended December 31, 2016:

Balance, December 31, 2015	\$ 271,310
Increase in cash surrender values	9,859
Balance, December 31, 2016	\$ 281,169

Note 6. Plan Termination and Subsequent Events

In December 2015, the Board of Directors of the Plan Sponsor approved a motion to terminate the Plan effective January 31, 2016. As of the date of resolution, Plan management determined that liquidation was imminent and, therefore, the Plan's basis of accounting was changed from the ongoing - modified cash basis of accounting to the liquidation basis used in presenting the 2016 and 2015 financial statements.

Subsequently, a Notice to Interested Parties advising that an application for Plan termination was to be filed was distributed to Plan participants. In December 2015 the application for approval of the Plan's termination was filed with the IRS. Although the Plan had not yet received final approval from regulatory agencies, management determined that liquidation was imminent, and unlikely to be blocked by regulators, upon the decision to terminate in 2015. A favorable determination from the IRS as it relates to the Plan termination was received on September 28, 2016.

As a result of the termination of the Plan, rights of participants under the Plan to their accrued benefits, to the extent funded, became vested and nonforfeitable. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) upon Plan termination. 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. Form 500 was filed with the PBGC on July 29, 2016 and the acknowledgement letter was received on August 8, 2016. Benefit election forms were sent to participants in October 2016. An extension to complete the distribution process was requested by the Plan Sponsor and granted by the PBGC in January 2017. A second extension was requested by the Plan Sponsor in April 2017, but a response was not received by the PBGC. The Plan Sponsor believes it obtained all necessary extensions with the PBGC to carry out the Plan termination in accordance with applicable regulations.

**E&H Family Group, Inc.
Employees' Pension Plan and Trust**

Notes to Financial Statements

Note 6. Plan Termination and Subsequent Events (Continued)

As of December 31, 2016, the Plan was underfunded by approximately \$5.7 million. However, the Plan Sponsor subsequently contributed the \$5.7 million to fully fund remaining accrued benefits in April and September 2017, and this amount has been recorded as employer contributions receivable on the statement of net assets available for benefits as of December 31, 2016. In April 2017, a group annuity contract was purchased with Mutual of Omaha in the amount of approximately \$12.6 million to settle the remaining obligations. The contract had an effective date of April 18, 2017 and the related funds transferred on April 19, 2017, with annuity payments to start May 1, 2017. On October 2, 2017, the trustee made the final distribution of accrued benefits from the Plan. As of the date of these financial statements, there remains an insignificant amount of residual interest income in the Plan. The trustee will liquidate these remaining assets held in the Plan and allocate the net balance after all expenses have been paid in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

Note 7. Tax Status

The Internal Revenue Service has determined and informed the Plan by letter dated October 23, 2013, that the Plan and related trust is designed in accordance with applicable sections of the Internal Revenue Code (IRC). An application for a final determination letter was filed in December 2015 due to the Plan termination, for which a favorable determination was made by the IRS on September 28, 2016. The Plan Sponsor and the Plan Administrator believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and the Plan and related trust are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 8. Party-In-Interest Transactions

Certain Plan investments are managed by BMO Harris Bank, N.A., the trustee of the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan to BMO Harris Bank, N.A., its affiliates and other parties-in-interest for recordkeeping and investment management services, actuarial services and investment management services that were expensed during the year ended December 31, 2016 totaled \$85,781. In addition, during the year ended December 31, 2016, the Company provided certain accounting, record keeping and administrative services to the Plan for which it received no compensation.

Note 9. Reconciliation of Financial Statements to 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	2016	2015
Net assets available for benefits per the financial statements	\$ 13,756,450	\$ 45,215,426
Employer contribution receivable	(5,728,985)	(1,848,094)
Accrued investment income	(41,818)	(20,045)
Accrued expenses	31,927	43,054
Net assets available for benefits per the Form 5500	\$ 8,017,574	\$ 43,390,341

**E&H Family Group, Inc.
Employees' Pension Plan and Trust**

Notes to Financial Statements

Note 9. Reconciliation of Financial Statements to 5500 (Continued)

The following is a reconciliation of the total decrease in net assets per the financial statements to the total decrease in net assets per the Form 5500 for the year ended December 31, 2016:

