

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 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ▶ ☒		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>HEINEN'S, INC. ASSOCIATES' PROFIT SHARING AND 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>002</u>
		1c	Effective date of plan <u>06/01/1961</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HEINEN'S, INC.</u> <u>4540 RICHMOND RD</u> <u>WARRENSVILLE HEIGHTS, OH 44128-5757</u>	2b	Employer Identification Number (EIN) <u>34-0673060</u>
		2c	Plan Sponsor's telephone number <u>216-475-2300</u>
		2d	Business code (see instructions) <u>445110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/17/2018	DANIEL MUSIL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/17/2018	DANIEL MUSIL
	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

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 732
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) 644
a(2) Total number of active participants at the end of the plan year	6a(2) 648
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 58
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 706
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 2
f Total. Add lines 6d and 6e	6f 708
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 704
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 63
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 2S 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan HEINEN'S, INC. ASSOCIATES' PROFIT SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 HEINEN'S, INC.	D Employer Identification Number (EIN) 34-0673060

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

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	441462	708	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.	
(a) Total amount of commissions paid 0	(b) Total amount of fees paid 1299

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid KESTRA INVESTMENT SERVICES LLC 2211 NORFOLK ST STE 120 HOUSTON, TX 77098-4046

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1299	PRORATED INCENTIVE, NOT DEDUCTED FROM PLAN	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED FUND CONTRACT**b** Balance at the end of the previous year **7b** 2463310**c** Additions: (1) Contributions deposited during the year **7c(1)** 244259
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 32510
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 144983
▶ LOAN PAYMENT, ROLLOVER, OUTSIDE INVESTMENT TRANSFER(6) Total additions **7c(6)** 421752**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 2885062**e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 90733
(2) Administration charge made by carrier **7e(2)** 2475
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)** 201963
▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER, MISTAKE OF FACT REFUND(5) Total deductions **7e(5)** 295171**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 2589891

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan HEINEN'S, INC. ASSOCIATES' PROFIT SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 HEINEN'S, INC.	D Employer Identification Number (EIN) 34-0673060

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

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	610799	708	01/01/2017	12/31/2017

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	10514579

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning **01/01/2017** and ending **12/31/2017**

A Name of plan HEINEN'S, INC. ASSOCIATES' PROFIT SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 HEINEN'S, INC.	D Employer Identification Number (EIN) 34-0673060	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

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

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

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

KESTRA INVESTMENT SERVICES LLC

74-2794194

(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?
49 55	OTHER SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	18086	Yes ☐ No ☒

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	17852	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

KESTRA ADVISORY SERVICES, LLC

35-2552359

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 99	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	40000	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
KESTRA INVESTMENT SERVICES LLC	49 55	18086
(d) Enter name and EIN (address) of source of indirect compensation PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. PRORATED INCENTIVE, NOT DEDUCTED FROM PLAN	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
KESTRA ADVISORY SERVICES, LLC	27 99	40000
(d) Enter name and EIN (address) of source of indirect compensation PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. INVESTMENT ADVISORY (PLAN)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>HEINEN'S, INC. ASSOCIATES' PROFIT SHARING AND 401(K) PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HEINEN'S, INC.</u>	D Employer Identification Number (EIN) <u>34-0673060</u>	

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: <u>PRIN LGCP S&P 500 INDEX SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5624994</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP S&P 600 INDEX SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-028</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3669659</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP S&P 400 IDX SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-023</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1219926</u>
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**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury 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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>HEINEN'S, INC. ASSOCIATES' PROFIT SHARING AND 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HEINEN'S, INC.</u>	D Employer Identification Number (EIN) <u>34-0673060</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	400000	291
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	787633	896398
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	0	10514579
(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)	34303520	32676250
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2463310	2589891
(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	37954463 46677409
Liabilities			
g	Benefit claims payable	1g	0
h	Operating payables	1h	0
i	Acquisition indebtedness	1i	0
j	Other liabilities	1j	0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	37954463 46677409

