Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HEARTHSIDE FOOD SOLUTIONS, LLC - WENONA 401(K) PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1986

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
HEARTHSIDE FOOD SOLUTIONS, LLC

P.O. BOX 549
WENONA, IL 61377

775 STATE ROUTE 251
WENONA, IL 61377

2b Employer Identification Number (EIN) 26-4228653

2c Plan Sponsor's telephone number 815-853-4348

2d Business code (see instructions) 311800

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2018	PAT DONNELLY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2018	PAT DONNELLY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	36-2341822
a Sponsor's name OAK STATE PRODUCTS, INC.	**4c** PN	002
5 Total number of participants at the beginning of the plan year	**5**	357
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	338
a(2) Total number of active participants at the end of the plan year	**6a(2)**	339
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	24
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	363
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	363
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	243
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

A Name of plan
HEARTHSIDE FOOD SOLUTIONS, LLC - WENONA 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
HEARTHSIDE FOOD SOLUTIONS, LLC

D Employer Identification Number (EIN)
26-4228653

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).. . . . . [X] 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

METROPLOLITAN WEST FUNDS

95-4597302

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

FRANKLIN TEMPLETON INVESTMENTS

94-3167260

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

T. ROWE PRICE

52-2264646

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

OAKMARK

04-3276558

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

HARBOR

04-2679462

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

MFS

04-2747644

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

JPMORGAN

13-2624428

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

BROADVIEW ADVISORS

39-1861095

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

RS FUNDS

94-3321067

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

DODGE & COX

94-1441976

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

DELAWARE INVESTMENTS

23-2693133

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

VANGUARD

23-1945930

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

AMERICAN FUNDS

95-1411037

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

MASSMUTUAL

04-1590850

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

OPPENHEIMER FUNDS

13-2527171

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

(b) Enter name and EIN or address of person who provided you 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

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

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

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

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 62 64	SERVICE PROVIDER	5114	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: RSM US LLP
b EIN: 42-0714325
c Position: ACCOUNTING FIRM
d Address: 401 MAIN STREET
SUITE 1200
PEORIA, IL 61602
e Telephone: 309-370-0853

Explanation: CHANGE OF ACCOUNTANT DUE TO PLAN MERGER.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

A Name of plan
HEARTHSIDE FOOD SOLUTIONS, LLC - WENONA 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HEARTHSIDE FOOD SOLUTIONS, LLC

D Employer Identification Number (EIN)
26-4228653

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

a Name of MTIA, CCT, PSA, or 103-12 IE: WF STABLE RETURN FUND N

b Name of sponsor of entity listed in (a): WELLS FARGO, BANK N.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)
41-6202499-001	C	240231

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)

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

A Name of plan
HEARTHSIDE FOOD SOLUTIONS, LLC - WENONA 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
HEARTHSIDE FOOD SOLUTIONS, LLC

D Employer Identification Number (EIN)
26-4228653

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		2841
(2) Participant contributions	1b(2)		9740
(3) Other	1b(3)		522
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	342687	274952
(9) Value of interest in common/collective trusts	1c(9)	408296	240231
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15337461	16572120
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	16088444	17100406
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16088444	17100406

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	217119	
	(B) Participants	2a(1)(B)	771499	
	(C) Others (including rollovers)	2a(1)(C)	53251	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1041869
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	16019	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		16019
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	201064	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		201064
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5045
(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)		2825523
c Other income	2c		-1
d Total income. Add all **income** amounts in column (b) and enter total	2d		4089519
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3058354	
(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)		3058354
f Corrective distributions (see instructions)	2f		14089
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	5114	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5114
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3077557
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1011962
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: DELOITTE **(2)** EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

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

Part V Trust Information

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

A Name of plan
HEARTHSIDE FOOD SOLUTIONS, LLC - WENONA 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
HEARTHSIDE FOOD SOLUTIONS, LLC

D Employer Identification Number (EIN)
26-4228653

Part I Distributions

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

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

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

EIN(s): 41-6257133

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Hearthside Food Solutions, LLC – Wenona 401(k) Plan (formerly Oak State Products, Inc. 401(k) Retirement Plan)

Employer ID No: 26-4228653
Plan Number: 003

Financial Statements as of June 30, 2017 and 2016,
and for the Year Ended June 30, 2017,
Supplemental Schedule as of June 30, 2017,
and Independent Auditors' Report

Hearthside Food Solutions, LLC – Wenona 401(k) Plan (formerly Oak State Products, Inc. 401(k) Retirement Plan)

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Statement of changes in net assets available for benefits for the year ended June 30, 2017
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Supplemental Schedule

Form 5500, Schedule H, Part IV, Line 4i –
Schedule of assets (held at end of year) as of June 30, 2017
14

NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Deloitte.

