

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>12/22/2017</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>E & H FAMILY GROUP, INC. EMPLOYEES' PENSION PLAN AND TRUST</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>06/30/1959</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>E & H FAMILY GROUP, INC.</u> <u>P.O. BOX 196</u> <u>WOOSTER, OH 44691-0196</u>	2b	Employer Identification Number (EIN) <u>34-0677847</u>
		2c	Plan Sponsor's telephone number <u>330-264-4355</u>
		2d	Business code (see instructions) <u>445110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/24/2018	RICHARD A. LOWE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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	5 548
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) 57
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

1A 1B 1I

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)** ☐ 0 **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 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 12/22/2017		
A Name of plan E & H FAMILY GROUP, INC. EMPLOYEES' PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 E & H FAMILY GROUP, INC.	D Employer Identification Number (EIN) 34-0677847	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

BMO HARRIS BANK N.A.

111 WEST MONROE STREET
CHICAGO, IL 60603

31-1296401

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 27 50 59	TRUSTEE	17578	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

UBS FINANCIAL SERVICES

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 52 59 60 63	NONE	1947	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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>12/22/2017</u>		
A Name of plan <u>E & H FAMILY GROUP, INC. EMPLOYEES' PENSION PLAN AND TRUST</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>E & H FAMILY GROUP, INC.</u>		D Employer Identification Number (EIN) <u>34-0677847</u>

Part I 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)	5700000	0
(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)	328939	0
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	7407466	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	281169	0

		(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	13717574 0
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	13717574 0

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)	66603
	(B) Participants	2a(1)(B)	0
	(C) Others (including rollovers)	2a(1)(C)	0
(2)	Noncash contributions	2a(2)	0
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	66603
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	198
	(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)	0
	(F) Other	2b(1)(F)	0
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	198
(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)	39927
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	39927
(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)	84746
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	84746

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-53850
c Other income	2c		1706
d Total income. Add all income amounts in column (b) and enter total.....	2d		139330

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1201529	
(2) To insurance carriers for the provision of benefits	2e(2)	12623246	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		13824775
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	30182	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	1947	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		32129
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		13856904

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-13717574
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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 0.

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4060707. (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 12/22/2017		
A Name of plan E & H FAMILY GROUP, INC. EMPLOYEES' PENSION PLAN AND TRUST		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 E & H FAMILY GROUP, INC.		D Employer Identification Number (EIN) 34-0677847
Part I	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): 31-1296401		
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 53
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: 59.2% Investment-Grade Debt: 38.5% High-Yield Debt: _____% Real Estate: _____% Other: 2.3%

- 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):

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

Financial Report
December 22, 2017

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Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of E&H Family Group, Inc. Employees' Pension Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of December 22, 2017 and December 31, 2016 (in liquidation), the related statement of changes in net assets available for benefits for the period ended December 22, 2017 (in liquidation), and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the liquidation basis of accounting described in Note 2; this includes determining that the liquidation basis of accounting is an acceptable basis for the presentation of the financial statements in the circumstances. Management is also responsible for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified or provided by BMO Harris Bank, N.A., the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 22, 2017 and December 31, 2016, and for the period ended December 22, 2017, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Independent Auditor's Report (Continued)

Emphasis of Matter – Plan Termination, Basis of Accounting, and Liquidation of Plan Assets

As discussed in Note 6 to the financial statements, the Board of Directors of E&H Family Group, Inc. and Subsidiaries, the Plan's Sponsor, voted on December 4, 2015 to terminate the Plan, and management determined that liquidation was imminent in 2015. As a result, the Plan's financial statements are presented using the liquidation basis of accounting. The Plan was fully liquidated by December 22, 2017. Our disclaimer of opinion is not modified with respect to these matters.

Other Matter

The supplemental schedule of reportable transactions for the period ended December 22, 2017 (in liquidation) is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

RSM US LLP

Cleveland, Ohio
July 19, 2018

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

**Statements of Net Assets Available for Benefits
December 22, 2017 and December 31, 2016 (in Liquidation)**

	2017	2016
Assets		
Investments, at fair value	\$ -	\$ 8,017,574
Receivables:		
Employer contributions	-	5,728,985
Accrued investment income	-	41,818
Total receivables	<u>-</u>	<u>5,770,803</u>
Total assets	-	13,788,377
Liabilities		
Accrued expenses	-	31,927
Net assets available for benefits	<u><u>\$ -</u></u>	<u><u>\$ 13,756,450</u></u>

See notes to financial statements.

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

**Statement of Changes in Net Assets Available for Benefits
For the Period Ended December 22, 2017 (in Liquidation)**

Additions:	
Investment income:	
Interest and dividends	\$ 12
Net appreciation in fair value of investments	30,896
Total investment income	<u>30,908</u>
Employer contributions	<u>37,619</u>
Total additions	<u>68,527</u>
Deductions:	
Benefits paid to participants	13,824,775
Administrative expenses	202
Total deductions	<u>13,824,977</u>
Net decrease	(13,756,450)
Net assets available for benefits:	
Beginning	<u>13,756,450</u>
Ending	<u><u>\$ -</u></u>

See notes to financial statements.