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1002062
	(B) Participants	2a(1)(B)	2419575
	(C) Others (including rollovers)	2a(1)(C)	74728
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	3496365
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0
	(B) U.S. Government securities	2b(1)(B)	0
	(C) Corporate debt instruments	2b(1)(C)	0
	(D) Loans (other than to participants)	2b(1)(D)	0
	(E) Participant loans	2b(1)(E)	38178
	(F) Other	2b(1)(F)	32510
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	70688
(2)	Dividends: (A) Preferred stock	2b(2)(A)	0
	(B) Common stock	2b(2)(B)	0
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	509674
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	509674
(3)	Rents	2b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0
	(B) Other	2b(5)(B)	0
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-27
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		6027112
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		10103812

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1362904	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	110	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1363014
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	17852	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		17852
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1380866

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8722946
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(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: HILL STONESTREET & CO

(2) EIN: 34-1521313

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	0
4b		X	0

	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	0
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	0
e Was this plan covered by a fidelity bond?	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?		X	
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.).....	X		
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			

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

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.)

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 2017 This Form is Open to Public Inspection.	
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017					
A Name of plan HEINEN'S, INC. ASSOCIATES' PROFIT SHARING AND 401(K) PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan sponsor's name as shown on line 2a of Form 5500 HEINEN'S, INC.				D Employer Identification Number (EIN) 34-0673060	
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): 42-0127290					
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 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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.					
Schedule R (Form 5500) 2017 v. 170203					

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): _____

INDEPENDENT AUDITORS' REPORT

HEINEN'S, INC. ASSOCIATES' PROFIT-SHARING AND 401(K) PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Heinen's, Inc. Associates' Profit Sharing and 401(K) Plan which comprise the Statements of Net Assets Available for Benefits as of December 31, 2017 and 2016, and the related Statement of Changes in Net Assets Available for Benefits With Fund Information and the Schedule H supplemental schedules included in Form 5500, Annual Return of Employee Benefit Plan for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosures 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 Form 5500 and the information contained in Note E which was certified by the Principal Trust Company a member of the Principal Financial Group, Trustee of the Plan, except for comparing the information, with the related information included in the 2017 financial statements and supplemental schedules. 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 December 31, 2017 and 2016 and for the years ended December 31, 2017 and 2016, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

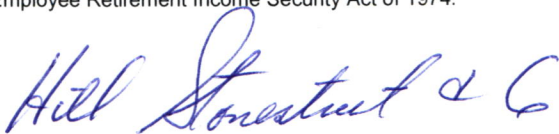
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other matters

The supplemental Schedule H line 4i Schedule of assets held at end of year are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by 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 in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Cleveland, Ohio
July 9, 2018

HEINEN'S, INC. ASSOCIATES' PROFIT-SHARING AND 401(K) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2017	December 31, 2016
ASSETS		
EMPLOYERS CONTRIBUTION RECEIVABLE	\$ 291	\$ 400,000
PARTICIPANT DIRECTED INVESTMENTS AT FAIR VALUE		
EMPLOYER'S ACCOUNTS		
CGF Qualified 401(a) at contract value	1,158,632	1,116,487
American Century Eqty Inc	1,534,844	1,555,966
American Funds Am Balanced	836,794	701,251
American Beacon Lg Cap Inv	772,527	392,484
Prin Inv S&P 500 Idx	2,318,065	1,834,074
Wells Fargo Adv Gr Adm FGd	2,048,842	1,657,888
PIMCO	314,685	497,689
Templeton Global Bond Fd	376,981	154,235
Columbia Acorn Int'l Fd	380,787	333,807
T Rowe Price Mid Cap Grwth	1,033,019	809,958
Clearbridge Small Cap	382,486	253,550
Prin Inv S&P 400 Idx	464,193	379,206
Prin Inv S&P 600 Idx	1,407,571	1,990,939
American Funds Europacific	1,985,646	1,354,154
Dodge and Cox Inc Fund	1,624,452	1,328,848
Vanguard Growth Index	238,567	-
Vanguard Sel Value	537,232	-
Goldman Sachs Mid Cap Val Fd	-	407,180
Vanguard ST Inv-Grade Inv Fund	472,116	386,879
TOTAL EMPLOYER'S ACCOUNTS	17,887,439	15,154,595
SALARY DEFERRAL & ROLLOVER ACCOUNTS		
CGF Qualified 401(a) at contract value	1,431,259	1,346,823
American Century Eqty Inc	2,506,671	2,659,712
American Funds Am Balanced	1,406,917	1,204,764
American Beacon Lg Cap Inv	773,993	128,398
Prin Inv S&P 500 Idx	3,306,929	2,537,250
Wells Fargo Adv Gr Adm FGd	2,950,279	2,432,114
PIMCO	511,481	863,626
Templeton Global Bond Fd	627,413	173,712
Columbia Acorn Int'l Fd	713,054	593,489
T Rowe Price Mid Cap Grwth	1,915,512	1,523,864
Clearbridge Small Cap	618,670	410,186
Prin Inv S&P 400 Idx	755,733	588,087
Prin Inv S&P 600 Idx	2,262,087	1,251,924
American Funds Europacific	3,224,996	2,156,222
Dodge and Cox Inc Fund	2,672,833	2,313,155
Vanguard Growth Index	440,754	-
Vanguard Sel Value	886,344	-
Goldman Sachs Mid Cap Val Fd	-	680,032
Vanguard ST Inv-Grade Inv Fund	888,356	748,877
TOTAL SALARY DEFERRAL ACCOUNTS	27,893,281	21,612,235
Notes receivable from participants	896,398	787,633
	\$ 46,677,409	\$ 37,954,463