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INDEPENDENT AUDITORS' REPORT

Plan Administrator of
Hearthside Food Solutions, LLC – Wenona 401(k) Plan
Downers Grove, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hearthside Food Solutions, LLC - Wenona 401(k) Plan, formerly Oak State Products, Inc. 401(k) Retirement Plan, (the "Plan") which comprise the statements of net assets available for benefits as of June 30, 2017 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended June 30, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2017 financial statements.

Other Matter – Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year) as of June 30, 2017 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Other Matter - Predecessor Auditors' Disclaimer of Opinion on 2016 Financial Statements

The financial statements of the Plan as of June 30, 2016, 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, 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 the trustee. Their report, dated March 31, 2017, indicated that because of the significance of the information that they did not audit, they were not able 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. Their report indicated that the Plan adopted new accounting guidance related to presentation of fair value of certain investments and disclosure of investments and that their disclaimer of opinion was not modified with respect to this matter.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

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

Deloitte & Touche LLP

April 13, 2018

Hearthside Food Solutions, LLC – Wenona 401(k) Plan (formerly Oak State Products, Inc. 401(k) Retirement Plan)

Statements of Net Assets Available for Benefits
As of June 30, 2017 and 2016

	2017	2016
Assets		
Investments, at fair value	$ 16,812,351	$ 15,745,757
Receivables:		
Employer contributions	2,841	-
Participants' contributions	9,740	-
Notes receivable from participants	274,952	342,687
Accrued interest income	522	-
	288,055	342,687
Total assets	17,100,406	16,088,444
Liabilities	-	-
Net assets available for benefits	$ 17,100,406	$ 16,088,444

See notes to financial statements.

Hearthside Food Solutions, LLC – Wenona 401(k) Plan (formerly Oak State Products, Inc. 401(k) Retirement Plan)

Statement of Changes in Net Assets Available for Benefits
For The Year Ended June 30, 2017

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 2,830,567
Dividends and interest	201,064
Net investment income	3,031,631
Interest income on notes from participants	16,019
Contributions:	
Participants	771,499
Employer	217,119
Rollover	53,251
Total contributions	1,041,869
Deductions:	
Benefits paid to participants	(3,072,443)
Administrative and other expenses	(5,114)
Total deductions	(3,077,557)
Net increase in net assets	1,011,962
Net assets available for benefits:	
Beginning of year	16,088,444
End of year	$ 17,100,406

See notes to financial statements.

Note 1. Description of Plan

The following description of the Hearthside Food Solutions, LLC – Wenona 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering substantially all employees of Hearthside Food Solutions, LLC's Wenona, Illinois, location (the Company) that have completed six consecutive months of service and are age 18 or older. Employees who are members of a collective bargaining agreement between employee representatives and the Company, non-resident aliens, and leased, part-time or seasonal employees not expected to work at least five hundred hours in a plan year are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On August 1, 2016, Oak State Products, Inc., which was the Plan Sponsor as of June 30, 2016, was acquired by Hearthside Food Solutions, LLC. By amendment effective January 1, 2017, the name of the Plan was changed from Oak State Products, Inc. 401(k) Retirement Plan to Hearthside Food Solutions, LLC – Wenona 401(k) Plan and the Plan's sponsor was changed to Hearthside Food Solutions, LLC. from Oak State Products, Inc.

Contributions: Participants may elect to reduce their salary and have that amount contributed to the Plan. The elective deferral amount may not be more than the lesser of: (a) 85 percent of their eligible compensation for the period, (b) the maximum dollar limit allowed under the requirements of the Internal Revenue Code (IRC), or (c) such lesser amounts as determined by the discrimination tests for the Plan. Participants who have attained age 50 or older during the plan year are eligible to make catch-up contributions. Contributions are permitted to be made pre-tax (tax deferred) and/or on a post-tax basis by electing the Roth option. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans and these amounts are reflected as rollover contributions.

The Company makes a matching contribution to each participant's account equal to 50 percent of the first 3 percent of eligible compensation that a participant contributes to the Plan, plus 20 percent of salary deferrals that exceed 3 percent of eligible compensation but do not exceed 8 percent of eligible compensation. Contributions are subject to certain IRC limitations.

Participants direct the investment of their contributions into various options offered by the Plan. The Plan currently offers mutual fund investment options and a common/collective trust fund investment option for participants. Changes in allocation of future contributions and transfers among funds of presently invested contributions are permitted pursuant to the Plan provisions.