Total decrease in net assets per financial statements	\$ (31,458,976)
Change in accrued investment income	(21,773)
Change in employer contribution receivable	(3,880,891)
Change in accrued expenses	(11,127)
Total decrease in net assets per the Form 5500	<u><u>\$ (35,372,767)</u></u>

Supplemental Schedules

E&H Family Group, Inc.
Employees' Pension Plan and Trust

Employer No. 34-0677847

Plan No. 001

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2016 (in Liquidation)

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Current Value
		Registered investment companies:	
	Calvert	Calvert Short Duration Income Fund	\$ 685,422
*	BMO Harris Bank, N.A.	BMO Prime Money Market Fund	328,939
	DFA	DFA Short Term Government Portfolio Fund	825,542
	JP Morgan	JPMorgan Limited Duration Bond Fund	201,682
	Massmutual	Massmutual Premier Short-Duration Bond Fund Class I	687,695
	Metropolitan	Metropolitan West Low Duration Bond Fund Class I	381,947
	Natixis Loomis Sayles	Natixis Loomis Sayles Limited Term Government & Agency Fund	828,623
	Prudential	Prudential Short-Term Corporate Bond Fund	682,567
	Putnam	Putnam Short Duration Income Fund Class Y	1,529,445
	Thornburg	Thornburg Limited Term U.S. Government Fund Class I	827,609
	Vanguard	Vanguard Short-Term Corporate Bond Index Fund	756,934
			<u>7,736,405</u>
	Northwestern Mutual Life Insurance Companies	Cash surrender value of life insurance policies	<u>281,169</u>
			<u>\$ 8,017,574</u>

* Represents a party-in-interest.

The above information has been certified by BMO Harris Bank, N.A., the trustee of the Plan, as complete and accurate.
Column (d) Cost has been omitted as it is not required under ERISA.

**E&H Family Group, Inc.
Employees' Pension Plan and Trust**

Employer No. 34-0677847

Plan No. 001

**Schedule H, Line 4(j) - Schedule of Reportable Transactions
Year Ended December 31, 2016 (in Liquidation)**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Assets	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Gain or (Loss)
Category (iii) - Series of transactions in excess of 5 percent of plan net assets:						
Calvert Short Duration Income Fund	Registered investment company					
	Purchases	\$ 2,983,722	\$ -	\$ 2,983,722	\$ 2,983,722	\$ -
	Sales	-	2,308,518	2,289,866	2,308,518	18,652
DFA Short Term Government Portfolio Fund	Registered investment company					
	Purchases	4,700,166	-	4,700,166	4,700,166	-
	Sales	-	3,848,503	3,862,240	3,848,503	(13,737)
American Europacific Growth Fund	Registered investment company					
	Sales	-	1,776,077	2,018,207	1,776,077	(242,130)
Oakmark International Fund	Registered investment company					
	Sales	-	1,707,540	2,260,274	1,707,540	(552,734)
JP Morgan Limited Duration Bond Fund	Registered investment company					
	Purchases	1,838,099	-	1,838,099	1,838,099	-
	Sales	-	1,838,554	1,832,972	1,838,554	5,582
Natixis Loomis Sayles Limited Term Government & Agency Fund	Registered investment company					
	Purchases	4,736,522	-	4,736,522	4,736,522	-
	Sales	-	3,867,450	3,896,151	3,867,450	(28,701)
Lord Abbett Short Duration Income Fund	Registered investment company					
	Purchases	818,419	-	818,419	818,419	-
	Sales	-	818,419	818,419	818,419	-
Massmutual Premier Short-Duration Bond Fund Class I	Registered investment company					
	Purchases	3,215,769	-	3,215,769	3,215,769	-
	Sales	-	2,554,289	2,513,659	2,554,289	40,630
Metropolitan West Low Duration Bond Fund Class I	Registered investment company					
	Purchases	1,474,377	-	1,474,377	1,474,377	-
	Sales	-	1,284,544	1,287,436	1,284,544	(2,892)
JP Morgan Growth Advantage Fund R5	Registered investment company					
	Purchases	1,005,373	-	1,005,373	1,005,373	-
	Sales	-	1,392,444	1,191,487	1,392,444	200,957

(Continued)

