Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ 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
REY PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1966

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)
EASTER UNLIMITED , INC.

80 VOICE ROAD
CARLE PLACE, NY 11514

2b Employer Identification Number (EIN) 13-1983343

2c Plan Sponsor's telephone number 516-873-9000

2d Business code (see instructions) 339900

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.	08/14/2018	KEVIN KURTZMAN
	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

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

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	127
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)**	96
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	97
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	22
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	120
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	121
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	113
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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 2H 2J 2A 3D 3H 2D

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017

A Name of plan
REY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTER UNLIMITED , INC.

D Employer Identification Number (EIN)
13-1983343

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.

1 Coverage Information:

(a) Name of insurance carrier
METLIFE

(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
54-0696644	61050	IND POL	1	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	(b) Total amount of fees paid
	10527

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
METROPOLITAN LIFE INS CO
200 PARK AVENUE
NEW YORK, NY 10166

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	5790		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NEW ENGLAN LIFE INS CO
200 PARK AVE
NEW YORK, NY 10166

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	4737		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	

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	150391
c	Premiums due but unpaid at the end of the year	**6c**	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
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**	

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017

A Name of plan
REY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTER UNLIMITED , INC.

D Employer Identification Number (EIN)
13-1983343

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.

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INS COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	15549403		11/01/2016	10/31/2017

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	(b) Total amount of fees paid
0	0

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

MARSH PRIVATE CLIENT LIFE INS SERVI
PO BOX 4323
WOODLAND HILLS, CA 91365

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			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**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	64299
c	Premiums due but unpaid at the end of the year	**6c**	0
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) [X] 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**	

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

For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017

A Name of plan
REY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTER UNLIMITED , INC.

D Employer Identification Number (EIN)
13-1983343

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

RELIANCE TRUST COMPANY
1100 ABERNATHY ROAD
ATLANTA, GA 30328

58-1428634

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

LPL FINANCIAL SERVICES
PO BOX 505
CONCORD, NH 03302

02-0275490

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

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

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

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)

UBS FINANCIAL SERVICES, INC.

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 65	NONE	74111	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

CHARLES SCHWAB

94-3149038

(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?
28	NONE	18425	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

BNY MELLON

25-0659306

(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?
28	NONE	6237	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017

A Name of plan
REY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTER UNLIMITED , INC.

D Employer Identification Number (EIN)
13-1983343

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	133159	187005
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1036027	1045967
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	13209	17972
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1104643	1194833
(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)	100688	80677
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	38640	38690
(B) Common	1c(4)(B)	14108526	16942246
(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)	9411184	11574113
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	25946076	31081503
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	7517	9475
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	14038	13628
k	Total liabilities (add all amounts in lines 1g through1j)	1k	21555	23103
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	25924521	31058400

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1045967	
	(B) Participants	2a(1)(B)	334483	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1380450
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6220	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6220
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	613558	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		613558
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	491325	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		491325
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	3758626	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		3758626

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6250179
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	789229	
(2) To insurance carriers for the provision of benefits	2e(2)	214690	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1003919
f Corrective distributions (see instructions)	2f		13628
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	98753	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		98753
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1116300
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5133879
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) [X] 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 [X] No

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

(1) Name: MARGOLIN WINER & EVENS, LLP **(2)** EIN: 11-1558868

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

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

Part V Trust Information

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017

A Name of plan
REY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTER UNLIMITED , INC.

D Employer Identification Number (EIN)
13-1983343

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**

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): 11-6169819 04-1590850

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

REY PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Year Ended October 31, 2017

REY PROFIT SHARING PLAN AND TRUST

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Margolin, Winer & Evens LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS

Rey Profit Sharing Plan and Trust
Carle Place, New York

Report on the Financial Statements

We have audited the accompanying financial statements of Rey Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of October 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended October 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of

significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Rey Profit Sharing Plan and Trust as of October 31, 2017 and 2016, and the changes in net assets available for benefits for the year ended October 31, 2017, in accordance with accounting principles generally accepted in the United States of America.