Participant accounts: Each participant's account is credited with the participant's elective and, if applicable, rollover contributions, transfers to the Plan, matching Company contributions and an allocation of Plan earnings or losses. Participant accounts are charged withdrawals and charged with an allocation of applicable administrative expenses. Allocations are based on participant earnings, account balances or specific transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their elective, rollover and employer matching contributions plus actual earnings thereon. Participants are 100% vested in non-elective discretionary employer contributions after six years of service.

Notes receivable from participants: Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50 percent of their vested account balance, whichever is less. Loan terms include a minimum of 1 year and a maximum of 5 years, unless the loan is for the purchase of a primary residence in which the maximum term is 15 years. Loans are secured by the vested balance in the participant's account and bear interest at a fixed rate of interest of 2 percent above the prime rate of interest established by Wells Fargo Bank, N.A. Interest rates applicable to outstanding notes receivable as of June 30, 2017, ranged from 5.25 percent to 6.25 percent. Principal and interest are paid ratably through payroll deductions.

Payments of benefits: On termination of service with the Company (including termination of service due to death, disability, or retirement) a participant with a vested account balance greater than $5,000 may elect to delay distribution or elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments over a period of years not longer than the participant's life expectancy or the joint and last survivor life expectancies of the designated beneficiary. Participants with vested account balances less than $5,000 receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. The Plan also allows for age 59.5 in-service withdrawals for elective deferrals only.

Additionally, a participant may also elect to have a portion or all of his or her distributions paid in the form of a direct custodian-to-custodian transfer to another eligible retirement plan designated by the participant. A participant may also receive a distribution of his or her elective deferral contributions if a participant has a financial hardship as defined in the Plan. Following a hardship withdrawal, participants are not allowed to contribute to the Plan for a period of six months.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of estimates: The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition: The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the custodian. The methods used to estimate the fair value of investments are described in Note 4.

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

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued by unpaid interest. Delinquent loans are treated as distributions based upon the terms of the plan document.

Payment of benefits: Benefit payments are recorded when paid. There were no amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not yet been paid at June 30, 2017 and 2016.

Administrative revenue (expenses): Certain expenses of maintaining the Plan are paid directly by the Plan and are included as administrative expenses in the Statement of Changes in Net Assets Available for Benefits. Any expenses paid by the Company on behalf of the Plan are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are reflected as a reduction of return for such investments and are not separately reported.

The Plan has a revenue-sharing agreement whereby certain investment managers return a portion of the investment fees to Wells Fargo Bank, N.A. to offset the Plan's administrative expenses. Future Plan expenses can be paid from any excess remaining revenue sharing amounts. For the year ended June 30, 2017, $17,163 was used to offset Plan expenses.

Note 3. Information Certified and Provided by the Custodian

The following is a summary of the unaudited information regarding the Plan as of June 30, 2017 and 2016, and for the year ended June 30, 2017, included in the Plan's financial statements and supplemental schedule, that was prepared from information provided by Wells Fargo Bank, N.A., the Custodian of the Plan, and furnished to the Plan administrator. The Plan Administrator has obtained certifications from the custodian that such information is complete and accurate.

	2017	2016
Statements of Net Assets Available for Benefits		
Investments:		
Investments, at fair value	$ 16,812,351	$ 15,745,757

	2017
Statement of Changes in Net Assets Available for Benefits	
Net appreciation in fair value of investments	$ 2,830,567
Dividends and interest	201,064

Supplemental schedules: All investment balances and information included in the supplemental schedule of assets (held at end of year), with the exception of participant loans which are not certified by Wells Fargo Bank, N.A.

Note 4: All investment balances and investment information, excluding the classification and level of investments in Note 4, Fair Value Measurements.

Note 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset's or liability's 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2017 and 2016.

Shares of registered investment companies (mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective trust funds: The one common/collective trust fund held is the Wells Fargo Bank, N.A. Stable Return Fund (known as a "stable value fund."). The stable value fund is composed primarily of fully benefit-responsive investment contracts and is reported at fair value using net asset value (NAV) as a practical expedient. The fund calculates NAV per share in a manner consistent with the measurement principles in FASB ASC Topic 946 *Financial Services—Investment Companies*. Those measurement principles indicate that, in the determination of a stable value fund's NAV, the relevant measurement is net assets which include the fully benefit investment contracts held by the fund at contract value. This NAV represents the Plan's fair value since this is the NAV at which the Plan transacts with the fund. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

Participant transactions (purchases and sales) may occur daily. Participants transact at contract value and that the probability of not transacting at contract valuable is not probable. If the Plan initiates a full

redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

Plan management evaluated the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended June 30, 2017, there were no transfers between levels.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2017 and 2016:

