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| <b>Form 5500</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security<br/>Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="font-size: 24pt; font-weight: bold;">2016</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                |                                                                                                                                                                                 |                                           |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                |                                                                                                                                                                                 |                                           |
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u> |                                                                |                                                                                                                                                                                 |                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan                  | <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |                                           |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan     | <input type="checkbox"/> a DFE (specify) _____                                                                                                                                  |                                           |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report               | <input type="checkbox"/> the final return/report                                                                                                                                |                                           |
|                                                                                                          | <input type="checkbox"/> an amended return/report              | <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                  |                                           |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                       |                                                                                                                                                                                 |                                           |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558                  | <input type="checkbox"/> automatic extension                                                                                                                                    | <input type="checkbox"/> the DFVC program |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                                                                                                                 |                                           |

|                                                                                                         |                                                                |                                          |                   |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------|-------------------|
| <b>Part II</b>                                                                                          | <b>Basic Plan Information</b> —enter all requested information |                                          |                   |
| <b>1a</b> Name of plan                                                                                  | <u>VALHALLA HOLDINGS, INC. 401(K)</u>                          | <b>1b</b> Three-digit plan number (PN) ▶ | <u>002</u>        |
|                                                                                                         |                                                                | <b>1c</b> Effective date of plan         | <u>01/01/2013</u> |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)                                 | <b>2b</b> Employer Identification Number (EIN)                 |                                          |                   |
| Mailing address (include room, apt., suite no. and street, or P.O. Box)                                 | <u>26-0430251</u>                                              |                                          |                   |
| City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) | <b>2c</b> Plan Sponsor's telephone number                      |                                          |                   |
| <u>VALHALLA HOLDINGS, INC.</u>                                                                          | <u>614-396-3226</u>                                            |                                          |                   |
| <u>229 HUBER VILLAGE BLVD., SUITE 100</u>                                                               | <b>2d</b> Business code (see instructions)                     |                                          |                   |
| <u>WESTERVILLE, OH 43081</u>                                                                            | <u>531210</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.

|                                                                                                 |                                                   |                   |                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | <u>10/16/2017</u> | <u>JEFFREY WODA</u>                                          |
|                                                                                                 | <b>Signature of plan administrator</b>            | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                   |                   |                                                              |
|                                                                                                 | <b>Signature of employer/plan sponsor</b>         | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                   |                   |                                                              |
|                                                                                                 | <b>Signature of DFE</b>                           | 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                                  |
|                                                                                                 |                                                   |                   |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 266                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 249<br><b>6a(2)</b> 253<br><b>6b</b> 1<br><b>6c</b> 30<br><b>6d</b> 284<br><b>6e</b> 0<br><b>6f</b> 284<br><b>6g</b> 118<br><b>6h</b> 0             |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 3D 2T<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

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

|                                                                                                                 |                                                                                    |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>VALHALLA HOLDINGS, INC. 401(K)</div>                                  | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>VALHALLA HOLDINGS, INC.</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>26-0430251</div> |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

☐ Yes ☒ No
- b

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

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

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**(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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                                                                 |                     |              |
|--------------------|-----------------------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | STEMEN MERTENS STICKLER CPA'S & ASS                             | <b>b</b> EIN:       | 20-5511881   |
| <b>c</b> Position: | ACCOUNTANT                                                      |                     |              |
| <b>d</b> Address:  | 380 SOUTH 5TH STREET<br>AMERICANA SUITE 1<br>COLUMBUS, OH 43215 | <b>e</b> Telephone: | 614-224-0955 |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                                                                                                                   |                                                                                               |     |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br><span style="color: blue;">VALHALLA HOLDINGS, INC. 401(K)</span>                                         | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                    | 002 |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">VALHALLA HOLDINGS, INC.</span> | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">26-0430251</span> |     |

|        |                                                                                                                                                                                  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: EB MAGIC 95 STABLE VALUE FUND

**b** Name of sponsor of entity listed in (a): KEYBANK, NA (EB MAGIC FUND)

|                                                                  |                                                          |                                                                                                                                                       |
|------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <span style="color: blue;">34-6903863-002</span> | <b>d</b> Entity code <span style="color: blue;">C</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">0</span> |
|------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

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

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

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Internal Revenue Service</small><br><small>Department of Labor</small><br><small>Employee Benefits Security Administration</small><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2016 or fiscal plan year beginning <b>01/01/2016</b> and ending <b>12/31/2016</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>VALHALLA HOLDINGS, INC. 401(K)</b>                                           | <b>B</b> Three-digit plan number (PN) ►                            | <b>002</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>VALHALLA HOLDINGS, INC.</b>          | <b>D</b> Employer Identification Number (EIN)<br><b>26-0430251</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 147734                | 50000           |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 14349                 | 0               |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 31317                 | 21852           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 2740414               | 3293053         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 2933814               | 3364905         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 2933814 | 3364905 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 48920      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 287826     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 336746    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 1034       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 1034      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 94164      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 94164     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 5985       |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 5985      |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 104125     |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 104125    |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            |           |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 542054    |

**Expenses**

|                                                                                      |       |        |        |
|--------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                  |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 104329 |        |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) |        |        |
| (3) Other .....                                                                      | 2e(3) |        |        |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                         | 2e(4) |        | 104329 |
| f Corrective distributions (see instructions) .....                                  | 2f    |        |        |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |        | 1556   |
| h Interest expense .....                                                             | 2h    |        |        |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) | 5078   |        |
| (2) Contract administrator fees.....                                                 | 2i(2) |        |        |
| (3) Investment advisory and management fees.....                                     | 2i(3) |        |        |
| (4) Other .....                                                                      | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |        | 5078   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |        | 110963 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 431091 |
| l Transfers of assets:                                   |       |  |        |
| (1) To this plan.....                                    | 2l(1) |  |        |
| (2) From this plan.....                                  | 2l(2) |  |        |