**E&H Family Group, Inc.
Employees' Pension Plan and Trust**

Employer No. 34-0677847

Plan No. 001

Schedule H, Line 4(j) - Schedule of Reportable Transactions (Continued)

Year Ended December 31, 2016 (in Liquidation)

(a)	(b)	(c)	(d)	(g)	(h) Current Value of Assets on Transaction Date	(i) Gain or (Loss)
Identity of Party	Description of Assets	Purchase Price	Selling Price	Cost of Assets		
T Rowe Price Growth Stock Fund	Registered investment company					
	Purchases	998,400	-	998,400	998,400	-
	Sales	-	1,381,547	1,179,267	1,381,547	202,280
Prudential Short-Term Corporate Bond Fund	Registered investment company					
	Purchases	2,998,355	-	2,998,355	2,998,355	-
	Sales	-	2,295,578	2,304,202	2,295,578	(8,624)
Putnam Short Duration Income Fund Class Y	Registered investment company					
	Purchases	6,667,814	-	6,667,814	6,667,814	-
	Sales	-	5,153,947	5,141,282	5,153,947	12,665
Thornburg Limited Term U.S. Government Fund Class I	Registered investment company					
	Purchases	4,733,348	-	4,733,348	4,733,348	-
	Sales	-	3,860,416	3,891,959	3,860,416	(31,543)
Vanguard Dividend Growth Fund	Registered investment company					
	Purchases	2,946,343	-	2,946,343	2,946,343	-
	Sales	-	3,567,287	3,172,495	3,567,287	394,792
Vanguard Short-Term Corporate Bond Index Fund	Registered investment company					
	Purchases	3,319,852	-	3,319,852	3,319,852	-
	Sales	-	2,547,485	2,549,731	2,547,485	(2,246)
Vanguard Value Index Fund	Registered investment company					
	Purchases	2,563,032	-	2,563,032	2,563,032	-
	Sales	-	3,707,292	3,266,345	3,707,292	440,947
BMO Prime Money Market Fund	Registered investment company					
	Purchases	31,676,644	-	31,676,644	31,676,644	-
	Sales	-	32,021,154	32,021,154	32,021,154	-
BMO Government Money Market Fund	Registered investment company					
	Purchases	41,483,622	-	41,483,622	41,483,622	-
	Sales	-	41,154,683	41,154,683	41,154,683	-

There were no category (i), (ii) or (iv) transactions during the year ended December 31, 2016.

SCHEDULE SB ATTACHMENT

Line 26 - Schedule of Active Participant Data

Plan Name: E&H Family Group, Inc. Employees' Pension Plan and Trust

EIN/PN: 34-0677847/001

Valuation Date: January 1, 2016

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

	Years of Credited Service														
Att. Age:	Under					5 to	10 to	15 to	20 to	25 to	30 to	35 to	40 &		
	1	1	2	3	4	9	14	19	24	29	34	39	Up	Total	
Under	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
25 to	-	-	-	-	-	-	3	-	-	-	-	-	-	3	
29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
30 to	-	-	-	-	-	-	24	13	-	-	-	-	-	37	
34	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
35 to	-	-	-	-	-	-	3	29	6	-	-	-	-	38	
39	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
40 to	-	-	-	-	-	-	7	13	25	18	-	-	-	63	
44	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
45 to	-	-	-	-	-	-	5	20	15	26	13	-	-	79	
49	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
50 to	-	-	-	-	-	-	20	24	14	29	21	16	-	124	
54	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
55 to	-	-	-	-	-	-	17	26	22	32	10	35	14	156	
59	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
60 to	-	-	-	-	-	-	26	22	14	18	7	14	26	127	
64	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
65 to	-	-	-	-	-	-	10	5	7	5	2	4	5	38	
69	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
70 &	-	-	-	-	-	-	9	6	3	1	-	1	-	20	
Up	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	-	-	-	-	-	-	124	158	106	129	53	70	45	685	
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

ACTUARIAL ASSUMPTIONS

Funding Discount Rates

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

24-Month Segment Rates		
	Unadjusted	Limited to 25 Year Corridor
Segment I:	1.34%	4.43%
Segment II:	4.03%	5.91%
Segment III:	5.06%	6.65%

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

The Effective Interest Rate (EIR) for the 2016 Plan Year was 6.10%. For the prior Plan year, the EIR was 6.35%.