See Accountants' report and notes to financial statements.

HEINEN'S, INC. ASSOCIATES' PROFIT-SHARING AND 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION

Twelve Months Ended December 31, 2017

	Receivables and Loans	CGF Qual 401 (A)	Vanguard ST Inv Grade	Amer Cent Eqty Inc	Amer Fnd Am Bal	Prin Inv S&P 500 Idx	T Rowe Pr Midcp Gr	Legg Adv Sm Cap	Prin Inv S&P 400 Idx	Prin Inv S&P 600 Idx	Amer Fnd Europacific	Pimco Real Ret	Wells Fargo Adv Grwth	Dodge Cox Inc Fund	Other Funds	Total
ADDITIONS																
Additions to net assets attributed to:																
Interest & dividends	38,178	32,510	24,627	73,105	37,148	95,117	-	-	13,870	40,155	40,660	36,229	-	103,995	44,768	580,362
Capital gains	-		253	451,592	77,579	276,615	219,076	32,499	67,751	190,076	176,604		1,275,732	10,292	183,976	2,962,045
Fair value adjustment																-
net appreciation & earnings		-	(1,123)	39,304	175,563	599,549	356,490	151,413	78,162	187,594	889,681	18,679	171,502	44,099	354,127	3,065,040
	38,178	32,510	23,757	564,001	290,290	971,281	575,566	183,912	159,783	417,825	1,106,945	54,908	1,447,234	158,386	582,871	6,607,447
Contributions:																
Participants'		200,822	199,137	283,657	78,212	181,106	124,416	31,359	41,228	147,653	227,473	149,594	230,419	241,897	282,602	2,419,575
Participants' rollover		6,055	6,055	10,442	-	6,581	1,652	-	3,793	7,462	4,878	5,447	4,440	5,446	12,477	74,728
Employer's	(399,709)	58,252	127,635	173,671	42,946	112,510	68,040	16,595	20,980	85,708	140,253	96,609	137,211	146,644	174,716	1,002,062
	(399,709)	265,129	332,827	467,770	121,158	300,197	194,108	47,954	66,001	240,823	372,604	251,650	372,070	393,987	469,795	3,496,365
TOTAL ADDITIONS	(361,531)	297,639	356,584	1,031,771	411,448	1,271,478	769,674	231,866	225,784	658,648	1,479,549	306,558	1,819,304	552,373	1,052,666	10,103,812
DEDUCTIONS																
Deductions from net assets attributed to:																
Benefits paid		90,843	44,647	222,141	137,814	91,698	102,872	12,527	11,500	56,386	106,487	82,338	134,609	154,065	115,087	1,363,014
TOTAL DEDUCTIONS	-	90,843	44,647	222,141	137,814	91,698	102,872	12,527	11,500	56,386	106,487	82,338	134,609	154,065	115,087	1,363,014
Net increase prior to inter-fund transfers and loans	(361,531)	206,796	311,937	809,630	273,634	1,179,780	666,802	219,339	214,284	602,262	1,373,062	224,220	1,684,695	398,308	937,579	8,740,798
Loan expenses		(2,474)	(1,225)	(2,328)	(481)	(1,221)	(722)	(193)	(217)	(1,023)	(1,544)	(1,213)	(1,512)	(1,669)	(2,030)	(17,852)
Inter-fund transfers	70,587	(77,741)	(85,996)	(981,464)	64,543	75,112	(51,371)	118,274	38,566	(174,444)	328,746	(758,156)	(774,064)	258,643	1,948,765	-
INCREASE (DECREASE)	(290,944)	126,581	224,716	(174,162)	337,696	1,253,671	614,709	337,420	252,633	426,795	1,700,264	(535,149)	909,119	655,282	2,884,314	8,722,946
NET ASSETS AVAILABLE																
Beginning of year	1,187,633	2,463,310	1,135,756	4,215,677	1,906,015	4,371,323	2,333,822	663,736	967,293	3,242,863	3,510,378	1,361,315	4,090,002	3,642,003	2,863,337	37,954,463
December 31, 2017	896,689	2,589,891	1,360,472	4,041,515	2,243,711	5,624,994	2,948,531	1,001,156	1,219,926	3,669,658	5,210,642	826,166	4,999,121	4,297,285	5,747,651	46,677,409