	Level 1	Level 2	Level 3	Total
	Assets at Fair Value as of June 30, 2017			
Shares of registered investment companies (mutual funds)	$ 16,572,120	$ -	$ -	$ 16,572,120
Total assets in the fair value hierarchy	16,572,120	-	-	16,572,120
Investments measured at net asset value (a)				240,231
Investments, at fair value	$ 16,572,120	-	-	$ 16,812,351

	Level 1	Level 2	Level 3	Total
	Assets at Fair Value as of June 30, 2016			
Shares of registered investment companies (mutual funds)	$ 15,337,461	$ -	$ -	$ 15,337,461
Total assets in the fair value hierarchy	15,337,461	-	-	15,337,461
Investments measured at net asset value (a)				408,296
Investments, at fair value	$ 15,337,461	-	-	$ 15,745,757

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of June 30, 2017 and 2016:

Investments	2017 Fair Value	2016 Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common/collective trust fund:					
Wells Fargo Bank, N.A.					
Stable Return Fund	$ 240,231	$ 408,296	$ -	Daily	None

Note 5. Exempt Party-In-Interest Transactions

Certain plan investments are shares of a common/collective trust fund managed by Wells Fargo Bank, N.A., the custodian of the Plan, and therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services provided by Wells Fargo Bank, N.A. were included as a reduction of the return earned on investments and administrative revenue received by the Plan through the Plan's revenue-sharing agreement by Wells Fargo Bank, N.A. was used to offset the Plan's administrative expenses. These transactions qualify as party-in-interest transactions. Certain employees of the Company provide administrative services to the Plan. These employees are not paid by the Plan for their services.

Note 6. Federal Income Tax Status

The Plan has adopted a non-standardized form of a prototype plan sponsored by Wells Fargo Bank, N.A. The prototype plan has received an opinion letter from the Internal Revenue Service dated March 31, 2014 stating that the prototype plan document, as then designed, was in compliance with the applicable requirements of the IRC. The Plan itself has not received a determination letter from the IRS. Although the Plan has been amended since the date of the aforementioned opinion letter, the Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2017 and 2016, there are no uncertain positions taken or expected to be taken that would require recognition of the liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2014.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated, each participant's account balance will be distributed to the participant or named beneficiary.

Note 8. Risks and Uncertainties

The Plan provides various investment options to its participants. Investment securities, in general, are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of

investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Note 9. Reconciliation Between Financial Statements and Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at June 30, 2016:

	2016
Net assets available for benefits per the financial statements	$16,088,444
Differences in:	
Receivables - notes receivable from participants	(342,687)
Investments	342,687
Net assets available for benefits per Form 5500	$16,088,444

Note 10. Subsequent Events

The Plan Administrator has evaluated events occurring subsequent to June 30, 2017, as to their potential impact to the financial statements through April 13, 2018, which is the date the financial statements were available to be issued.

Effective January 11, 2018, the Plan was merged into Hearthside Food Solutions 401(k) Plan (an affiliated plan sponsored by the Company). Plan assets were transferred on January 11, 2018 and participants began participating in the new Plan immediately.

* * * * * *

SUPPLEMENTAL SCHEDULE

Hearthside Food Solutions, LLC – Wenona 401(k) Plan (formerly Oak State Products, Inc. 401(k) Retirement Plan)
Employer ID No: 26-4228653
Plan No: 003