**Part III Accountant's Opinion**

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

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

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

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

☒ Yes ☐ No

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

(1) Name: DAUBY O'CONNOR & ZALESKI, LLC

(2) EIN: 35-1750664

**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   |    | 258979 |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <b>c</b> 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.) .....                                          | <b>4c</b> |     | X  |        |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |        |
| <b>g</b> 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? .....                                                    | <b>4g</b> |     | X  |        |
| <b>h</b> 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? .....                                          | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |        |
| <b>j</b> 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.) ..... | <b>4j</b> | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |        |
| <b>n</b> 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. ....                                      | <b>4n</b> |     |    |        |
| <b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....                           | <b>4o</b> |     |    |        |

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

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

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

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

## Part V Trust Information

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

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

|                                                                                          |                                                             |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>VALHALLA HOLDINGS, INC. 401(K)                                  | <b>B</b> Three-digit plan number (PN) ►<br>002              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>VALHALLA HOLDINGS, INC. | <b>D</b> Employer Identification Number (EIN)<br>26-0430251 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                             |          |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                      | <b>1</b> | 0 |
| <b>2</b> 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):<br><br>EIN(s): 20-3691658 |          |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                            |          |   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> |   |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                                         |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | 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:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</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 .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                      |                          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>18</b> | 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 .....                         | <input type="checkbox"/> |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                 |                          |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: <u>0.0</u> % Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%                                                                                                                                                                                                                                 |                          |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more |                          |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____                                                                                                                                                |                          |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                             |                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? If "No," skip b .....                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>20b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....                                                        | <input type="checkbox"/> Design-based safe harbor <input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A |
| <b>21a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....                                                                            | <input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A                                                         |
| <b>21b</b> 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? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>22a</b> 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   .      |                                                                                                                                                                                   |
| <b>22b</b> 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   /   /   .                                     |                                                                                                                                                                                   |

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**VALHALLA HOLDINGS, INC. 401(K) PLAN**

**FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITOR'S REPORT**

**AS OF DECEMBER 31, 2016 AND 2015  
AND FOR THE YEAR ENDED DECEMEBER 31, 2016**

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## VALHALLA HOLDINGS, INC. 401(K) PLAN

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**Dauby O'Connor & Zaleski, LLC**  
A Limited Liability Company  
Certified Public Accountants

## **INDEPENDENT AUDITOR'S REPORT**

To the Administrative Committee  
Valhalla Holdings, Inc. 401(k) Plan  
Westerville, Ohio

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Valhalla Holdings, Inc. 401(k) Plan, which comprise the statement of net assets available for benefits as of December 31, 2016, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

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

### **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 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 6, which was certified by Capital Bank and Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

### **Disclaimer of Opinion**

Because of the significance of the matters 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 on the 2016 financial statements. Accordingly, we do not express an opinion on the 2016 financial statements referred to in the first paragraph.

### **Other Matter – Supplemental Schedules**

The supplemental schedules listed in the accompanying table of contents as of or for the year ended December 31, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

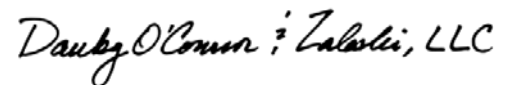
### **Other Matter - 2015 Financial Statements**

The financial statements of the Plan as of December 31, 2015, were audited by predecessor auditors. 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 (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Capital Bank and Trust, the custodian of the Plan. Their report, dated October 12, 2016, indicated that (a) because of the significance of the information they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

### **Report on Form and Content in Compliance with DOL Rules and Regulations 2016**

The form and content of the information included in the 2016 financial statements and supplemental schedules, other than that derived from the information certified by the custodian, 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.

October 12, 2017  
Carmel, Indiana



Dauby O'Connor & Zaleski, LLC  
Certified Public Accountants

**VALHALLA HOLDINGS, INC. 401(K) PLAN****STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2016 AND 2015**

|                                          | <b>ASSETS</b>       |                     |
|------------------------------------------|---------------------|---------------------|
|                                          | <b>2016</b>         | <b>2015</b>         |
| <b>Assets</b>                            |                     |                     |
| <b>Investments</b>                       |                     |                     |
| Mutual funds, at fair value              | <b>\$ 3,293,053</b> | <b>\$ 2,740,414</b> |
| <b>Receivables</b>                       |                     |                     |
| Employer contributions                   | 50,000              | 147,734             |
| Participant contributions                | 23,211              | 14,349              |
| Notes receivable from participants       | 21,852              | 31,317              |
| <b>Total receivables</b>                 | <b>95,063</b>       | <b>193,400</b>      |
| <b>Total assets</b>                      | <b>3,388,116</b>    | <b>2,933,814</b>    |
| <b>Total liabilities</b>                 | <b>-</b>            | <b>-</b>            |
| <b>Net assets available for benefits</b> | <b>\$ 3,388,116</b> | <b>\$ 2,933,814</b> |

**VALHALLA HOLDINGS, INC. 401(K) PLAN****STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEAR ENDED DECEMBER 31, 2016****Additions to net assets attributed to  
investment income (loss)**

|                                                              |    |         |
|--------------------------------------------------------------|----|---------|
| Net appreciation (depreciation) in fair value of investments | \$ | 110,110 |
| Dividends                                                    |    | 94,164  |
| Interest on notes receivable from participants               |    | 1,034   |

|                                     |  |                |
|-------------------------------------|--|----------------|
| <b>Net investment income (loss)</b> |  | <b>205,308</b> |
|-------------------------------------|--|----------------|

**Contributions**

|              |  |         |
|--------------|--|---------|
| Participants |  | 311,037 |
| Employer     |  | 48,920  |

|                            |  |                |
|----------------------------|--|----------------|
| <b>Total contributions</b> |  | <b>359,957</b> |
|----------------------------|--|----------------|

|                        |  |                |
|------------------------|--|----------------|
| <b>Total additions</b> |  | <b>565,265</b> |
|------------------------|--|----------------|