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

Notes to Financial Statements

Note 1. Description of Plan

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

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

Payment of benefits: Prior to the Plan termination (Note 6), participants could choose optional forms of benefit payments, which consisted of life only settlement, five year certain and continuous, ten year certain and continuous, 50% joint and survivor settlement or 100% joint and survivor settlement. A full lump sum payment was only made if the terminated participant had an account balance of \$5,000 or less. Partial lump sum payments were made in the year benefit payments began in the case of participants with account balances from prior to 1991. Under the straight life annuity, the participant received a normal payment for life as calculated under the Plan's benefit formulas. Under the five year certain and continuous option and ten year certain and continuous option, the participant received a reduced benefit for the rest of the participant's life, but the benefit payments were guaranteed for a minimum of five and ten years, respectively. Under the 50% joint and survivor settlement option, the participant received reduced benefits during his or her lifetime with 50% of that amount being continued to his or her beneficiary after the participant's death for the remainder of his or her lifetime. Under the 100% joint and survivor settlement option, the participant received a reduced benefit during his or her lifetime. After the participant's death, the beneficiary received the same amount of reduced benefit for the remainder of his or her lifetime.

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

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

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

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

Notes to Financial Statements

Note 1. Description of Plan (Continued)

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

Administrative expenses: Administrative expenses were paid by the Plan unless the Company elected to pay the amounts.

Note 2. Significant Accounting Policies

Basis of accounting: Due to the decision to terminate the Plan during the year ending December 31, 2015 (Note 6) and management's determination that liquidation was imminent and unlikely to be blocked by regulators, the accompanying financial statements as of December 22, 2017 and December 31, 2016 and for the period ending December 22, 2017 have been prepared using the liquidation basis of accounting.

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

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

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

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

Risks and uncertainties: The Plan invested 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 was at least reasonably possible that changes in the values of investment securities would occur in the near term and that such changes could have materially affected the amounts reported in the statement of net assets available for benefits as of December 31, 2016.

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

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

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

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

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

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

Subsequent events: The Plan Administrator has evaluated events for potential recognition and/or disclosure through July 19, 2018, the date the financial statements were available to be issued.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

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

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

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

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

Notes to Financial Statements

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

The actuarial present value of accumulated Plan benefits as of December 22, 2017 and December 31, 2016 (in liquidation) is as follows:

	2017	2016
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	\$ -	\$ 9,575,430
Other participants	-	4,304,730
Total actuarial present value of accumulated plan benefits	\$ -	\$ 13,880,160

A reconciliation of the actuarial present value of accumulated Plan benefits as of December 31, 2016 (in liquidation) to the actuarial present value of accumulated Plan benefits as of December, 2017 (in liquidation) for the Plan follows:

Actuarial present value of accumulated plan benefits, December 31, 2016	\$ 13,880,160
Decrease during the period attributable to:	
Benefits paid	(13,824,775)
Other actuarial gains and losses	(55,385)
Net decrease	(13,880,160)
Actuarial present value of accumulated plan benefits, December 22, 2017	\$ -

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

The following is a summary of the Plan's asset information as of December 31, 2016 and for the period ended December 22, 2017, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets as of December 31, 2016.

Investments, at fair value:	
Registered investment companies	\$ 7,736,405
Cash surrender value of life insurance policies	281,169
	\$ 8,017,574

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

Notes to Financial Statements

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

The trustee also certified to the completeness and accuracy of the following for the period ended December 22, 2017:

Interest and dividends	<u>\$ 12</u>
Net appreciation in fair value of investments	<u>\$ 30,896</u>

Note 5. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

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

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

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

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

Notes to Financial Statements

Note 5. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value as of December 31, 2016:

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

The following table sets forth a summary of changes in the fair value of the cash surrender value of life insurance policies, a Level 3 asset, for the period ended December 22, 2017:

Balance, January 1, 2017	\$ 281,169
Transfer out due to Plan termination (Note 6)	(281,169)
Balance, December 22, 2017	\$ -

Note 6. Plan Termination and Liquidation of Plan Assets

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

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

As a result of the termination of the Plan, rights of participants under the Plan to their accrued benefits, to the extent funded, became vested and nonforfeitable. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) upon Plan termination. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination subject to a statutory ceiling on the amount of an individual's monthly benefit. Form 500 was filed with the PBGC on July 29, 2016 and the acknowledgement letter was received on August 8, 2016. Benefit election forms were sent to participants in October 2016. An extension to complete the distribution process was requested by the Plan Sponsor and granted by the PBGC in January 2017. A second extension was requested by the Plan Sponsor in April 2017, but a response was not received by the PBGC. The Plan Sponsor believes it obtained all necessary extensions with the PBGC to carry out the Plan termination in accordance with applicable regulations.