See Accountants' report and notes to financial statement.

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

H', I. A' P S

EIN 34 0673060

PLAN NUMBER 002

PLAN YEAR 01/01/2017 TO 12/31/2017

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	American Beacon	Registered Investment Company AM BEAC BGWY LG CAP VAL INS FD	\$ 0.00	\$ 1,546,519.02
	The American Funds	Registered Investment Company AM FDS EUROPACIFIC GRTH R6 FD	\$ 0.00	\$ 5,210,641.51
	American Century Investments	Registered Investment Company AMER CENT EQUITY INC R6 FUND	\$ 0.00	\$ 4,041,515.52
	The American Funds	Registered Investment Company AMER FUNDS AMER BAL R6 FD	\$ 0.00	\$ 2,243,711.12
	Legg Mason	Registered Investment Company CLEARBRIDGE SM CP GR IS FUND	\$ 0.00	\$ 1,001,156.28
	Columbia Funds	Registered Investment Company COLUMBIA ACORN INT I3 FUND	\$ 0.00	\$ 1,093,841.25
	Dodge and Cox Funds	Registered Investment Company Dodge & Cox Income Fund	\$ 0.00	\$ 4,297,284.78
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Income 401(a)/(k)	\$ 0.00	\$ 2,589,890.95
	PIMCO Funds	Registered Investment Company PIMCO REAL RETURN INSTL FUND	\$ 0.00	\$ 826,166.17
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LGCP S&P 500 INDEX SA-Z	\$ 0.00	\$ 5,624,994.05
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MIDCAP S&P 400 IDX SA-Z	\$ 0.00	\$ 1,219,926.45
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN SMCAP S&P 600 INDEX SA-Z	\$ 0.00	\$ 3,669,658.56
	T. Rowe Price Funds	Registered Investment Company T. ROWE PRICE MD-CP GR I FD	\$ 0.00	\$ 2,948,531.04
	Franklin Templeton Investments	Registered Investment Company TEMPLETON GLOBAL BOND R6 FUND	\$ 0.00	\$ 1,004,394.00
	Vanguard Group	Registered Investment Company VANGUARD GROWTH INDEX ADM FUND	\$ 0.00	\$ 679,319.95

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN 34 0673060
PLAN NUMBER 002
PLAN YEAR 01/01/2017 TO 12/31/2017

[illegible]

HEINEN'S INC. ASSOCIATES' PROFIT-SHARING AND 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2017

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

Income and expenses are reported on the accrual basis of accounting. Employer and employee contributions are accrued by the trustee of the plan. Participant loans are valued at their face value less the principal portion repaid plus accrued interest. Securities investments are reflected at fair value. Fully benefit-responsive investment contracts are reported at their contract value.

This Guaranteed investment contract is considered a fully benefit-responsive investment contract and should be reflected at contract value within net assets available for benefits. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. Most participant transactions are executed using contract value without adjustment. This contract does have surrender charges if it is terminated by the contract holder or a plan terminates its interest in such contract within certain time periods. If the contract holder is considering terminating the contract or a plan is considering terminating its interest in such contract in the near future, contract value less surrender charges may be a better proxy for fair value.