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
As of June 30, 2017

	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current value
	American Funds AmCap R6 Fund	Mutual Fund	**	$ 1,860,844
	American Funds EuroPacific Growth R6 Fund	Mutual Fund	**	1,418,957
	Dodge & Cox International Stock Fund	Mutual Fund	**	1
	Dodge & Cox Income Fund	Mutual Fund	**	773,021
	Harbor Capital Appreciation Fund	Mutual Fund	**	2
	Harris Association Investment TR Oakmark Fund	Mutual Fund	**	2
	JPMorgan Mid Cap Value I Fund	Mutual Fund	**	133,519
	JPMorgan SmartRetirement Income A Fund	Mutual Fund	**	190,916
	JPMorgan SmartRetirement 2020 A Fund	Mutual Fund	**	930,057
	JPMorgan SmartRetirement 2025 A Fund	Mutual Fund	**	21,176
	JPMorgan SmartRetirement 2030 A Fund	Mutual Fund	**	1,634,681
	JPMorgan SmartRetirement 2035 A Fund	Mutual Fund	**	9,099
	JPMorgan SmartRetirement 2040 A Fund	Mutual Fund	**	1,050,958
	JPMorgan SmartRetirement 2045 A Fund	Mutual Fund	**	12,150
	JPMorgan SmartRetirement 2050 A Fund	Mutual Fund	**	316,143
	JPMorgan SmartRetirement 2055 A Fund	Mutual Fund	**	4,178
	JPMorgan Smart Retirement 2060 A Fund	Mutual Fund	**	6,112
	MassMutual Select Mid Cap Growth Equity II R5 Fund	Mutual Fund	**	565,527
	Metropolitan West Total Return Bond Fund Class M	Mutual Fund	**	55
	MFS Value Fund Class A	Mutual Fund	**	248,474
	Oppenheimer Developing Marketing Fund Class Y	Mutual Fund	**	55,634
	T. Rowe Price Retirement 2010 Fund	Mutual Fund	**	17
	T. Rowe Price Retirement 2020 Fund	Mutual Fund	**	113
	T. Rowe Price Retirement 2030 Fund	Mutual Fund	**	200
	T. Rowe Price Retirement 2040 Fund	Mutual Fund	**	129
	T. Rowe Price Retirement 2050 Fund	Mutual Fund	**	37
	T. Rowe Price Value Fund	Mutual Fund	**	32
	T. Rowe Price QM US Small-Cap Growth Equity I Fund	Mutual Fund	**	2,262,881
	T. Rowe Price Retirement Balanced Fund	Mutual Fund	**	9
	Vanguard Mid Cap Growth Index Fund	Mutual Fund	**	3
	Vanguard 500 Index Fund Admiral Shares	Mutual Fund	**	3,362,785
	Vanguard Extended Market Index Fund Admiral Shares	Mutual Fund	**	1,714,408
				16,572,120
	Common/collective trust fund:			
*	Wells Fargo Bank, N.A. Stable Return Fund N	Stable Value Fund – Collective Investment Trust	**	240,231
*	Various Participants	Participant Loans (maturing 2017-2024 at interest rates of 5.25% - 6.25%)	$274,952	274,952
				$ 17,087,303

* Represents party-in-interest to the Plan
** Cost information is not required for participant-directed investments and therefore is not included.
See accompany Independent Auditors' Report

Hearthside Food Solutions, LLC – Wenona 401(k) Plan (formerly Oak State Products, Inc. 401(k) Retirement Plan)

Employer ID No: 26-4228653
Plan Number: 003

Financial Statements as of June 30, 2017 and 2016,
and for the Year Ended June 30, 2017,
Supplemental Schedule as of June 30, 2017,
and Independent Auditors' Report

Hearthside Food Solutions, LLC – Wenona 401(k) Plan (formerly Oak State Products, Inc. 401(k) Retirement Plan)

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Supplemental Schedule

Form 5500, Schedule H, Part IV, Line 4i –
Schedule of assets (held at end of year) as of June 30, 2017
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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

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INDEPENDENT AUDITORS' REPORT

Plan Administrator of
Hearthside Food Solutions, LLC – Wenona 401(k) Plan
Downers Grove, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hearthside Food Solutions, LLC - Wenona 401(k) Plan, formerly Oak State Products, Inc. 401(k) Retirement Plan, (the "Plan") which comprise the statements of net assets available for benefits as of June 30, 2017 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended June 30, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2017 financial statements.

Other Matter – Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year) as of June 30, 2017 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Other Matter - Predecessor Auditors' Disclaimer of Opinion on 2016 Financial Statements

The financial statements of the Plan as of June 30, 2016, 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, 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 the trustee. Their report, dated March 31, 2017, indicated that because of the significance of the information that they did not audit, they were not able 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. Their report indicated that the Plan adopted new accounting guidance related to presentation of fair value of certain investments and disclosure of investments and that their disclaimer of opinion was not modified with respect to this matter.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

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

Deloitte & Touche LLP

April 13, 2018

Hearthside Food Solutions, LLC – Wenona 401(k) Plan (formerly Oak State Products, Inc. 401(k) Retirement Plan)

Statements of Net Assets Available for Benefits
As of June 30, 2017 and 2016

	2017	2016
Assets		
Investments, at fair value	$ 16,812,351	$ 15,745,757
Receivables:		
Employer contributions	2,841	-
Participants' contributions	9,740	-
Notes receivable from participants	274,952	342,687
Accrued interest income	522	-
	288,055	342,687
Total assets	17,100,406	16,088,444
Liabilities	-	-
Net assets available for benefits	$ 17,100,406	$ 16,088,444

See notes to financial statements.