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

PBGC Variable Premium Discount Rates

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

	<u>General Rule</u> (month prior to valuation)	<u>Alternative Rule</u> (Unadjusted funding rates)
Segment I:	1.82%	1.34%
Segment II:	4.12%	4.03%
Segment III:	5.01%	5.06%

Healthy Participant Mortality

IRS Section 1.430(h)(3)-1 prescribed separate static annuitant and non-annuitant mortality tables for the current Plan Year. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year.

ACTUARIAL ASSUMPTIONS

Disabled Participant Mortality

Same as healthy participants.

ASC 960 Assumptions

Discount Rate - IRC Section 417(e) Applicable Interest Rates in effect for November, 2015. These rates are (Seg I = 1.76%, Seg II - 4.15%, and Seg III = 5.13%)

Mortality - IRC Section 417(e)(3) Applicable Mortality Table for 2016.

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

Expected Return on Assets

The expected return on assets (EROA) used in the calculation of the Actuarial Value of Assets (AVA) is the lesser of a) or b), below:

a) The assumed long-term rate of return on assets chosen by the plan sponsor based on actual trust allocations; or

b) The third segment rate in the IRS-Prescribed Three-Segment Rates chosen by the plan sponsor for minimum funding purposes.

The results are as follows:

<u>Plan Year</u>	<u>(a)</u>	<u>(b)</u>	<u>EROA</u>
2015	7.00%	6.81%	6.81%
2014	7.50%	6.99%	6.99%

Expenses

Administrative expenses were assumed to equal actual expenses in the prior year. Under this assumption, expenses of \$619,351 were included in the Normal Cost.

Salary Scale

None. Plan accruals are Frozen.

Taxable Wage Base Increases

None.

Inflation

None.

ACTUARIAL ASSUMPTIONS

Withdrawal Rates

Rates are based on age. Below is a table of representative rates.

Age	Hourly Rates	Salaried Rates
20	5.30%	4.90%
25	5.30%	4.90%
30	4.90%	3.60%
35	4.50%	2.40%
40	3.80%	1.10%
45	3.20%	0.30%
50	1.80%	0.00%
55	0.30%	0.00%
60	0.20%	0.00%

Disability Incidence

None assumed.

Retirement Rates

Rates are based on age. Below is a table of representative rates.

Age	Rates
55	1.00%
56	1.00%
57	1.00%
58	2.00%
59	2.00%
60	3.00%
61	5.00%
62	5.00%
63	5.00%
64	5.00%
65	100.00%

Spousal Assumptions

85% of males and 50% of females are assumed to be married. Female spouses are assumed to be 3 years younger than their male spouse.

Benefit Commencement Age

Active retirements - Based on Retirement Rates
Current deferred vested - Age 65
Future deaths - Age 65
Future deferred vested - Age 65
Future disabilities - N/A

ACTUARIAL ASSUMPTIONS

Form of Payment

Active retirements - Single Life Annuity
Current deferred vested - Single Life Annuity
Future deaths - 50% Joint & Survivor Annuity
Future deferred vested - Single Life Annuity
Future disabilities - N/A

Changes in non-required assumptions since the prior valuation

For ASC 960 purposes:
The Discount Rate was updated from 7.00% to the IRC Section 417(e) Applicable Interest Rates in effect for November, 2015. These rates are 1.76%, 4.15%, and 5.13%.

The mortality tables were updated from the RP-2000 Mortality Tables projected to 2015, to the IRC Section 417(e)(3) Applicable Mortality Table for 2016.

These assumptions were updated to coincide with the plan termination to reflect a liability more reflective of current settlement costs.

ACTUARIAL METHODS

Minimum Funding Cost Method

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

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

Maximum deductible contribution method

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

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

ACTUARIAL METHODS

Asset Method

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

The Actuarial Value of Assets is determined by averaging the market value of assets, plus discounted receivable contributions, over the current and prior two years using three annual determination dates, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The resulting value is held to a minimum of 90% and a maximum of 110% of the fair market value. This method is in accordance with IRS Notice 2009-22.

Participant Methods

Census data was provided by the Plan Sponsor as of January 01, 2016. We have reviewed the data for consistency and have no reason to doubt its substantial accuracy.