Margolin, Winer & Evans LLP

Garden City, New York
August 14, 2018

REY PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

October 31,	**2017**	2016
ASSETS		
Investments, at fair value:		
Non-participant directed:		
Common stocks	**$ 16,942,246**	$ 14,108,526
Mutual funds	**7,140,985**	5,770,460
Corporate bonds	**80,677**	100,688
Preferred stocks	**38,690**	38,640
Unit investment trusts	**-**	155,356
Money market funds	**773,363**	801,945
Certificates of deposit	**321,987**	193,740
	25,297,948	21,169,355
Participant directed:		
Mutual funds	**4,433,128**	3,485,368
Money market fund	**99,483**	108,958
	4,532,611	3,594,326
Total Investments	**29,830,559**	24,763,681
Cash	**187,005**	133,159
Accrued Interest, Dividends and Other Receivable	**17,972**	13,209
Employer Contributions Receivable	**1,045,967**	1,036,027
Total Assets	**31,081,503**	25,946,076
LIABILITIES		
Excess Contributions Payable to Participants	**13,628**	14,038
Accrued Expenses	**9,475**	7,517
Total Liabilities	**23,103**	21,555
Net Assets Available for Benefits	**$ 31,058,400**	$ 25,924,521

The accompanying notes are an integral part of these statements.

REY PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended October 31,	**2017**
Additions to Net Assets Attributed to:	
Investment income:	
Interest and dividends	**$ 619,778**
Net appreciation in fair value of investments	**4,249,951**
	4,869,729
Contributions:	
Employees (net of $13,628 of excess contributions payable)	**320,855**
Employer (net of $465 of forfeitures)	**1,045,967**
Total Additions	**6,236,551**
Deductions from Net Assets Attributed to:	
Benefits paid to participants	**789,229**
Life insurance premiums	**214,690**
Administrative expenses	**98,753**
Total Deductions	**1,102,672**
Net Increase	**5,133,879**
Net Assets Available for Benefits - beginning of year	**25,924,521**
Net Assets Available for Benefits - end of year	**$ 31,058,400**

The accompanying notes are an integral part of this statement.

REY PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

1. Description of Plan

The following description of the Rey Profit Sharing Plan and Trust (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General - The Plan is a defined contribution plan covering all eligible employees of Easter Unlimited, Inc. and its wholly owned subsidiaries, Funworld West, LLC and Funworld East, LLC effective July 1, 2015 (together, the "Company" or the "Employer"). The Plan provides for elective employee contributions under Section 401(k) of the Internal Revenue Code ("IRC") and employer discretionary profit sharing contributions and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The investment of elective employee contributions is participant directed and investments are held by Reliance Trust Company (the "Custodian"). The Custodian invests all employee contributions and allocates to each participant's account its proportionate share of all investment income. As of October 31, 2017 and 2016, participant directed investments totaled $4,532,611 and $3,594,326, respectively.

The Trustees of the Plan manage the non-participant directed portion of the Plan. Assets are invested by reputable investment advisors.

Eligibility - Individuals become eligible for purposes of elective contributions following the later of the attainment of age 21 or the completion of three months of service. For purposes of employer discretionary contributions, individuals become eligible on the entry date following the later of the attainment of age 21 or the completion of one year of service, as defined. Entry dates are November 1 and May 1. Participants who are employees on the last day of the Plan year are eligible for Company profit sharing contributions.

Contributions - Participants may elect to defer up to a maximum of 75% of their annual compensation, as defined, subject to statutory limitations under the IRC. Additionally, participants who have reached the age of 50 are permitted to make additional catch-up contributions in amounts pursuant to the IRC. The Plan also permits rollover contributions from other qualified plans.

Each year the Employer may make a discretionary profit sharing contribution to the Plan in such amount as it may in its sole discretion determine, subject to limitations as provided by the IRC. For the year ended October 31, 2017, the Employer contributed 15% of the plan year eligible compensation of all eligible employees. Forfeitures of terminated participants' nonvested accounts are used to reduce the Employer contribution. In 2017, the Employer contribution was reduced by $465 of forfeitures.

Vesting - Participants are immediately fully vested in their elective deferral account and any rollover accounts. Vesting in Employer profit sharing contribution accounts is based upon years of service as follows:

Years of Service	Vested Interest
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Participant accounts - Each participant's funds are recorded in their own separate elective deferral and profit sharing contribution accounts. Each participant's elective deferral account is credited with the participant's contribution and their share of investment income.