Hearthside Food Solutions, LLC – Wenona 401(k) Plan (formerly Oak State Products, Inc. 401(k) Retirement Plan)

Statement of Changes in Net Assets Available for Benefits
For The Year Ended June 30, 2017

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 2,830,567
Dividends and interest	201,064
Net investment income	3,031,631
Interest income on notes from participants	16,019
Contributions:	
Participants	771,499
Employer	217,119
Rollover	53,251
Total contributions	1,041,869
Deductions:	
Benefits paid to participants	(3,072,443)
Administrative and other expenses	(5,114)
Total deductions	(3,077,557)
Net increase in net assets	1,011,962
Net assets available for benefits:	
Beginning of year	16,088,444
End of year	$ 17,100,406

See notes to financial statements.

Note 1. Description of Plan

The following description of the Hearthside Food Solutions, LLC – Wenona 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering substantially all employees of Hearthside Food Solutions, LLC's Wenona, Illinois, location (the Company) that have completed six consecutive months of service and are age 18 or older. Employees who are members of a collective bargaining agreement between employee representatives and the Company, non-resident aliens, and leased, part-time or seasonal employees not expected to work at least five hundred hours in a plan year are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On August 1, 2016, Oak State Products, Inc., which was the Plan Sponsor as of June 30, 2016, was acquired by Hearthside Food Solutions, LLC. By amendment effective January 1, 2017, the name of the Plan was changed from Oak State Products, Inc. 401(k) Retirement Plan to Hearthside Food Solutions, LLC – Wenona 401(k) Plan and the Plan's sponsor was changed to Hearthside Food Solutions, LLC. from Oak State Products, Inc.

Contributions: Participants may elect to reduce their salary and have that amount contributed to the Plan. The elective deferral amount may not be more than the lesser of: (a) 85 percent of their eligible compensation for the period, (b) the maximum dollar limit allowed under the requirements of the Internal Revenue Code (IRC), or (c) such lesser amounts as determined by the discrimination tests for the Plan. Participants who have attained age 50 or older during the plan year are eligible to make catch-up contributions. Contributions are permitted to be made pre-tax (tax deferred) and/or on a post-tax basis by electing the Roth option. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans and these amounts are reflected as rollover contributions.

The Company makes a matching contribution to each participant's account equal to 50 percent of the first 3 percent of eligible compensation that a participant contributes to the Plan, plus 20 percent of salary deferrals that exceed 3 percent of eligible compensation but do not exceed 8 percent of eligible compensation. Contributions are subject to certain IRC limitations.

Participants direct the investment of their contributions into various options offered by the Plan. The Plan currently offers mutual fund investment options and a common/collective trust fund investment option for participants. Changes in allocation of future contributions and transfers among funds of presently invested contributions are permitted pursuant to the Plan provisions.

Participant accounts: Each participant's account is credited with the participant's elective and, if applicable, rollover contributions, transfers to the Plan, matching Company contributions and an allocation of Plan earnings or losses. Participant accounts are charged withdrawals and charged with an allocation of applicable administrative expenses. Allocations are based on participant earnings, account balances or specific transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their elective, rollover and employer matching contributions plus actual earnings thereon. Participants are 100% vested in non-elective discretionary employer contributions after six years of service.

Notes receivable from participants: Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50 percent of their vested account balance, whichever is less. Loan terms include a minimum of 1 year and a maximum of 5 years, unless the loan is for the purchase of a primary residence in which the maximum term is 15 years. Loans are secured by the vested balance in the participant's account and bear interest at a fixed rate of interest of 2 percent above the prime rate of interest established by Wells Fargo Bank, N.A. Interest rates applicable to outstanding notes receivable as of June 30, 2017, ranged from 5.25 percent to 6.25 percent. Principal and interest are paid ratably through payroll deductions.

Payments of benefits: On termination of service with the Company (including termination of service due to death, disability, or retirement) a participant with a vested account balance greater than $5,000 may elect to delay distribution or elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments over a period of years not longer than the participant's life expectancy or the joint and last survivor life expectancies of the designated beneficiary. Participants with vested account balances less than $5,000 receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. The Plan also allows for age 59.5 in-service withdrawals for elective deferrals only.

Additionally, a participant may also elect to have a portion or all of his or her distributions paid in the form of a direct custodian-to-custodian transfer to another eligible retirement plan designated by the participant. A participant may also receive a distribution of his or her elective deferral contributions if a participant has a financial hardship as defined in the Plan. Following a hardship withdrawal, participants are not allowed to contribute to the Plan for a period of six months.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of estimates: The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition: The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the custodian. The methods used to estimate the fair value of investments are described in Note 4.

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Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued by unpaid interest. Delinquent loans are treated as distributions based upon the terms of the plan document.

Payment of benefits: Benefit payments are recorded when paid. There were no amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not yet been paid at June 30, 2017 and 2016.