Changes in methods since the prior valuation

None.

**E&H Family Group, Inc.
Employees' Pension Plan and Trust**

Employer No. 34-0677847

Plan No. 001

**Schedule H, Line 4(j) - Schedule of Reportable Transactions
Year Ended December 31, 2016 (in Liquidation)**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Assets	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Gain or (Loss)
Category (iii) - Series of transactions in excess of 5 percent of plan net assets:						
Calvert Short Duration Income Fund	Registered investment company					
	Purchases	\$ 2,983,722	\$ -	\$ 2,983,722	\$ 2,983,722	\$ -
	Sales	-	2,308,518	2,289,866	2,308,518	18,652
DFA Short Term Government Portfolio Fund	Registered investment company					
	Purchases	4,700,166	-	4,700,166	4,700,166	-
	Sales	-	3,848,503	3,862,240	3,848,503	(13,737)
American Europacific Growth Fund	Registered investment company					
	Sales	-	1,776,077	2,018,207	1,776,077	(242,130)
Oakmark International Fund	Registered investment company					
	Sales	-	1,707,540	2,260,274	1,707,540	(552,734)
JP Morgan Limited Duration Bond Fund	Registered investment company					
	Purchases	1,838,099	-	1,838,099	1,838,099	-
	Sales	-	1,838,554	1,832,972	1,838,554	5,582
Natixis Loomis Sayles Limited Term Government & Agency Fund	Registered investment company					
	Purchases	4,736,522	-	4,736,522	4,736,522	-
	Sales	-	3,867,450	3,896,151	3,867,450	(28,701)
Lord Abbett Short Duration Income Fund	Registered investment company					
	Purchases	818,419	-	818,419	818,419	-
	Sales	-	818,419	818,419	818,419	-
Massmutual Premier Short-Duration Bond Fund Class I	Registered investment company					
	Purchases	3,215,769	-	3,215,769	3,215,769	-
	Sales	-	2,554,289	2,513,659	2,554,289	40,630
Metropolitan West Low Duration Bond Fund Class I	Registered investment company					
	Purchases	1,474,377	-	1,474,377	1,474,377	-
	Sales	-	1,284,544	1,287,436	1,284,544	(2,892)
JP Morgan Growth Advantage Fund R5	Registered investment company					
	Purchases	1,005,373	-	1,005,373	1,005,373	-
	Sales	-	1,392,444	1,191,487	1,392,444	200,957

(Continued)

**E&H Family Group, Inc.
Employees' Pension Plan and Trust**

Employer No. 34-0677847

Plan No. 001

Schedule H, Line 4(j) - Schedule of Reportable Transactions (Continued)

Year Ended December 31, 2016 (in Liquidation)

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Assets	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Gain or (Loss)
T Rowe Price Growth Stock Fund	Registered investment company					
	Purchases	998,400	-	998,400	998,400	-
	Sales	-	1,381,547	1,179,267	1,381,547	202,280
Prudential Short-Term Corporate Bond Fund	Registered investment company					
	Purchases	2,998,355	-	2,998,355	2,998,355	-
	Sales	-	2,295,578	2,304,202	2,295,578	(8,624)
Putnam Short Duration Income Fund Class Y	Registered investment company					
	Purchases	6,667,814	-	6,667,814	6,667,814	-
	Sales	-	5,153,947	5,141,282	5,153,947	12,665
Thornburg Limited Term U.S. Government Fund Class I	Registered investment company					
	Purchases	4,733,348	-	4,733,348	4,733,348	-
	Sales	-	3,860,416	3,891,959	3,860,416	(31,543)
Vanguard Dividend Growth Fund	Registered investment company					
	Purchases	2,946,343	-	2,946,343	2,946,343	-
	Sales	-	3,567,287	3,172,495	3,567,287	394,792
Vanguard Short-Term Corporate Bond Index Fund	Registered investment company					
	Purchases	3,319,852	-	3,319,852	3,319,852	-
	Sales	-	2,547,485	2,549,731	2,547,485	(2,246)
Vanguard Value Index Fund	Registered investment company					
	Purchases	2,563,032	-	2,563,032	2,563,032	-
	Sales	-	3,707,292	3,266,345	3,707,292	440,947
BMO Prime Money Market Fund	Registered investment company					
	Purchases	31,676,644	-	31,676,644	31,676,644	-
	Sales	-	32,021,154	32,021,154	32,021,154	-
BMO Government Money Market Fund	Registered investment company					
	Purchases	41,483,622	-	41,483,622	41,483,622	-
	Sales	-	41,154,683	41,154,683	41,154,683	-