Each participant's profit sharing account is credited with an allocation of (a) the Employer's contribution, if any, which is net of forfeitures of terminated employees nonvested accounts, and (b) Plan earnings, and charged with an allocation of administrative expenses. Employer profit sharing contributions, if any, are allocated to eligible participants' profit sharing contribution accounts in the ratio each participant's eligible compensation bears to total eligible compensation of all eligible participants. Net investment gains or losses and administrative expenses are allocated to each participant's account in proportion to account balances, as defined.

Payment of benefits - In general, the Plan does not permit in-service distributions except in the case of extreme financial necessity, or a participant attaining the age of 59½. Upon termination of service, participants are entitled to a lump sum distribution of the vested value of their accounts. Participants with a vested account balance of less than $5,000 upon termination may receive a distribution of their account balance without their consent.

Administrative expenses - Administrative expenses representing investment advisory fees were $98,753 for the year ended October 31, 2017. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

Life insurance policies - The Plan allows for premiums on insurance contracts to be paid by the Plan. The Plan is the owner of the policies which are held on behalf of participants. Premiums on life insurance policies are paid from the participants' plan assets. The life insurance policies are considered allocated insurance contracts and the cash

surrender values are excluded from Plan assets. As of October 31, 2017 and 2016, the cash surrender value of the Plan's life insurance contracts was $270,413 and $304,977, respectively.

Loans - Under the provisions of the Plan, loans to participants are not permitted.

2. Plan Termination

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

3. Summary of Significant Accounting Policies

Basis of presentation - The accompanying financial statements of the Plan have been prepared on an accrual basis and present the net assets available for benefits and changes in those net assets.

Investment valuation and income recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

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

Benefits - Benefits are recorded when paid. Amounts allocated to accounts of participants who have elected to withdraw from the Plan are recorded as distributions when paid.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and the accompanying notes. Actual results could differ from those estimates.

Subsequent events - The Plan has evaluated events and transactions for potential recognition or disclosure through August 14, 2018, the date the financial statements were available to be issued.

4. Investments

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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

During the year ended October 31, 2017, the Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value by $4,249,951 (including realized gains of $491,325) as follows:

Common stocks	$ 2,742,892
Mutual funds - non-participant directed	999,626
Mutual funds - participant directed	519,511
Corporate bonds	(73)
Preferred stocks	50
Unit investment trusts	4,698
Certificates of deposit	(16,753)
Net appreciation in fair value	$ 4,249,951

Information about the net assets and significant components of the changes in net assets relating to non-participant directed investments is as follows:

Non-participant Directed Net Assets - November 1, 2016	$ 22,344,183
Changes in Non-participant Directed Net Assets:	
Interest and dividends	496,285
Net appreciation in fair value of investments	3,730,439
Employer contributions	1,045,967
Benefits paid to participants	(764,086)
Life insurance premiums	(214,690)
Administrative expenses	(98,753)
Total Change in Non-participant Directed Net Assets	4,195,162
Non-participant Directed Net Assets - October 31, 2017	$ 26,539,345

5. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, "Fair Value Measurement," establishes a framework for measuring fair value that 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are summarized as follows:

Level 1 - Valuations based on unadjusted quoted prices in active markets for identical assets or liabilities that the Plan can access. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these securities does not entail a significant degree of judgment. Level 1 investments of the Plan consist of money market funds, mutual funds and common and preferred stocks. Common and preferred stocks are valued at the closing price reported on the active market on which the individual security is traded and registered investment companies (mutual funds) are valued at the net asset value (NAV) of shares held by the Plan at year end where NAV is publicly available.

Level 2 - Valuations based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active or inputs other than quoted prices that are observable, either directly or indirectly. Level 2 investments of the Plan consist of corporate bonds, unit investment trusts and certificates of deposit which are valued based on a model pricing matrix maintained by the broker. This model uses quoted prices of the same or similar securities taking into account the level of trading activity associated with such quoted prices and differences in interest rates, credit ratings, maturity dates, call dates and other market conditions between similar securities for which quoted prices are available and the securities held by the Plan.

Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement that reflect the assumptions that market participants would use.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes, the level in the fair value hierarchy within which the fair value measurement falls in its entirety is determined by the lowest level input that is significant to the fair value measurement. Although the degree of judgment exercised by the Plan in determining fair value is greatest for investments categorized in Level 3, the inputs or methodology used for valuing investments are not necessarily an indication of the risk associated with those investments.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of October 31, 2017 and 2016:

	Investments at Fair Value as of October 31, 2017			
	Level 1	Level 2	Level 3	Total
Certificates of Deposit	$ -	$ 321,987	$ -	$ 321,987
Money Market Funds	872,846	-	-	872,846
Corporate Bonds	-	80,677	-	80,677
Preferred Stocks	38,690	-	-	38,690
Common Stocks	16,942,246	-	-	16,942,246
Mutual Funds	11,574,113	-	-	11,574,113
Total Investments at Fair Value	$ 29,427,895	$ 402,664	$ -	$ 29,830,559

	Investments at Fair Value as of October 31, 2016			
	Level 1	Level 2	Level 3	Total
Certificates of Deposit	$ -	$ 193,740	$ -	$ 193,740
Money Market Funds	910,903	-	-	910,903
Corporate Bonds	-	100,688	-	100,688
Preferred Stocks	38,640	-	-	38,640
Common Stocks	14,108,526	-	-	14,108,526
Mutual Funds	9,255,828	-	-	9,255,828
Unit Investment Trusts	-	155,356	-	155,356
Total Investments at Fair Value	$ 24,313,897	$ 449,784	$ -	$ 24,763,681

6. Tax Status

The plan administrator adopted a Volume Submitter Plan that received a favorable determination letter from the Internal Revenue Service (IRS) dated March 31, 2014. The Plan has been amended since receiving the determination letter. However, the trustees of the Plan believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan's management has analyzed the tax positions taken by the Plan and has concluded that as of October 31, 2017, there are no uncertain positions taken or expected to be taken by the Plan that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are

currently no audits for any tax periods in progress. The Plan's management believes the Plan is no longer subject to income tax examinations for years prior to October 31, 2014.

7. Party-In-Interest Transactions

Certain administrative costs of the Plan are paid by the Company.

Margolin, Winer & Evens LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

Rey Profit Sharing Plan and Trust
Carle Place, New York

We have audited the financial statements of Rey Profit Sharing Plan and Trust (the "Plan") as of October 31, 2017 and 2016, and for the year ended October 31, 2017, and have issued our report thereon dated August 14, 2018, which contained an unmodified opinion on those financial statements. Our audits were performed for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held for Investment Purposes and Schedule of Assets (Acquired and Disposed of Within Year) as of and for the year ended October 31, 2017, are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Margolin, Winer & Evens LLP

Garden City, New York
August 14, 2018

REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2017

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Corporate Bonds:					
Allergan, Plc	2.800%	3/15/2023	50,000	$ 44,508	$ 49,664
Morgan Stanley	5.000%	5/17/2023	30,000	30,000	31,013
Total Corporate Bonds				74,508	80,677
Common Stock:					
21st Century Fox	N/A	N/A	3,338	$ 100,532	$ 87,289
3M Company	N/A	N/A	1,030	45,788	237,096
Abbott Labs	N/A	N/A	540	12,712	29,284
Abbvie Inc	N/A	N/A	450	12,342	40,613
Adobe Systems Inc	N/A	N/A	934	72,374	163,599
Aflac Inc	N/A	N/A	400	19,243	33,556
Agilent Technologies Inc	N/A	N/A	110	5,704	7,483
Akamai Technologies Inc	N/A	N/A	2,518	112,404	131,566
Alexion Pharmaceuticals Inc	N/A	N/A	756	99,179	90,463
Align Technology Inc	N/A	N/A	30	4,607	7,169
Allegionplc	N/A	N/A	1,000	18,463	83,390
Allergan Plc	N/A	N/A	76	16,370	13,469
Ally Financial Inc.	N/A	N/A	340	7,090	8,884
Altria Group Inc	N/A	N/A	2,000	39,314	128,440
Amazon Com	N/A	N/A	281	35,595	310,584
American Express Company Axp	N/A	N/A	2,025	93,290	193,428
American Tower Corp	N/A	N/A	30	3,255	4,310
Andeavor	N/A	N/A	59	4,830	6,268
Anheuser Busch Inbev Spon Adr	N/A	N/A	852	59,918	104,609
Apple Computer Inc Com	N/A	N/A	1,389	108,341	234,797
AT&T Inc	N/A	N/A	5,150	69,025	173,298
Australia & New Zealand Bkg Sponsored Adr	N/A	N/A	400	1,692	9,204
Automatic Data Processing Inc	N/A	N/A	250	7,826	29,065
Baker Hughes Inc.	N/A	N/A	500	25,947	15,715
Bank America Corp	N/A	N/A	3,450	59,905	94,496
Bank Of Ny Mellon Cp New	N/A	N/A	1,875	56,555	96,469
Baxter International Inc	N/A	N/A	300	17,724	19,341
Berkshire Hathaway	N/A	N/A	600	54,474	112,164
Biogen Idec Inc	N/A	N/A	426	38,899	132,767
Blackrock Inc	N/A	N/A	289	53,223	136,070
Bp P L C Sponsored Adr	N/A	N/A	500	23,013	20,335
Bristol-Myers Squibb Company	N/A	N/A	70	3,879	4,316
Broadcom Ltd	N/A	N/A	39	6,876	10,292
C S X Corp	N/A	N/A	750	5,802	37,823
California Resources Corp	N/A	N/A	98	1,130	1,081
Canadian Pac Railway F	N/A	N/A	100	6,367	17,344
Caterpillar Inc	N/A	N/A	1,000	88,418	135,800
Cdk Global Inc	N/A	N/A	166	-	10,551
Celanese Corp Series A	N/A	N/A	80	3,535	8,345
Celgene Corp	N/A	N/A	1,631	80,265	164,682
Chemours Company	N/A	N/A	800	7,764	45,288
Chevron Corp New	N/A	N/A	45	5,125	5,215
Chipotle Mexican Grill Inc Cl A	N/A	N/A	187	69,419	50,845
Citizens Finl Group	N/A	N/A	1,160	28,956	44,092
Coca Cola Co	N/A	N/A	1,442	53,443	66,303
Colgate Palmolive Co	N/A	N/A	1,100	14,017	77,495