**Deductions from net assets attributed to**

|                               |  |         |
|-------------------------------|--|---------|
| Benefits paid to participants |  | 104,329 |
| Deemed distributions          |  | 1,556   |
| Administrative expenses       |  | 5,078   |

|                         |  |                |
|-------------------------|--|----------------|
| <b>Total deductions</b> |  | <b>110,963</b> |
|-------------------------|--|----------------|

|                                |  |                |
|--------------------------------|--|----------------|
| <b>Net increase (decrease)</b> |  | <b>454,302</b> |
|--------------------------------|--|----------------|

**Net assets available for benefits**

|                          |  |                  |
|--------------------------|--|------------------|
| <b>Beginning of year</b> |  | <b>2,933,814</b> |
|--------------------------|--|------------------|

|                    |           |                  |
|--------------------|-----------|------------------|
| <b>End of year</b> | <b>\$</b> | <b>3,388,116</b> |
|--------------------|-----------|------------------|

## VALHALLA HOLDINGS, INC. 401(K) PLAN

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### NOTES TO FINANCIAL STATEMENTS AS OF DECEMBER 31, 2016 AND 2015 AND FOR THE YEAR ENDED DECEMBER 31, 2016

#### NOTE 1-DESCRIPTION OF PLAN

The following description of the Valhalla Holdings, Inc. 401(K) Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

- A. General. The Plan is a defined contribution plan covering all employees of Valhalla Holdings, Inc. and Valhalla Personnel, Inc. (collectively, the "Companies") that have one year of service (defined as 1,000 hours during that 12-month period) and are age twenty-one or older. As a defined contribution plan, the Plan is subject to some, but not all, of the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan administrator is responsible for the oversight of the Plan. The Plan trustee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's administrator.
- B. Contributions. Each year, participants may contribute up to \$18,000 for 2016 of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants that are at least age 50 or will attain age 50 before the end of the calendar year may elect to defer additional amounts (called "catch-up contributions") to the Plan as of January 1st of that year. The maximum "catch-up contribution" is \$6,000 for 2016. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover). Participants direct the investment of their contribution into various investment options offered by the Plan. All employer contributions are invested in the same percent as the employee contributions.
- C. Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of (a) the Companies contributions and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- D. Vesting. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Companies matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants are vested 20% each year, after the first year, resulting in 100% vested after six years of credited services.
- E. Participant Loans. Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account, whichever is less. Participants may not have any more than one (1) loan outstanding at any given time. The loans are secured by the balance in the participant's account and bear interest at rates that are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through payroll deductions. Loans which are granted and repaid in compliance with the Plan provisions will not be considered distributions to the participant for income tax purposes. For the Plan year ended December 31, 2016, the interest rates ranged from 3.25% to 4.25%. As of December 31, 2016 and 2015, there were six (6) and seven (7) loans outstanding totaling \$21,852 and \$31,317, all respectively.

## **VALHALLA HOLDINGS, INC. 401(K) PLAN**

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### **NOTES TO FINANCIAL STATEMENTS (CONTINUED) AS OF DECEMBER 31, 2016 AND 2015 AND FOR THE YEAR ENDED DECEMBER 31, 2016**

#### **NOTE 1-DESCRIPTION OF PLAN (CONTINUED)**

- F. Payment of Benefits. On termination of service due to death, total and permanent disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or monthly, quarterly, or annual installments over a period no longer than the participant's life expectancy. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Participants may request a withdrawal of all or a portion of their elective contribution account balance if they can demonstrate financial hardship as defined by the Plan. Such amounts will be considered distributions for income tax purposes.
- G. Expenses. Certain expenses of maintaining the Plan are paid directly by the Company and excluded from these financial statements. Fees related to the administration of voluntary distributions to participants are charged directly to the participant's account and are included in administrative expenses. The forfeited non-vested account is used to reduce employer administrative expenses and is included in administrative expenses. In 2016, forfeited non-vested accounts were \$-0-. Investment related expenses are included in net appreciation of fair value of investments.
- H. The Plan Administrator and Plan Sponsor are Valhalla Holdings, Inc. (the "Sponsor"). The Trustees are Jeffrey J. Woda and David Cooper, Jr.
- I. The Plan Custodian is Capital Bank and Trust Company.

#### **NOTE 2-SIGNIFICANT ACCOUNTING POLICIES**

##### **Basis of accounting**

The accompanying financial statements have been prepared on the accrual basis of accounting.

##### **Use of estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

##### **Investment valuation and income recognition**

The Plan offers investments in various pooled separate accounts (mutual funds) maintained by Capital Bank and Trust Company, which are valued and reported at fair value. Fair value is the exchange price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date. (See Note 3) The Plan presents in the Statement of Changes in Net Assets Available for Benefits, the net appreciation (depreciation) in the fair value of its investments which consists of the related gains (losses) and the unrealized appreciation (depreciation) on those investments.

## VALHALLA HOLDINGS, INC. 401(K) PLAN

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### NOTES TO FINANCIAL STATEMENTS (CONTINUED) AS OF DECEMBER 31, 2016 AND 2015 AND FOR THE YEAR ENDED DECEMBER 31, 2016

#### NOTE 2-SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### **Investment valuation and income recognition**

Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Realized gains and losses on investments are recognized upon the sale of the related investments and unrealized appreciation or depreciation is recognized at period end when the carrying values of the related investments are adjusted to their estimated fair market value. Purchases and sales of securities are reflected on a trade-date basis.

Earnings on investment are allocated on a pro rata basis to individual participant accounts based on the type of investment and the ratio of each participant's individual account balance to the aggregate of participant account balances.

##### **Notes receivable from participants**

Notes receivable from participants are stated at the outstanding principal balance of the loan, which approximates fair value. As of December 31, 2016, the Plan does not have an allowance for credit losses, as repayments of principal and interest are generally received through payroll deductions and the notes are collateralized by the participants' account balances.

The Plan is subject to the Loans to Participants topic of the FASB issued Accounting Standards Update 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans (ASU 2010-25)*, which requires loans to participants in an entity's defined contribution plan be classified as notes receivable. These loans are to be reported separately from plan investments.