Estimates

The preparation of financial statements requires the Plan's administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Investments and income recognition

To comply with ERISA reporting requirements, investments are shown at their fair value in the financial statements. Fair value is determined by the custodian of the Plan, based on current trading prices which differ from investments reported under generally accepted accounting principles which require investments to be valued at historical cost. Purchases and sales of securities are recorded on the date the securities are traded.

Notes receivable from participants

Participant loans are shown at their face value less the principal portion repaid plus accrued interest on the unpaid portion. Interest relating to participant loans range between 4.25% and 5.25% and are secured by the participants' vested accrued benefit. Loans are treated as distributions to the participant in the year deemed uncollectible; therefore, no allowance is necessary.

HEINEN'S INC. ASSOCIATES' PROFIT-SHARING AND 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2017

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Benefits

Benefits are recorded when paid.

Cost of sponsor

The employer sponsor absorbs certain costs relative to the administration of the Plan, which are insignificant in relationship to the net assets available for benefits.

NOTE B - MAIN SPECIFICATIONS OF PLAN

1. Effective Date: June 1, 1961, as restated November 1, 2003 and amended on February 1, 2014.
2. Eligibility: All employees of the Company attaining age 21 and completing ninety days of service will participate in the plan. An employee, for purposes of this Plan, does not include any person who is included in a collective bargaining agreement to which the Company is required to make contributions.
3. Allocation of Company Contributions:

The Company contribution shall be allocated among those who are participants as of the last day of such plan year and who are eligible employees on such last day. An Adjusted Compensation amount shall be determined for each participant that shall be equal to the sum of his compensation for the Plan year plus that portion of his compensation for the Plan year that is in excess of 81% of the social security taxable wage base in effect as of the beginning of the plan year. The amount of each participant's share of the employer contribution for such Plan year shall be based on a defined formula as stipulated in article VI of the plan.

The amount of each such participant's share of forfeitures occurring during such plan year shall be in the ratio which his compensation for such plan year bears to the aggregate compensation of all such participants for such plan year. Forfeitures allocated during the year ended December 31, 2017, totaled \$32,762.

HEINEN'S INC. ASSOCIATES' PROFIT-SHARING AND 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2017

NOTE B - MAIN SPECIFICATIONS OF PLAN (continued)

Notwithstanding the foregoing provisions of the paragraphs above, the amount of employer contributions and forfeitures which may be allocated to each participant shall in no event exceed the base contribution percentage by more than the lesser of

- a) the base contribution percentage, or
- b) the greater of 5.4 percentage points or the percentage equal to the portion of the rate of tax applicable to the Employer under Section 3111(a) of the Code at the beginning of the plan year attributable to the old age insurance portion of the Old Age Survivors and Disability Provision of the Social Security Act. Any excess shall be allocated in accordance with the provisions of said paragraph (2).

Further restrictions defined under Section 415(d) of the Internal Revenue Code are included which limit the maximum amount that can be allocated to a participant's account under the Plan for any limitation year. The amount of tax-deferred contributions made to the Plan on behalf of an eligible employee shall be a percentage of compensation not less than 1% and not more than 80%.

4. Participation and Accounting:

As of the date an employee first becomes a participant, there shall be established accounts in his name which shall reflect his share of employee salary deferral, employer profit sharing, qualified non-elective, and 401(K) matching contributions and forfeitures, as well as such account's pro rata share of annual net increase or decrease in value of the assets of each account.

5. Changes in Participation:

A participant shall become an inactive participant on the date he/she is no longer an eligible employee. A participant will no longer be a participant on the date you are not an eligible employee and your account is zero. A participant can rejoin the plan as an active participant when he/she works another hour for the Company as an eligible employee.

HEINEN'S INC. ASSOCIATES' PROFIT-SHARING AND 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2017

NOTE B - MAIN SPECIFICATIONS OF PLAN (continued)

6. Determination of
Former Participant's
Interest:

In the event the participant has completed at least 6 full years of continuous participation under the Plan prior to 2015, his/her entire interest in the Profit Sharing and Matching Contributions Sub-account shall be distributable to him/her or to their contingent beneficiary. In any other case, the participant shall receive a 10% vested interest in his separate balance for each year of service for 2 years after the completion of 1 year of service, and a 20% vested interest for each service year after 2 years of service until 100% vested for accounts prior to 2015. Matching contributions made for all participants beginning in 2015 are subject to a different vesting schedule regardless of a participant's beginning date. A two year cliff vesting schedule will apply to all matching contributions made beginning in 2015.