See report of independent auditors on supplemental schedules.
The accompanying notes are an integral part of this schedule.

REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2017

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
Comcast Corp New Cl A	N/A	N/A	9,041	$ 98,694	$ 325,747
Conagra Foods Inc	N/A	N/A	2,000	50,581	68,320
Conocophillips	N/A	N/A	2,000	118,457	102,300
Constellation Brands Inc Cl A	N/A	N/A	41	5,733	8,983
Corning Inc	N/A	N/A	3,200	51,543	100,192
Costco Whsl Corp New	N/A	N/A	576	91,151	92,782
Cvs Health Corporation	N/A	N/A	6,092	95,050	417,485
Deere & Co	N/A	N/A	51	6,580	6,777
Dentsply International Inc New	N/A	N/A	2,440	96,294	149,011
Disney Walt Co	N/A	N/A	2,195	79,650	214,693
Dowdupont Inc	N/A	N/A	7,928	290,994	573,274
Duke Energy Corp Com	N/A	N/A	1,000	71,627	88,310
Dxc Technology Company	N/A	N/A	171	8,693	15,650
East West Bancorp	N/A	N/A	500	17,799	29,920
Easterly Govt Pptys	N/A	N/A	500	10,527	10,060
Eaton Corp Plc	N/A	N/A	70	3,716	5,601
Ebay Inc	N/A	N/A	1,753	21,994	65,983
Ecolab Inc	N/A	N/A	1,019	92,907	133,143
Electronic Arts Inc	N/A	N/A	81	6,562	9,688
Empire State Realty Trust Inc.	N/A	N/A	120	2,434	2,406
Enbridge Inc	N/A	N/A	984	20,733	37,845
Equinix Inc	N/A	N/A	10	4,374	4,635
Exelon Corp	N/A	N/A	3,140	107,200	126,259
Express Scripts Holding Co	N/A	N/A	800	43,798	49,032
Exxon Mobil Corp	N/A	N/A	630	26,499	52,511
Facebook Inc Cl A	N/A	N/A	1,041	31,753	187,442
Fastenal Co	N/A	N/A	600	24,920	28,182
Fedex	N/A	N/A	400	50,624	90,324
General Electric Co	N/A	N/A	2,000	63,046	40,320
Glatfelter	N/A	N/A	2,000	25,194	41,920
Google Inc Class A	N/A	N/A	149	46,280	153,923
Google Inc Class C	N/A	N/A	298	151,106	302,959
Grainger W W Inc	N/A	N/A	442	105,082	87,383
Halliburton Co	N/A	N/A	130	6,040	5,556
Hartford Finl Svcs	N/A	N/A	160	6,696	8,808
Hcp Inc Reit	N/A	N/A	300	8,969	7,752
Heineken N V	N/A	N/A	1,000	26,314	48,783
Henry Schein Inc	N/A	N/A	1,000	17,433	78,600
Hewlett Packard Co	N/A	N/A	2,000	31,295	43,100
Hewlett Packard Enterpri Hpe	N/A	N/A	2,000	18,304	27,840
Hill-Rom Holdings Inc	N/A	N/A	30	2,328	2,421
Home Depot Inc	N/A	N/A	980	13,131	162,464
Honeywell Intl Inc	N/A	N/A	884	108,762	127,437
Illinois Tool Works Inc	N/A	N/A	72	7,012	11,269
Incyte Corporation	N/A	N/A	22	2,161	2,492
Ingersoll Rand Plc	N/A	N/A	3,110	77,060	275,546
Intercontinentalexchange Gro	N/A	N/A	60	593	3,966
International Business Machines	N/A	N/A	1,100	64,415	169,466
International Paper Co	N/A	N/A	1,500	71,305	85,905
Invesco Ltd	N/A	N/A	245	5,942	8,769
Johnson & Johnson	N/A	N/A	5,671	106,375	790,594
Jp Morgan Chase & Co	N/A	N/A	1,756	39,155	176,671