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

Notes to Financial Statements

Note 6. Plan Termination and Liquidation of Plan Assets (Continued)

As of December 31, 2016, the Plan was underfunded by approximately \$5.7 million. However, the Plan Sponsor subsequently contributed the \$5.7 million to fully fund remaining accrued benefits in April and September 2017, and this amount was recorded as employer contributions receivable on the statement of net assets available for benefits as of December 31, 2016. In April 2017, a group annuity contract was purchased with Mutual of Omaha in the amount of approximately \$12.6 million to settle the majority of the remaining obligations. The contract had an effective date of April 18, 2017 and the related funds transferred on April 19, 2017, with annuity payments to start May 1, 2017.

On October 23, 2017, the PBGC commenced an audit of the Plan's termination. While the audit remains in progress, to date, there have been no significant findings as a result of the audit.

On December 22, 2017, after a final insignificant contribution was made to the trust to fund the final distribution of accrued benefits from the Plan, the trust was determined to be fully liquidated and the Plan termination process to be complete.

Note 7. Tax Status

The Internal Revenue Service determined and informed the Plan by letter dated October 23, 2013, that the Plan and related trust is designed in accordance with applicable sections of the Internal Revenue Code (IRC). An application for a final determination letter was filed in December 2015 due to the Plan termination, for which a favorable determination was made by the IRS on September 28, 2016. The Plan Sponsor and the Plan administrator believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and the Plan and related trust are tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. As of December 22, 2017 and December 31, 2016, the Plan administrator evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 8. Party-In-Interest Transactions

Certain Plan investments were managed by BMO Harris Bank, N.A., the trustee of the Plan, and therefore, these transactions qualified as party-in-interest transactions. Fees incurred by the Plan to BMO Harris Bank, N.A., its affiliates and other parties-in-interest for recordkeeping and investment management services, actuarial services and investment management services that were expensed during the period ended December 22, 2017 totaled \$202. In addition, during the period ended December 22, 2017, the Company provided certain accounting, record keeping and administrative services to the Plan for which it received no compensation.

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

Notes to Financial Statements

Note 9. Reconciliation of Financial Statements to 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2016:

Net assets available for benefits per the financial statements	\$ 13,756,450
Employer contribution receivable	(28,985)
Accrued investment income	(41,818)
Accrued expenses	31,927
Net assets available for benefits per the Form 5500	<u>\$ 13,717,574</u>

The following is a reconciliation of the total decrease in net assets per the financial statements to the total decrease in net assets per the Form 5500 for the period ended December 22, 2017:

Total decrease in net assets per financial statements	\$ 13,756,450
Change in accrued investment income	(41,818)
Change in employer contribution receivable	(28,985)
Change in accrued expenses	31,927
Total decrease in net assets per the Form 5500	<u>\$ 13,717,574</u>

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

Employer No. 34-0677847

Plan No. 001

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

Period Ended December 22, 2017 (in Liquidation)

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Assets	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Gain or (Loss)
Category (i) - Single transactions in excess of 5 percent of plan net assets:						
DFA Short Term Government Portfolio Fund	Registered investment company Sale	\$ -	\$ 787,275	\$ 795,337	\$ 787,275	\$ (8,062)
Natixis Loomis Sayles Limited Term Government & Agency Fund	Registered investment company Sale	-	792,066	801,805	792,066	(9,739)
Putnam Short Duration Income Fund Class Y	Registered investment company Sale	-	1,456,907	1,452,789	1,456,907	4,118
Thornburg Limited Term U.S. Government Fund Class I	Registered investment company Sale	-	790,476	802,334	790,476	(11,858)
Vanguard Short-Term Corporate Bond Index Fund	Registered investment company Sale	-	727,094	733,241	727,094	(6,147)
Category (iii) - Series of transactions in excess of 5 percent of plan net assets:						
Calvert Short Duration Income Fund	Registered investment company Sales	-	693,731	697,636	693,731	(3,905)
DFA Short Term Government Portfolio Fund	Registered investment company Sales	-	831,275	839,961	831,275	(8,686)

(Continued)

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

Employer No. 34-0677847

Plan No. 001

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

Period Ended December 22, 2017 (in Liquidation)

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Assets	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Gain or (Loss)
Natixis Loomis Sayles Limited Term Government & Agency Fund	Registered investment company Sales	\$ -	\$ 836,066	\$ 846,463	\$ 836,066	\$ (10,397)
Massmutual Premier Short-Duration Bond Fund Class I	Registered investment company Sales	-	695,471	702,110	695,471	(6,639)
Prudential Short-Term Corporate Bond Fund	Registered investment company Sales	-	692,439	701,075	692,439	(8,636)
Putnam Short Duration Income Fund Class Y	Registered investment company Sales	-	1,536,907	1,532,550	1,536,907	4,357
Thornburg Limited Term U.S. Government Fund Class I	Registered investment company Sales	-	834,476	847,111	834,476	(12,635)
Vanguard Short-Term Corporate Bond Index Fund	Registered investment company Sales	-	767,094	773,852	767,094	(6,758)
BMO Government Money Market Fund	Registered investment company Purchases	14,121,181	-	14,121,181	14,121,181	-
	Sales	-	14,450,120	14,450,120	14,450,120	-

There were no category (ii) or (iv) transactions during the period ended December 22, 2017.