##### **Payment of benefits**

Benefits are recorded when paid.

##### **Accounting for uncertainty in income taxes**

The Plan is subject to the Income Taxes topic of the FASB *Accounting Standards Codification* ("ASC") 740, which provides guidance for how uncertain income tax positions should be recognized, measured, presented and disclosed in the financial statements. The Plan is required to evaluate the income tax positions taken or expected to be taken to determine whether the positions are "more-likely-than-not" to be sustained upon examination by the applicable tax authority. The Plan has determined that the application of the Income Taxes Standard does not impact the operations of the Plan and that no provision for income tax is required in the Plan's financial statements. There has been no interest or penalties recognized in the Plan's Statements of Net Assets Available for Benefits as of December 31, 2016 and 2015 or its Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2016. Generally, federal and state returns are subject to examination for three years after the later of the original or extended due date or the date filed by the applicable tax authorities.

## VALHALLA HOLDINGS, INC. 401(K) PLAN

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### NOTES TO FINANCIAL STATEMENTS (CONTINUED) AS OF DECEMBER 31, 2016 AND 2015 AND FOR THE YEAR ENDED DECEMBER 31, 2016

#### NOTE 2-SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### **Fair value measurements**

The Plan is subject to the Fair Value Measurements topic of the FASB issued Accounting Standards Update 2010-06, *Improving Disclosures about Fair Value Measurements* (ASU 2010-06). ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and requires a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimated Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reason for any significant transfers between Levels 1, 2 and 3 of the fair value hierarchy and presents information regarding the purchases, sales, issuance, and settlements of Level 3 assets and liabilities on a gross basis. The Fair Value Measurements topic of ASU 2010-06 did not have a material effect on the Plan's Statements of Net Assets Available for Benefits or its Statement of Changes in Net Assets Available for Benefits.

##### **Accounting changes and error corrections**

In July 2015, the FASB issued ASU 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, and (Part III) Measurement Date Practical Expedient.

Part I is not applicable to the Plan. Part II eliminates the requirements to disclose individual investments that represent five percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III is not applicable to the Plan.

ASU 2015-12 is effective for fiscal years beginning after December 15, 2016, with early adoption permitted. Part II is to be applied retrospectively. Management has elected to adopt Part II early.

##### **Subsequent events**

The Plan Administrator performed an evaluation of the Plan's activity through October 12, 2017, the audit report date, and has concluded that there are no significant subsequent events that require disclosure through the date these financial statements were available to be issued.

## **VALHALLA HOLDINGS, INC. 401(K) PLAN**

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### **NOTES TO FINANCIAL STATEMENTS (CONTINUED) AS OF DECEMBER 31, 2016 AND 2015 AND FOR THE YEAR ENDED DECEMBER 31, 2016**

#### **NOTE 3-PLAN TERMINATION**

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

#### **NOTE 4-TAX STATUS**

The Plan qualifies as a cash or deferred arrangement under Section 401(k) of the Internal Revenue Code (the "Code"), and therefore, is exempt from federal income taxes under Section 501(a) of the Code. A favorable tax determination letter has been obtained from the Internal Revenue Service by a letter dated March 31, 2008. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan sponsor believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

Under a plan qualified pursuant to Section 401(k) of the Code, participants generally will not be taxed on contributions or matching contributions, or earnings thereon, until such amounts are distributed to participants or their beneficiaries under the Plan. The tax-deferred contributions and matching contributions are deductible by the Company for tax purposes when those contributions are made, subject to certain limitations set forth in Section 404 of the Code.

Participants or their beneficiaries will be taxed, at ordinary income tax rates, on the amount they receive as a distribution from the Plan at the time they receive the distribution. However, if the participant or beneficiary receives a lump sum payment of the balance under the Plan in a single taxable year, and the distribution is made by reason of death, disability, or termination of employment of the participant, or after the participant has attained age 59 1/2, then certain special tax rules may be applicable.

#### **NOTE 5-FAIR VALUE MEASUREMENTS**

Fair value is defined as the exchange price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date. Accounting guidance establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The following provides a description of the three levels of inputs that may be used to measure fair value under the standard, the types of plan investments, if applicable, that fall under each category, and the value methodologies used to measure these investments at fair value.

## **VALHALLA HOLDINGS, INC. 401(K) PLAN**

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### **NOTES TO FINANCIAL STATEMENTS (CONTINUED) AS OF DECEMBER 31, 2016 AND 2015 AND FOR THE YEAR ENDED DECEMBER 31, 2016**

#### **NOTE 5-FAIR VALUE MEASUREMENTS (CONTINUED)**

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date. An active market for the asset or liability is a market in which the transaction for the asset or liability occurs with sufficient frequency and volume to provide pricing information on an ongoing basis.

Mutual Funds – These investments are public investment securities valued using the Net Asset Value ("NAV") provided by Capital Bank and Trust. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, if applicable, and then divided by the number of shares outstanding. The NAV is quoted in an active market.

Level 2 – Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted market prices in markets that are not active; or model-derived valuations or other inputs that are observables or can be corroborated by observable market data substantially the full term of the assets or liabilities.

Level 3 – Unobservable inputs for the asset or liability. These inputs reflect the Plan's own assumption about the assumptions a market participant would use in pricing the asset or liability.

Participant loans – These are valued at amortized costs, which approximates fair value.

The Plan's policy for determining the timing of significant transfers between Level 1 and Level 2 is at the end of the reporting period.