Administrative revenue (expenses): Certain expenses of maintaining the Plan are paid directly by the Plan and are included as administrative expenses in the Statement of Changes in Net Assets Available for Benefits. Any expenses paid by the Company on behalf of the Plan are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are reflected as a reduction of return for such investments and are not separately reported.

The Plan has a revenue-sharing agreement whereby certain investment managers return a portion of the investment fees to Wells Fargo Bank, N.A. to offset the Plan's administrative expenses. Future Plan expenses can be paid from any excess remaining revenue sharing amounts. For the year ended June 30, 2017, $17,163 was used to offset Plan expenses.

Note 3. Information Certified and Provided by the Custodian

The following is a summary of the unaudited information regarding the Plan as of June 30, 2017 and 2016, and for the year ended June 30, 2017, included in the Plan's financial statements and supplemental schedule, that was prepared from information provided by Wells Fargo Bank, N.A., the Custodian of the Plan, and furnished to the Plan administrator. The Plan Administrator has obtained certifications from the custodian that such information is complete and accurate.

	2017	2016
Statements of Net Assets Available for Benefits		
Investments:		
Investments, at fair value	$ 16,812,351	$ 15,745,757

	2017
Statement of Changes in Net Assets Available for Benefits	
Net appreciation in fair value of investments	$ 2,830,567
Dividends and interest	201,064

Supplemental schedules: All investment balances and information included in the supplemental schedule of assets (held at end of year), with the exception of participant loans which are not certified by Wells Fargo Bank, N.A.

Note 4: All investment balances and investment information, excluding the classification and level of investments in Note 4, Fair Value Measurements.

Note 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset's or liability's 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2017 and 2016.

Shares of registered investment companies (mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective trust funds: The one common/collective trust fund held is the Wells Fargo Bank, N.A. Stable Return Fund (known as a "stable value fund."). The stable value fund is composed primarily of fully benefit-responsive investment contracts and is reported at fair value using net asset value (NAV) as a practical expedient. The fund calculates NAV per share in a manner consistent with the measurement principles in FASB ASC Topic 946 *Financial Services—Investment Companies*. Those measurement principles indicate that, in the determination of a stable value fund's NAV, the relevant measurement is net assets which include the fully benefit investment contracts held by the fund at contract value. This NAV represents the Plan's fair value since this is the NAV at which the Plan transacts with the fund. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

Participant transactions (purchases and sales) may occur daily. Participants transact at contract value and that the probability of not transacting at contract valuable is not probable. If the Plan initiates a full

redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

Plan management evaluated the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended June 30, 2017, there were no transfers between levels.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2017 and 2016:

	Level 1	Level 2	Level 3	Total
	Assets at Fair Value as of June 30, 2017			
Shares of registered investment companies (mutual funds)	$ 16,572,120	$ -	$ -	$ 16,572,120
Total assets in the fair value hierarchy	16,572,120	-	-	16,572,120
Investments measured at net asset value (a)				240,231
Investments, at fair value	$ 16,572,120	-	-	$ 16,812,351

	Level 1	Level 2	Level 3	Total
	Assets at Fair Value as of June 30, 2016			
Shares of registered investment companies (mutual funds)	$ 15,337,461	$ -	$ -	$ 15,337,461
Total assets in the fair value hierarchy	15,337,461	-	-	15,337,461
Investments measured at net asset value (a)				408,296
Investments, at fair value	$ 15,337,461	-	-	$ 15,745,757

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of June 30, 2017 and 2016:

Investments	2017 Fair Value	2016 Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common/collective trust fund:					
Wells Fargo Bank, N.A.					
Stable Return Fund	$ 240,231	$ 408,296	$ -	Daily	None

Note 5. Exempt Party-In-Interest Transactions

Certain plan investments are shares of a common/collective trust fund managed by Wells Fargo Bank, N.A., the custodian of the Plan, and therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services provided by Wells Fargo Bank, N.A. were included as a reduction of the return earned on investments and administrative revenue received by the Plan through the Plan's revenue-sharing agreement by Wells Fargo Bank, N.A. was used to offset the Plan's administrative expenses. These transactions qualify as party-in-interest transactions. Certain employees of the Company provide administrative services to the Plan. These employees are not paid by the Plan for their services.

Note 6. Federal Income Tax Status

The Plan has adopted a non-standardized form of a prototype plan sponsored by Wells Fargo Bank, N.A. The prototype plan has received an opinion letter from the Internal Revenue Service dated March 31, 2014 stating that the prototype plan document, as then designed, was in compliance with the applicable requirements of the IRC. The Plan itself has not received a determination letter from the IRS. Although the Plan has been amended since the date of the aforementioned opinion letter, the Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2017 and 2016, there are no uncertain positions taken or expected to be taken that would require recognition of the liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2014.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated, each participant's account balance will be distributed to the participant or named beneficiary.