In the event a participant's employment with the Company is terminated by reason of fraud, theft, embezzlement or other felonious conduct in connection with such employment, the percentage of his interest amount of his separate balance shall be forfeited and neither such participant nor his contingent beneficiary shall be entitled to any benefits or other rights hereunder.

7. Contingent
Beneficiaries:

Each participant who is married must, unless his spouse consents otherwise, designate his spouse as his beneficiary to whom distribution shall be made in the event such participant dies before his interest shall have been distributed to him/her in full.

8. Payment
Distribution:

Payment on retirement, death, or termination of employment may be made in one of the following ways:

(1) A lump sum.

(2) Installments over a period equal to the life expectancy of the participant or the life expectancy of the participant's beneficiary if the participant has died, or a period not exceeding the joint life and last survivor expectancy of the participant and the participant's beneficiary.

HEINEN'S INC. ASSOCIATES' PROFIT-SHARING AND 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2017

NOTE B - MAIN SPECIFICATIONS OF PLAN (continued)

- (3) Payments prior to age 59.5 while actively employed are available by loans, hardship, or withdrawal of employee rollover contributions. In service distributions after a participant attains age 59.5 are available from all vested account balances.

NOTE C - FUNDING POLICY

The Company's funding policy as it relates to profit sharing contributions is strictly discretionary. Contributions to the Plan may be limited by Internal Revenue Service Rules.

NOTE D - DESCRIPTION OF PRIORITIES UPON PLAN TERMINATION

In the event of the termination of the Plan by the employer, written notice thereof shall be given to all persons who have a vested interest hereunder and to the Trustee. Upon any such termination of the Plan, the Trustee shall take the following actions for the benefit of participants, former participants and beneficiaries:

As of the termination date, the Trustee shall value all separate accounts and sub accounts and adjust all accounts in the manner provided in Article XI of the plan, with any unallocated forfeitures or contributions being allocated as stipulated in the plan up to the termination date. The termination date shall become a valuation date for purposes of Article XI. In determining the net worth of the Trust, the Trustee shall include as a liability, such amounts, as in its judgment, shall be necessary to pay all expenses in connection with the termination of the Trust and the liquidation and distribution of the Trust property, as well as other expenses, whether or not accrued, and shall include as an asset all accrued income.

The Trustee shall then segregate and transfer an amount equal to the entire interest of each participant, former participant and beneficiary in the Trust to a distribution account for the benefit of such participant, former participant or beneficiary. The Trustee shall hereafter dispose of all separate accounts to or for the benefit of such participant, former participant or beneficiary, in accordance with Article XV.

HEINEN'S INC. ASSOCIATES' PROFIT-SHARING AND 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2017

NOTE E – INFORMATION CERTIFIED BY THE CUSTODIAN

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations and Disclosure under ERISA. Accordingly, The Principal Financial Group, the custodian of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2017 and 2016, the related investment activity reflected in the statement of changes in net assets available for benefits for the year ending December 31, 2017, Note G, and the supplemental Schedule H, line 4i – Schedule of Assets Held at End of Year.

NOTE F – RISKS AND UNCERTAINTIES

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

NOTE G - INVESTMENTS

The Plan's investments are held in a trust. The Plan maintains certain investments in five funds which comprise approximately 51.8% of total assets. These funds have concentrations ranging between 8.66% and 12.05% of net assets attributable to participant self-direction. The investments have significantly different investment objectives; however, a change in economic factors may have a significant impact on total net assets.

Participants are given the ability to invest their account balances and contributions in various funds held by the Trustee. Assets currently in the Plan were sold, transferred, and invested as participants directed. The Statement of Net Assets Available for Benefits details each investment. Those investments that exceed 5% of total assets available for benefits are as follows:

CGF Qualified 401(a) at fair value	\$2,589,891	5.55%
American Cent Equity Inc	4,041,515	8.66%
Dodge & Cox Inc Fd	4,297,285	9.21%
Wells Fargo Adm Growth Fd	4,999,121	10.71%
American Funds Europacific	5,210,642	11.16%
SmallCap S&P 600 Index	3,669,658	7.86%
LargeCap S&P 500 Index	5,624,994	12.05%
T Rowe Price Mid cap Growth	2,948,531	6.31%

HEINEN'S INC. ASSOCIATES' PROFIT-SHARING AND 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2017

NOTE G – INVESTMENTS (continued)

No single plan transaction or series of transactions other than plan contributions or benefits paid would qualify as a reportable transaction.