The assets fair value measurement level within the fair value hierarchy is based on the lowest level of any 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 preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**VALHALLA HOLDINGS, INC. 401(K) PLAN****NOTES TO FINANCIAL STATEMENTS (CONTINUED)  
AS OF DECEMBER 31, 2016 AND 2015 AND  
FOR THE YEAR ENDED DECEMBER 31, 2016****NOTE 5-FAIR VALUE MEASUREMENTS (CONTINUED)**

Capital Bank and Trust allocates participants' accounts, at the direction of the participant, currently among twenty-six investment alternatives. Participants may change their investment allocations daily directly through Capital Bank and Trust. The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

**Assets at Fair Value as of December 31, 2016:**

|                                   | <u>Level 1</u>             | <u>Total</u>               |
|-----------------------------------|----------------------------|----------------------------|
| Investments - Mutual funds        | \$ 3,293,053               | \$ 3,293,053               |
| <b>Total assets at fair value</b> | <b><u>\$ 3,293,053</u></b> | <b><u>\$ 3,293,053</u></b> |

**Assets at Fair Value as of December 31, 2015:**

|                                   | <u>Level 1</u>             | <u>Total</u>               |
|-----------------------------------|----------------------------|----------------------------|
| Investments - Mutual funds        | \$ 2,740,414               | \$ 2,740,414               |
| <b>Total assets at fair value</b> | <b><u>\$ 2,740,414</u></b> | <b><u>\$ 2,740,414</u></b> |

**NOTE 6-INFORMATION CERTIFIED BY PLAN CUSTODIAN**

All investment and investment income information, and notes receivable from participants presented in the Statements of Net Assets Available for Benefits, Statement of Changes in Net Assets Available for Benefits, and Supplemental Schedules were certified as complete and accurate, to the best of their knowledge, by Capital Bank and Trust. The information prepared and certified is as follows:

|                                                              | <u>2016</u>  | <u>2015</u>  |
|--------------------------------------------------------------|--------------|--------------|
| Investments - Mutual funds, at fair value                    | \$ 3,293,053 | \$ 2,740,414 |
| Notes receivable from participants                           | 21,852       | 31,317       |
| Net appreciation (depreciation) in fair value of investments | 110,110      |              |
| Dividends                                                    | 94,164       |              |
| Interest on notes receivable from participants               | 1,034        |              |

**NOTE 7-PARTY-IN-INTEREST TRANSACTIONS**

The Sponsor's Principal currently participates in the Plan and serves as the trustee.

## **VALHALLA HOLDINGS, INC. 401(K) PLAN**

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### **NOTES TO FINANCIAL STATEMENTS (CONTINUED) AS OF DECEMBER 31, 2016 AND 2015 AND FOR THE YEAR ENDED DECEMBER 31, 2016**

#### **NOTE 8-RISK 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 and the Statement of Changes in Net Assets Available for Benefits.

The Plan's exposure to a concentration of credit risk is limited by the diversification of investments across twenty-six participant directed fund elections. Additionally, the investments within each participant-directed fund election are further diversified into varied financial instruments.

**VALHALLA HOLDINGS, INC. 401(K) PLAN****SUPPLEMENTAL SCHEDULES  
December 31, 2016****Schedule of reportable transactions**

| <b>Capital<br/>Bank<br/>and<br/>Trust<br/>Report</b> | <b>Description of asset purchases</b>     | <b>Total<br/>Number of<br/>Purchases</b> | <b>Total<br/>Number of<br/>Sales</b> | <b>Total<br/>Purchase<br/>Dollar<br/>Value</b> | <b>Total<br/>Selling<br/>Dollar<br/>Value</b> | <b>Net<br/>Gain /<br/>Loss</b> |
|------------------------------------------------------|-------------------------------------------|------------------------------------------|--------------------------------------|------------------------------------------------|-----------------------------------------------|--------------------------------|
| Page 87                                              | EB MaGIC 95 Stable Value Fund             | -                                        | 3                                    | -                                              | 1,365                                         | (1,365)                        |
| Page 87                                              | American Funds AMCAP Fund R3              | 162                                      | 48                                   | 11,206                                         | 25                                            | 11,181                         |
| Page 87                                              | American Funds Europacific GR R3          | 29                                       | 18                                   | 1,499                                          | 5                                             | 1,494                          |
| Page 87                                              | American Funds New World Fund R3          | 29                                       | 18                                   | 1,481                                          | 5                                             | 1,476                          |
| Page 87                                              | Royce Total Return R                      | 115                                      | 55                                   | 5,373                                          | 919                                           | 4,454                          |
| Page 87                                              | T. Rowe Price Blue Chip GR R              | 160                                      | 69                                   | 13,606                                         | 32                                            | 13,574                         |
| Page 87                                              | American Funds International GR & Inc. R3 | 84                                       | 27                                   | 4,039                                          | 8                                             | 4,031                          |
| Page 87                                              | American Funds Invest Co of America R3    | 225                                      | 71                                   | 14,419                                         | 743                                           | 13,676                         |
| Page 87                                              | American Funds Washington Mutual R3       | 191                                      | 65                                   | 6,837                                          | 960                                           | 5,877                          |
| Page 87                                              | Invesco Global Real Estate R              | 31                                       | 6                                    | 2,498                                          | 4                                             | 2,494                          |
| Page 87                                              | Templeton R Foreign Fund R                | 57                                       | 24                                   | 2,458                                          | 5                                             | 2,453                          |
| Page 87                                              | Franklin Income R                         | 122                                      | 20                                   | 3,876                                          | 7                                             | 3,869                          |
| Page 87                                              | American Funds Bond Fund of America R3    | 106                                      | 14                                   | 1,661                                          | 4                                             | 1,657                          |
| Page 87                                              | American Funds American Hi Inc TR R3      | 41                                       | 6                                    | 899                                            | 1                                             | 898                            |
| Page 87                                              | American Funds US Government Sec R3       | 57                                       | 9                                    | 40,355                                         | 7                                             | 40,348                         |
| Page 87                                              | Pimco Real Return R                       | 77                                       | 11                                   | 1,696                                          | 4                                             | 1,692                          |
| Page 87                                              | American Funds 2010 Target Date Fund R3   | 59                                       | 63                                   | 43,660                                         | 12,562                                        | 31,098                         |
| Page 87                                              | American Funds 2015 Target Date Fund R4   | 71                                       | 63                                   | 28,019                                         | 1,732                                         | 26,287                         |
| Page 87                                              | American Funds 2020 Target Date Fund R5   | 392                                      | 204                                  | 118,102                                        | 308                                           | 117,794                        |
| Page 87                                              | American Funds 2025 Target Date Fund R6   | 508                                      | 268                                  | 76,335                                         | 44,341                                        | 31,994                         |
| Page 87                                              | American Funds 2030 Target Date Fund R7   | 475                                      | 208                                  | 60,272                                         | 9,799                                         | 50,473                         |
| Page 87                                              | American Funds 2035 Target Date Fund R8   | 545                                      | 229                                  | 99,063                                         | 46,891                                        | 52,172                         |
| Page 87                                              | American Funds 2040 Target Date Fund R9   | 319                                      | 85                                   | 16,688                                         | 2,140                                         | 14,548                         |
| Page 87                                              | American Funds 2045 Target Date Fund R10  | 276                                      | 149                                  | 22,437                                         | 2,043                                         | 20,394                         |
| Page 87                                              | American Funds 2050 Target Date Fund R11  | 127                                      | 49                                   | 8,380                                          | 50                                            | 8,330                          |
| Page 87                                              | American Funds 2055 Target Date Fund R12  | 131                                      | 59                                   | 14,651                                         | 64,049                                        | (49,398)                       |
| Page 87                                              | American Funds 2060 Target Date Fund R13  | 12                                       | 2                                    | 1,022                                          | 4                                             | 1,018                          |