Note 8. Risks and Uncertainties

The Plan provides various investment options to its participants. Investment securities, in general, are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of

investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Note 9. Reconciliation Between Financial Statements and Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at June 30, 2016:

	2016
Net assets available for benefits per the financial statements	$16,088,444
Differences in:	
Receivables - notes receivable from participants	(342,687)
Investments	342,687
Net assets available for benefits per Form 5500	$16,088,444

Note 10. Subsequent Events

The Plan Administrator has evaluated events occurring subsequent to June 30, 2017, as to their potential impact to the financial statements through April 13, 2018, which is the date the financial statements were available to be issued.

Effective January 11, 2018, the Plan was merged into Hearthside Food Solutions 401(k) Plan (an affiliated plan sponsored by the Company). Plan assets were transferred on January 11, 2018 and participants began participating in the new Plan immediately.

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SUPPLEMENTAL SCHEDULE

Hearthside Food Solutions, LLC – Wenona 401(k) Plan (formerly Oak State Products, Inc. 401(k) Retirement Plan)
Employer ID No: 26-4228653
Plan No: 003

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
As of June 30, 2017

	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current value
	American Funds AmCap R6 Fund	Mutual Fund	**	$ 1,860,844
	American Funds EuroPacific Growth R6 Fund	Mutual Fund	**	1,418,957
	Dodge & Cox International Stock Fund	Mutual Fund	**	1
	Dodge & Cox Income Fund	Mutual Fund	**	773,021
	Harbor Capital Appreciation Fund	Mutual Fund	**	2
	Harris Association Investment TR Oakmark Fund	Mutual Fund	**	2
	JPMorgan Mid Cap Value I Fund	Mutual Fund	**	133,519
	JPMorgan SmartRetirement Income A Fund	Mutual Fund	**	190,916
	JPMorgan SmartRetirement 2020 A Fund	Mutual Fund	**	930,057
	JPMorgan SmartRetirement 2025 A Fund	Mutual Fund	**	21,176
	JPMorgan SmartRetirement 2030 A Fund	Mutual Fund	**	1,634,681
	JPMorgan SmartRetirement 2035 A Fund	Mutual Fund	**	9,099
	JPMorgan SmartRetirement 2040 A Fund	Mutual Fund	**	1,050,958
	JPMorgan SmartRetirement 2045 A Fund	Mutual Fund	**	12,150
	JPMorgan SmartRetirement 2050 A Fund	Mutual Fund	**	316,143
	JPMorgan SmartRetirement 2055 A Fund	Mutual Fund	**	4,178
	JPMorgan Smart Retirement 2060 A Fund	Mutual Fund	**	6,112
	MassMutual Select Mid Cap Growth Equity II R5 Fund	Mutual Fund	**	565,527
	Metropolitan West Total Return Bond Fund Class M	Mutual Fund	**	55
	MFS Value Fund Class A	Mutual Fund	**	248,474
	Oppenheimer Developing Marketing Fund Class Y	Mutual Fund	**	55,634
	T. Rowe Price Retirement 2010 Fund	Mutual Fund	**	17
	T. Rowe Price Retirement 2020 Fund	Mutual Fund	**	113
	T. Rowe Price Retirement 2030 Fund	Mutual Fund	**	200
	T. Rowe Price Retirement 2040 Fund	Mutual Fund	**	129
	T. Rowe Price Retirement 2050 Fund	Mutual Fund	**	37
	T. Rowe Price Value Fund	Mutual Fund	**	32
	T. Rowe Price QM US Small-Cap Growth Equity I Fund	Mutual Fund	**	2,262,881
	T. Rowe Price Retirement Balanced Fund	Mutual Fund	**	9
	Vanguard Mid Cap Growth Index Fund	Mutual Fund	**	3
	Vanguard 500 Index Fund Admiral Shares	Mutual Fund	**	3,362,785
	Vanguard Extended Market Index Fund Admiral Shares	Mutual Fund	**	1,714,408
				16,572,120
	Common/collective trust fund:			
*	Wells Fargo Bank, N.A. Stable Return Fund N	Stable Value Fund – Collective Investment Trust	**	240,231
*	Various Participants	Participant Loans (maturing 2017-2024 at interest rates of 5.25% - 6.25%)	$274,952	274,952
				$ 17,087,303

* Represents party-in-interest to the Plan
** Cost information is not required for participant-directed investments and therefore is not included.
See accompany Independent Auditors' Report