During 2017 the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value approximately \$6,027,085.

NOTE H – FAIR VALUE MEASUREMENTS

Fair value is the price that would be received to sell an asset or to transfer a liability in an orderly transaction between market participants at a measurement date. The fair value hierarchy prioritizes the inputs used to measure fair value into three categories Level 1, Level 2, and Level 3. The fair value hierarchy gives priority to quoted prices in active markets for identical assets or liabilities (Level 1) and lowest priority to unobservable inputs (Level 3).

Level 1 fair value measurements are based on quoted net asset values of the shares held by the Plan at year end. The fair value of the investments is based on the closing price reported on the active market where the individual securities are traded.

Level 3 fair value measurements for the guaranteed investment contracts with the insurance company is determined using an income approach by discounting cash flows based on current yields of similar instruments with comparable durations. Participant loans are valued based on the unpaid principal balance of the loan plus any accrued interest. The fair value of plan assets on a recurring basis for 2016 and 2017 are as follows:

<u>2016 Investment category</u>	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investment contracts	\$ 2,463,310			\$2,463,310
Contribution receivable	400,000	400,000		
Participant loans	787,633			787,633
Mutual fund	<u>34,303,520</u>	<u>\$34,303,520</u>		<u>-</u>
Totals	<u>\$37,954,463</u>	<u>\$34,703,520</u>		<u>\$3,250,943</u>
<u>2017 Investment category</u>	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investment contracts	\$ 2,589,891			\$2,589,891
Contribution receivable	291	291		
Participant loans	896,398			896,398
Mutual fund	<u>43,190,829</u>	<u>\$43,190,829</u>		<u>-</u>
Totals	<u>\$46,677,409</u>	<u>\$43,191,120</u>		<u>\$3,468,289</u>

HEINEN'S INC. ASSOCIATES' PROFIT-SHARING AND 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2017

NOTE H – FAIR VALUE MEASUREMENTS – (continued)

Effect of Level 3 inputs on net assets or liabilities:

<u>2016</u> <u>Investment category</u>	<u>Beginning</u> <u>Balance</u>	<u>Total gain</u> <u>or loss</u>	<u>Interest</u> <u>credited</u>	<u>Purchase</u> <u>Settlements</u>	<u>Ending</u> <u>Balance</u>	<u>Unrealized</u> <u>Gain (loss)</u>
Investment contracts	\$2,687,822	\$ -	\$39,838	\$-264,350	\$2,463,310	\$ -
Participant loans	523,616	-	26,838	237,179	787,633	-
Totals	<u>\$3,211,438</u>	<u>\$ -</u>	<u>\$66,676</u>	<u>\$ -27,171</u>	<u>\$3,250,943</u>	<u>\$ -</u>

<u>2017</u> <u>Investment category</u>	<u>Beginning</u> <u>Balance</u>	<u>Total gain</u> <u>or loss</u>	<u>Interest</u> <u>credited</u>	<u>Purchase</u> <u>Settlements</u>	<u>Ending</u> <u>Balance</u>	<u>Unrealized</u> <u>Gain (loss)</u>
Investment contracts	\$2,463,310	\$ -	\$32,510	\$ 94,071	\$2,589,891	\$ -
Participant loans	787,633	-	38,178	70,777	896,398	-
Totals	<u>\$3,250,943</u>	<u>\$ -</u>	<u>\$70,688</u>	<u>\$ 164,848</u>	<u>\$3,486,289</u>	<u>\$ -</u>

The Principal Fixed Income Option (PFIO) is a benefit responsive single group annuity contract issued by the Principal Life Insurance Company. The methodology for calculating the interest crediting rate is defined in the contract and is currently reset on a semi-annual basis. Changes in future interest crediting rates will not effect the amount reported on the statement of net assets available for benefits representing the adjustment for the portion of net assets attributable to fully benefit responsive investment contracts from fair value to contract value. The contracts have a fixed rate of interest; they are not a portfolio of contracts whose yields are based on changes in fair value of the underlying assets. During 2017 and 2016, the interest rate on contracts was 2.05% and 2.00% respectively. The investment contracts are reflected at contract value which approximates fair value in 2017 and 2016. These underlying investment contracts as well as participant loans have unobservable Level 3 pricing inputs. In the unlikely event that the plan terminates, becomes bankrupt, or merges the Plan's ability to execute transactions at contract value is limited. A surrender charge of approximately 5% may apply.