**VALHALLA HOLDINGS, INC. 401(K) PLAN**
**SUPPLEMENTAL SCHEDULES (CONTINUED)  
DECEMBER 31, 2016**
**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

| (a)                                                     | (b)                                                                                                | (c)  | (d)           | (e)                 |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------|------|---------------|---------------------|
| Identity of Issue, Borrower,<br>Lessor or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest, Par or<br>Maturity Value   | Cost | Current Value |                     |
| Investments - mutual funds:                             |                                                                                                    |      |               |                     |
| American Funds 2010 Target Date Fund R3                 | 44,083.9500 units                                                                                  | **   | \$            | 445,689             |
| American Funds 2015 Target Date Fund R4                 | 7,356.0772 units                                                                                   | **   |               | 78,489              |
| American Funds 2020 Target Date Fund R5                 | 71,020.2616 units                                                                                  | **   |               | 807,501             |
| American Funds 2025 Target Date Fund R6                 | 36,725.3798 units                                                                                  | **   |               | 435,930             |
| American Funds 2030 Target Date Fund R7                 | 38,998.7408 units                                                                                  | **   |               | 483,974             |
| American Funds 2035 Target Date Fund R8                 | 31,259.7880 units                                                                                  | **   |               | 390,122             |
| American Funds 2040 Target Date Fund R9                 | 5,083.1656 units                                                                                   | **   |               | 64,505              |
| American Funds 2045 Target Date Fund R10                | 9,943.5014 units                                                                                   | **   |               | 127,376             |
| American Funds 2050 Target Date Fund R11                | 4,075.5601 units                                                                                   | **   |               | 51,108              |
| American Funds 2055 Target Date Fund R12                | 1,687.6066 units                                                                                   | **   |               | 26,310              |
| American Funds 2060 Target Date Fund R13                | 97.4981 units                                                                                      | **   |               | 1,000               |
| American Funds AMCAP Fund R3                            | 2,615.4333 units                                                                                   | **   |               | 69,257              |
| American Funds American Hi Inc TR R3                    | 117.5907 units                                                                                     | **   |               | 1,206               |
| American Funds Bond Fund of America R3                  | 190.2141 units                                                                                     | **   |               | 2,420               |
| American Funds Europacific GR R3                        | 208.2314 units                                                                                     | **   |               | 9,214               |
| American Funds International GR & Inc. R3               | 409.6998 units                                                                                     | **   |               | 11,574              |
| American Funds Invest Co of America R3                  | 1,506.9606 units                                                                                   | **   |               | 54,416              |
| American Funds New World Fund R3                        | 186.8188 units                                                                                     | **   |               | 9,483               |
| American Funds US Government Sec R3                     | 2,854.8333 units                                                                                   | **   |               | 38,911              |
| American Funds Washington Mutual R3                     | 956.7408 units                                                                                     | **   |               | 38,882              |
| Franklin Income R                                       | 1,952.8877 units                                                                                   | **   |               | 4,433               |
| Invesco Global Real Estate R                            | 314.1188 units                                                                                     | **   |               | 3,870               |
| Pimco Real Return R                                     | 185.0422 units                                                                                     | **   |               | 2,021               |
| Royce Total Return R                                    | 2,855.7767 units                                                                                   | **   |               | 40,238              |
| T. Rowe Price Blue Chip GR R                            | 1,213.2833 units                                                                                   | **   |               | 83,996              |
| Templeton R Foreign Fund R                              | 1,622.2076 units                                                                                   | **   |               | 11,128              |
| Loan Fund:                                              |                                                                                                    |      |               |                     |
|                                                         | Various maturity dates<br>not more than 30 years,<br>Interest rates ranging<br>from 3.25% to 4.25% |      |               |                     |
| *Accounts receivable from participants                  |                                                                                                    | \$ - |               | 21,852              |
|                                                         |                                                                                                    |      |               | <b>\$ 3,314,905</b> |

\* Represents a Party-In-Interest

\*\* Indicates a participant directed investment; the cost disclosure is not required

**VALHALLA HOLDINGS, INC. 401(K) PLAN****SUPPLEMENTAL SCHEDULES (CONTINUED)  
DECEMBER 31, 2016****Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent  
Participant Contributions**

|                                                         |                                                                     |         |
|---------------------------------------------------------|---------------------------------------------------------------------|---------|
| Participant Contributions Transferred Late to the Plan  | \$                                                                  | 258,979 |
| Total That Constitute Nonexempt Prohibited Transactions | \$                                                                  | 258,979 |
| Were late participant loan contributions included?      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |         |
| Contributions not corrected                             | \$                                                                  | -       |
| Contributions corrected outside of VFCP                 | \$                                                                  | 258,979 |
| Contributions pending correction in VFCP                | \$                                                                  | -       |
| Total fully corrected under VFCP and PTE 2002-51        | \$                                                                  | -       |