There were no category (i), (ii) or (iv) transactions during the year ended December 31, 2016.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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 E & H FAMILY GROUP, INC. EMPLOYEES' PENSION PLAN AND TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF E & H FAMILY GROUP, INC.		D Employer Identification Number (EIN) 34-0677847
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>			
2 Assets:			
a Market value.....	2a	43,336,905	
b Actuarial value.....	2b	45,600,243	
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.....	689	16,795,571	16,795,571
b For terminated vested participants.....	502	4,328,907	4,328,907
c For active participants.....	685	14,563,367	14,714,899
d Total.....	1,876	35,687,845	35,839,377
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	619,351	

Statement by Enrolled Actuary

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

SIGN HERE	SETH PITASKY, EA, MAAA, MSPA <i>SAP</i>	10/13/2017
Signature of actuary		Date
SETH PITASKY, EA, MAAA, MSPA		1707321
Type or print name of actuary		Most recent enrollment number
CBIZ RETIREMENT PLAN SERVICES		216-447-9000
Firm name		Telephone number (including area code)
6050 OAK TREE BLVD SUITE 500 CLEVELAND OH 44131		
Address of the firm		

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

(b) Prefunding balance

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 64
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	619,351	
b Excess assets, if applicable, but not greater than line 31a	31b	619,351	
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	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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

SCHEDULE SB ATTACHMENT

Line 22 - Weighted Average Retirement Age

Plan Name: E&H Family Group, Inc. Employees' Pension Plan and Trust

EIN/PN: 34-0677847/001

Valuation Date: January 1, 2016

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement and then computing the average retirement age for the table, as shown in the following exhibit:

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement percent	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
55	0.01	1,000	10	550
56	0.01	990	10	560
57	0.01	980	10	570
58	0.02	970	19	1,102
59	0.02	951	19	1,121
60	0.03	932	28	1,680
61	0.05	904	45	2,745
62	0.05	859	43	2,666
63	0.05	816	41	2,583
64	0.05	775	39	2,496
65	1.00	736	736	47,840
Total			1,000	63,913
Average				63.91

SUMMARY of PLAN BENEFITS

The following is a summary of what we understand to be the most relevant plan provisions for purposes of actuarial valuations. This summary should not be used for purposes of determining plan benefits.

Plan Sponsor	Prior to January 1, 2012, Buehler Food Markets, Incorporated. Effective January 1, 2012, Buehler Food Markets, Incorporated was reorganized and established into the E&H Family Group, Inc.
Plan Effective Date(s)	The Buehler Food Markets, Incorporated Salaried Employees Pension Plan and Trust ("Salaried Plan") was effective June 30, 1959. The Buehler Food Markets, Incorporated Hourly Employees' Pension Plan and Trust ("Hourly Plan") was effective April 1, 1965. The Salaried Plan and Hourly Plan were merged into the Buehler Food Markets, Incorporated Employees' Pension Plan and Trust, effective December 31, 1990. Effective January 1, 2012, the Buehler Food Markets, Incorporated Employees' Pension Plan and Trust was amended, restated, and renamed the E&H Family Group, Inc. Employees' Pension Plan and Trust ("Plan").
Plan Year	January 1 through December 31
Status of the Plan	The Plan was frozen for all purposes effective January 1, 2007.
Eligibility Requirements	Upon attainment of age twenty years and six months; and At least 500 Hours of Service during the last six consecutive months following the date of hire through the December 31 coincident with or next following the sixth month anniversary from the date of hire; <i>or</i> At least 1,000 Hours of Service during the twelve consecutive months following the date of hire. No new entrants after December 31, 2006.
Service prior to 1991	Based on provisions in effect at that time for the Salaried Plan and Hourly Plan.

SUMMARY of PLAN BENEFITS

Years of Service on and after January 1, 1991

Hourly – The number of plan years during which 1,000 hours are credited.