HEINEN'S INC. ASSOCIATES' PROFIT-SHARING AND 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2017

NOTE I - SUBSEQUENT EVENTS

Management has undertaken a review of events after December 31, 2017 through July 9, 2018, the date available for issuance that could have an impact on the accompanying financial statements. Nothing related to the financial statements was found that would require disclosure in the financial statements.

NOTE J – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by The Principal Financial Group, the trustee as defined by the plan and, therefore, transactions with the trustee qualify as party-in-interest transactions. The supplemental Schedule H, line 4i – Schedule of Assets held at year end column (a) reflects those assets (*) that are considered to be party-in-interest related. Fees for management and other administrative services are paid by the plan sponsor.

Parties-in-interest consist of the following:

- Heinen's, Inc. - sponsor
- Principal Financial Group - custodian
- Hill, Stonestreet & Co. – independent auditors
- NFP Advisor Services, LLC. – service provider
- Thomas and J Jeffrey Heinen, Daniel J Musil – trustees of the Plan

NOTE K – FORM 5500 FILINGS SUBJECT TO AUDIT

The Plan's information filings (Form 5500) are subject to audit by the Internal Revenue Service and the Department of Labor. The Plan's open audit years are 2015 through 2017.

NOTE L - DATE OF PLAN DETERMINATION LETTER

The plan obtained its latest determination letter on March 31, 2014, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Service.

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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EIN 34 0673060
 PLAN NUMBER 002
 PLAN YEAR 01/01/2017 TO 12/31/2017

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	American Beacon	Registered Investment Company AM BEAC BGM LG CAP VAL INS FD	\$ 0.00	\$ 1,546,519.02
	The American Funds	Registered Investment Company AM FDS EUROPACIFIC GRTH R6 FD	\$ 0.00	\$ 5,210,641.51
	American Century Investments	Registered Investment Company AMER CENT EQUITY INC R6 FUND	\$ 0.00	\$ 4,041,515.52
	The American Funds	Registered Investment Company AMER FUNDS AMER BAL R6 FD	\$ 0.00	\$ 2,243,711.12
	Legg Mason	Registered Investment Company CLEARBRIDGE SM CP GR IS FUND	\$ 0.00	\$ 1,001,156.28
	Columbia Funds	Registered Investment Company COLUMBIA ACORN INT I3 FUND	\$ 0.00	\$ 1,093,841.25
	Dodge and Cox Funds	Registered Investment Company Dodge & Cox Income Fund	\$ 0.00	\$ 4,297,284.78
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Income 401(a)/(k)	\$ 0.00	\$ 2,589,890.95
	PIMCO Funds	Registered Investment Company PIMCO REAL RETURN INSTL FUND	\$ 0.00	\$ 826,166.17
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LGCP S&P 500 INDEX SA-Z	\$ 0.00	\$ 5,624,994.05
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MIDCAP S&P 400 IDX SA-Z	\$ 0.00	\$ 1,219,926.45
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN SMCAP S&P 600 INDEX SA-Z	\$ 0.00	\$ 3,669,658.56
	T. Rowe Price Funds	Registered Investment Company T. ROWE PRICE MD-CP GR I FD	\$ 0.00	\$ 2,948,531.04
	Franklin Templeton Investments	Registered Investment Company TEMPLETON GLOBAL BOND R6 FUND	\$ 0.00	\$ 1,004,394.00
	Vanguard Group	Registered Investment Company VANGUARD GROWTH INDEX ADM FUND	\$ 0.00	\$ 679,319.95

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN 34 0673060
PLAN NUMBER 002
PLAN YEAR 01/01/2017 TO 12/31/2017

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