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## TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Page 1 of 1

Valhalla Holdings Inc 401k Plan  
01-JAN-16 to 31-DEC-16

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| INVESTMENT<br>OPTION | PURCHASE<br>AMOUNT | PURCHASE<br>UNITS/SHARES | PURCHASE<br>COUNT | SALES<br>AMOUNT | SALES<br>UNITS/SHARES | SALES<br>COUNT | COST OF<br>SALES | TRANSACTION<br>DATE |
|----------------------|--------------------|--------------------------|-------------------|-----------------|-----------------------|----------------|------------------|---------------------|
| 4EBM95               | 0.00               | 0.000000                 | 0                 | (1,365.33)      | (116.257797)          | 3              | (1,358.39)       | SERIES              |
| 1RAFPCX              | 11,205.86          | 434.891474               | 162               | (25.19)         | (0.981098)            | 48             | (26.02)          | SERIES              |
| 1RERCX               | 1,498.92           | 33.606196                | 29                | (4.65)          | (0.105129)            | 18             | (5.10)           | SERIES              |
| 1RNWCX               | 1,481.22           | 28.933004                | 29                | (4.85)          | (0.094895)            | 18             | (5.00)           | SERIES              |
| 1RTRRX               | 5,372.75           | 389.828123               | 115               | (919.12)        | (67.017239)           | 55             | (962.96)         | SERIES              |
| 1RRBGX               | 13,606.29          | 203.370404               | 160               | (32.19)         | (0.479350)            | 69             | (33.39)          | SERIES              |
| 1RGICX               | 4,038.62           | 142.406795               | 84                | (8.04)          | (0.283998)            | 27             | (8.49)           | SERIES              |
| 1RICCX               | 14,418.67          | 405.768138               | 225               | (743.13)        | (20.476633)           | 71             | (755.42)         | SERIES              |
| 1RWMCX               | 6,836.53           | 171.126254               | 191               | (959.74)        | (23.585558)           | 65             | (952.70)         | SERIES              |
| 1RGREX               | 2,497.90           | 194.696704               | 31                | (4.13)          | (0.312790)            | 6              | (3.98)           | SERIES              |
| 1TEFRX               | 2,458.46           | 374.482926               | 57                | (5.12)          | (0.800972)            | 24             | (5.50)           | SERIES              |
| 1FISRX               | 3,876.42           | 1,788.890578             | 122               | (6.76)          | (3.138718)            | 20             | (6.67)           | SERIES              |
| 1RBFCCX              | 1,660.89           | 128.038375               | 106               | (4.64)          | (0.353824)            | 14             | (4.58)           | SERIES              |
| 1RITCX               | 899.39             | 90.780356                | 41                | (0.61)          | (0.061726)            | 6              | (0.60)           | SERIES              |
| 1RGVCX               | 40,354.84          | 2,852.866546             | 57                | (7.38)          | (0.520305)            | 9              | (7.38)           | SERIES              |
| 1PRRRX               | 1,696.22           | 154.762169               | 77                | (3.83)          | (0.344287)            | 11             | (3.68)           | SERIES              |
| 1RCATX               | 43,659.75          | 4,377.868495             | 59                | (12,561.96)     | (1,215.059180)        | 63             | (12,441.77)      | SERIES              |
| 1RCJTX               | 28,019.35          | 2,615.842958             | 71                | (1,731.77)      | (161.374069)          | 63             | (1,763.91)       | SERIES              |
| 1RCCTX               | 118,102.16         | 10,350.040274            | 392               | (308.13)        | (26.876113)           | 204            | (309.43)         | SERIES              |
| 1RCDTX               | 76,344.63          | 6,439.364080             | 508               | (44,341.05)     | (3,660.509683)        | 268            | (44,326.69)      | SERIES              |
| 1RCETX               | 60,272.06          | 4,868.024482             | 475               | (9,799.35)      | (772.836370)          | 208            | (9,773.08)       | SERIES              |
| 1RCFTX               | 99,062.59          | 8,077.032439             | 545               | (16,891.30)     | (1,405.570042)        | 229            | (18,147.18)      | SERIES              |
| 1RCCTX               | 16,687.61          | 1,314.168507             | 319               | (2,139.55)      | (188.119034)          | 85             | (2,446.82)       | SERIES              |
| 1RCITX               | 22,437.24          | 1,758.297358             | 276               | (2,043.07)      | (164.310041)          | 149            | (2,123.47)       | SERIES              |
| 1RCMTX               | 8,380.14           | 668.482912               | 127               | (50.24)         | (4.037757)            | 49             | (51.01)          | SERIES              |
| 1RCNTX               | 14,651.06          | 951.840940               | 131               | (64,048.60)     | (4,140.450576)        | 59             | (65,749.58)      | SERIES              |
| 1RCNTX               | 1,022.23           | 97.884878                | 12                | (4.03)          | (0.386756)            | 2              | (4.02)           | SERIES              |