Salaried – The total period of employment computed in years and whole months, during the period starting on the later of the date of hire or January 1, 1991 and ending on date of severance. No service is granted for maternity or paternity absence between the first and second year of service.

Credited Service on and after January 1, 1991

Hourly – Credited Service for each Plan Year is given based on the following schedule:

Less than 1,000 Hours – 0 Years
1,000 to 1,559 Hours – 0.640 Years
1,560 Hours or More – 1.000 Years

Salaried – Same as Years of Service but excluding non-employer affiliated service and periods of severance of one year or more. Not to exceed 30 years.

No further service is granted after December 31, 2006.

Accrued Benefit

Hourly:

The minimum of \$480 and the sum of (i) and (ii), below:

- (i) \$14 x Credited Service as of December 31, 1990;
- (ii) \$16 x Credited Service after December 31, 1990.

Salaried:

The greater of (i) or (ii), below:

- (i) 0.5% x monthly compensation as of June 30, 1970 x Credited Service as of June 30, 1970 *plus* 1.0% x Average Monthly Compensation x Credited Service after June 30, 1970;
- (ii) \$3 x Credited Service as of June 30, 1970 *plus* \$6 x Credited Service after June 30, 1970.

No further accruals are granted after December 31, 2006.

SUMMARY of PLAN BENEFITS

Vesting

Hourly – 100% vesting upon earning 5 Years of Service.

Salaried – Vesting according to the schedule below:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 3	0%
3 but less than 4	20%
4 but less than 5	40%
5 but less than 6	60%
6 but less than 7	80%
7 or more	100%

Compensation

Hourly – N/A

Salaried – Compensation paid during the employer's fiscal year, excluding bonuses, incentive compensation and other benefits paid under any tax-qualified plan of the employer's, but including compensation excluded from W-2 income because of salary reduction agreements associated with a plan described in Sections 125 or 401(k) of the Code.

For fiscal years on and after January 1, 2001, compensation includes elective amounts that are not including in the gross income of the employee by reason of code section 132(f)(4).

Effective January 1, 2009, compensation shall include differential wage payments as set forth in Section 11.14(c) of the Plan.

In no event shall pensionable earnings exceed the limitation specified in Section 401(a)(17) of the Internal Revenue Code.

Average Compensation

Hourly – N/A

Salaried - $1/60^{\text{th}}$ of the aggregate Compensation of a Participant during the five consecutive calendar years which produce the greatest aggregate Compensation out of the ten whole calendar years preceding the Participants retirement or termination of service.

Compensation is not included after December 31, 2006.

Normal Retirement Age

The later of attainment of age 65 or the fifth anniversary of plan participation.

Normal Retirement Date

The first day of the calendar month coinciding with or preceding the later of the date on which a Participant attains age 65 or the 5th anniversary of plan participation.

SUMMARY of PLAN BENEFITS

Early Retirement

Eligibility:

Hourly employees: Age 55 and 5 Years of Service.

Salaried employees: Age 55 and 5 Years of Service, or age 60 for participants as of December 31, 1990.

Benefit:

The accrued benefit reduced by 1/3 of 1% for each month that commencement precedes age 60, and by 1/2 of 1% for each month precedes the Normal Retirement Date.

For Salaried employees with less than 5 years of service, the accrued benefit reduced by 5/9 of 1% for each month that commencement precedes the Normal Retirement Date.

Disability Retirement

Eligibility: Deemed terminated due to Total and Permanent Disability as determined by the Plan Sponsor and vested percentage as applicable on the date of disability.

Benefit: The Accrued Benefit earned as of a participant's date of disability payable upon Normal Retirement, or Early Retirement (if eligible) reduced in accordance with the Early Retirement Benefit reductions.

Pre-Retirement Death

Eligibility: Upon earning 5 Years of Service.

Benefit: The spouse is eligible for 50% of the benefit that would have been payable, if the Participant had live to Early Retirement Eligibility and elected a 50% Qualified Joint and Survivor Annuity. The benefit is payable anytime beginning on the first of the month following the Participant's Early Retirement Age, or the first of the month following the Participant's death, if later.