## LEGEND

## INVESTMENT OPTION:

|         |                                          |         |                                         |
|---------|------------------------------------------|---------|-----------------------------------------|
| 4EBM95  | EB MaGIC 95 Stable Value Fund            | 1RAFPCX | American Funds AMCAP Fund R3            |
| 1RERCX  | American Funds EuroPacific Gr R3         | 1RNWCX  | American Funds New World Fund R3        |
| 1RTRRX  | Royce Total Return R                     | 1RRBGX  | T. Rowe Price Blue Chip Gr R            |
| 1RGICX  | American Funds International Gr & Inc R3 | 1RICCX  | American Funds Invest Co of America R3  |
| 1RWMCX  | American Funds Washington Mutual R3      | 1RGREX  | Invesco Global Real Estate R            |
| 1TEFRX  | Templeton Foreign Fund - R               | 1FISRX  | Franklin Income R                       |
| 1RBFCCX | American Funds Bond Fund of Amer R3      | 1RITCX  | American Funds American Hi Inc Tr R3    |
| 1RGVCX  | American Funds US Government Sec R3      | 1PRRRX  | PIMCO Real Return R                     |
| 1RCATX  | American Funds 2010 Trgt Date Retire R3  | 1RCJTX  | American Funds 2015 Target Date Fund R3 |
| 1RCCTX  | American Funds 2020 Target Date Fund R3  | 1RCDTX  | American Funds 2025 Target Date Fund R3 |
| 1RCETX  | American Funds 2030 Target Date Fund R3  | 1RCFTX  | American Funds 2035 Target Date Fund R3 |
| 1RCCTX  | American Funds 2040 Target Date Fund R3  | 1RCMTX  | American Funds 2045 Target Date Fund R3 |
| 1RCITX  | American Funds 2050 Target Date Fund R3  |         | American Funds 2055 Target Date Fund R3 |
| 1RCNTX  | American Funds 2060 Target Date Fund R3  |         |                                         |

**VALHALLA HOLDINGS, INC. 401(K) PLAN**

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**SUPPLEMENTAL SCHEDULES (CONTINUED)**  
**DECEMBER 31, 2016****Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent  
Participant Contributions**

|                                                         |                                                                     |         |
|---------------------------------------------------------|---------------------------------------------------------------------|---------|
| Participant Contributions Transferred Late to the Plan  | \$                                                                  | 258,979 |
| Total That Constitute Nonexempt Prohibited Transactions | \$                                                                  | 258,979 |
| Were late participant loan contributions included?      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |         |
| Contributions not corrected                             | \$                                                                  | -       |
| Contributions corrected outside of VFCP                 | \$                                                                  | 258,979 |
| Contributions pending correction in VFCP                | \$                                                                  | -       |
| Total fully corrected under VFCP and PTE 2002-51        | \$                                                                  | -       |

**VALHALLA HOLDINGS, INC. 401(K) PLAN**
**SUPPLEMENTAL SCHEDULES (CONTINUED)  
DECEMBER 31, 2016**
**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

| (a) | (b)                                                     | (c)                                                                                                | (d)  | (e)                        |
|-----|---------------------------------------------------------|----------------------------------------------------------------------------------------------------|------|----------------------------|
|     | Identity of Issue, Borrower,<br>Lessor or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest, Par or<br>Maturity Value   | Cost | Current Value              |
|     | Investments - mutual funds:                             |                                                                                                    |      |                            |
|     | American Funds 2010 Target Date Fund R3                 | 44,083.9500 units                                                                                  | **   | \$ 445,689                 |
|     | American Funds 2015 Target Date Fund R4                 | 7,356.0772 units                                                                                   | **   | 78,489                     |
|     | American Funds 2020 Target Date Fund R5                 | 71,020.2616 units                                                                                  | **   | 807,501                    |
|     | American Funds 2025 Target Date Fund R6                 | 36,725.3798 units                                                                                  | **   | 435,930                    |
|     | American Funds 2030 Target Date Fund R7                 | 38,998.7408 units                                                                                  | **   | 483,974                    |
|     | American Funds 2035 Target Date Fund R8                 | 31,259.7880 units                                                                                  | **   | 390,122                    |
|     | American Funds 2040 Target Date Fund R9                 | 5,083.1656 units                                                                                   | **   | 64,505                     |
|     | American Funds 2045 Target Date Fund R10                | 9,943.5014 units                                                                                   | **   | 127,376                    |
|     | American Funds 2050 Target Date Fund R11                | 4,075.5601 units                                                                                   | **   | 51,108                     |
|     | American Funds 2055 Target Date Fund R12                | 1,687.6066 units                                                                                   | **   | 26,310                     |
|     | American Funds 2060 Target Date Fund R13                | 97.4981 units                                                                                      | **   | 1,000                      |
|     | American Funds AMCAP Fund R3                            | 2,615.4333 units                                                                                   | **   | 69,257                     |
|     | American Funds American Hi Inc TR R3                    | 117.5907 units                                                                                     | **   | 1,206                      |
|     | American Funds Bond Fund of America R3                  | 190.2141 units                                                                                     | **   | 2,420                      |
|     | American Funds Europacific GR R3                        | 208.2314 units                                                                                     | **   | 9,214                      |
|     | American Funds International GR & Inc. R3               | 409.6998 units                                                                                     | **   | 11,574                     |
|     | American Funds Invest Co of America R3                  | 1,506.9606 units                                                                                   | **   | 54,416                     |
|     | American Funds New World Fund R3                        | 186.8188 units                                                                                     | **   | 9,483                      |
|     | American Funds US Government Sec R3                     | 2,854.8333 units                                                                                   | **   | 38,911                     |
|     | American Funds Washington Mutual R3                     | 956.7408 units                                                                                     | **   | 38,882                     |
|     | Franklin Income R                                       | 1,952.8877 units                                                                                   | **   | 4,433                      |
|     | Invesco Global Real Estate R                            | 314.1188 units                                                                                     | **   | 3,870                      |
|     | Pimco Real Return R                                     | 185.0422 units                                                                                     | **   | 2,021                      |
|     | Royce Total Return R                                    | 2,855.7767 units                                                                                   | **   | 40,238                     |
|     | T. Rowe Price Blue Chip GR R                            | 1,213.2833 units                                                                                   | **   | 83,996                     |
|     | Templeton R Foreign Fund R                              | 1,622.2076 units                                                                                   | **   | 11,128                     |
|     | Loan Fund:                                              |                                                                                                    |      |                            |
|     |                                                         | Various maturity dates<br>not more than 30 years,<br>Interest rates ranging<br>from 3.25% to 4.25% | \$ - | 21,852                     |
|     | *Accounts receivable from participants                  |                                                                                                    |      | <u><u>\$ 3,314,905</u></u> |

\* Represents a Party-In-Interest

\*\* Indicates a participant directed investment; the cost disclosure is not required