For Salaried Employees who were not Highly Compensated Employees, the spouse can elect a lump sum equal to the greater of:

- (i) 50 x the Participant's monthly benefit, determined as of the end of the Plan Year immediately preceding the date of death, or
- (ii) 70 times the monthly benefit earned as of January 1, 1982.

Life insurance funds the benefit in excess of \$10,000.

SUMMARY of PLAN BENEFITS

Employee Contributions

Eligibility: Only applicable to Salaried Employees participating prior to January 1, 1991. No employee contributions required after December 31, 1990.

Benefit: The greater of (A) or (B) as follows:

- (A) The employee contributions accumulated from the date of deposit to the date of withdrawal at 5% interest, compounded annually.
- (B) The employee contributions accumulated as follows:
 - (a) First, the employee contributions are accumulated from the date of deposit to December 31, 1987 at 3% per year for years beginning prior to July 1, 1976 and 5% per year for years beginning after July 1, 1976.
 - (b) Second, the employee contributions are accumulated from January 1, 1988 to the date of withdrawal at 120% of the Federal Mid-term Rate.
 - (c) Third, the employee contributions are accumulated from the date of withdrawal to normal retirement age using PBGC interest rates specified in the Plan.
 - (d) Fourth, the amount determined in (c) is converted to a straight life annuity using PBGC interest rates specified in the Plan.
 - (e) Fifth, the amount payable is the present value of the amount determined in (d) using PBGC interest rates specified in the Plan.

Death Benefit: Payable in full upon death of participant.

Normal Form of Payment

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

Optional Forms

Benefits may be elected from:

- 50%, 75% and 100% Joint and Survivor
- Single Life Annuity
- 5-year and 10-year Certain and Life
- Grandfathered Lump Sum (for Salaried Employees participating prior to January 1, 1991) – The actuarial equivalent of the accrued benefit earned as of December 31, 1990

SUMMARY of PLAN BENEFITS

Optional Form Conversion Factors

Optional forms of benefit are calculated as actuarially equivalent to the normal form of payment using the following assumptions:

Lump Sums –

- Interest rate – IRC Section 417(e) Applicable Interest Rates in effect for the second month prior to the first day of the Plan Year in which the distribution occurs.
- Mortality – IRC Section 417 (e)(3) Applicable Mortality Table for the Plan Year in which the distribution occurs.

Annuities –

- Interest rate – 5%.
- Mortality – UP-1984, with the beneficiary's age set back 3 years.

Maximum compensation

Compensation for any 12-month period used to determine accrued benefits may not exceed limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually.

Maximum benefits

Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually.

Changes in Plan Provisions since the prior valuation

The plan was amended on June 1, 2015 to provide a lump sum window for terminated vested participants.

The plan was amended to terminate the plan effective January 31, 2016.

E&H Family Group, Inc.
Employees' Pension Plan and Trust

Employer No. 34-0677847

Plan No. 001

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2016 (in Liquidation)

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Current Value
		Registered investment companies:	
	Calvert	Calvert Short Duration Income Fund	\$ 685,422
*	BMO Harris Bank, N.A.	BMO Prime Money Market Fund	328,939
	DFA	DFA Short Term Government Portfolio Fund	825,542
	JP Morgan	JPMorgan Limited Duration Bond Fund	201,682
	Massmutual	Massmutual Premier Short-Duration Bond Fund Class I	687,695
	Metropolitan	Metropolitan West Low Duration Bond Fund Class I	381,947
	Natixis Loomis Sayles	Natixis Loomis Sayles Limited Term Government & Agency Fund	828,623
	Prudential	Prudential Short-Term Corporate Bond Fund	682,567
	Putnam	Putnam Short Duration Income Fund Class Y	1,529,445
	Thornburg	Thornburg Limited Term U.S. Government Fund Class I	827,609
	Vanguard	Vanguard Short-Term Corporate Bond Index Fund	756,934
			<u>7,736,405</u>
	Northwestern Mutual Life Insurance Companies	Cash surrender value of life insurance policies	<u>281,169</u>
			<u>\$ 8,017,574</u>

* Represents a party-in-interest.

The above information has been certified by BMO Harris Bank, N.A., the trustee of the Plan, as complete and accurate.
Column (d) Cost has been omitted as it is not required under ERISA.