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2017

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
Kimco Realty Corp	N/A	N/A	80	$ 1,482	$ 1,453
Lam Resh Corp	N/A	N/A	36	6,072	7,509
Lamb Weston Holdings Inc	N/A	N/A	666	14,913	33,959
Liberty Global Cl Cf	N/A	N/A	200	2,619	5,978
Liberty Global Inc Cl A Class A Tndr Ofr Exp	N/A	N/A	200	2,712	6,170
Liberty Global Plc Class A	N/A	N/A	34	-	738
Liberty Global Plc Class C	N/A	N/A	34	-	748
Lilly Eli & Co	N/A	N/A	50	3,935	4,097
Lloyds Banking Gp Adr	N/A	N/A	13,000	61,776	47,970
Lowes Companies Inc	N/A	N/A	600	46,923	47,970
Macy'S Inc	N/A	N/A	1,120	8,398	21,011
Manitowoc Co Inc	N/A	N/A	2,000	11,714	19,040
Mccormick & Co Inc Com Non Vtg	N/A	N/A	2,082	94,058	207,221
Medtronic Inc	N/A	N/A	1,400	106,247	112,728
Merck & Co Inc	N/A	N/A	80	4,841	4,407
Meredith Corp	N/A	N/A	1,600	12,669	84,800
Micro Focus International	N/A	N/A	274	8,039	9,571
Micron Technology Inc	N/A	N/A	70	1,568	3,102
Microsoft Corp	N/A	N/A	3,272	72,325	272,165
Mondelez International	N/A	N/A	150	6,431	6,215
Monsanto Co New	N/A	N/A	839	66,755	101,603
Monster Beverage Corporation	N/A	N/A	124	3,804	7,183
Nasdaq Omx Group Inc	N/A	N/A	234	14,155	17,000
National Grid Plc	N/A	N/A	458	36,987	27,961
Nestle S A	N/A	N/A	7,500	46,142	631,268
Nike Inc Cl B	N/A	N/A	54	2,916	2,969
Norfolk Southern Corp	N/A	N/A	3,000	63,890	394,260
Nucor Corp	N/A	N/A	80	3,778	4,626
Nvidia Corp	N/A	N/A	82	5,824	16,958
Occidental Pete Corp	N/A	N/A	2,000	26,186	129,140
Palo Alto Networks Inc	N/A	N/A	649	79,621	95,533
Paypal Holdings	N/A	N/A	1,796	43,317	130,318
Penney J C Co Inc	N/A	N/A	800	19,691	2,240
Pepsico Inc	N/A	N/A	658	22,404	72,531
Pfizer Inc	N/A	N/A	17,070	99,761	598,474
Philip Morris International Inc	N/A	N/A	71	5,932	7,429
Pioneer Natural Resources Company	N/A	N/A	596	104,379	89,203
Pitney Bowes Inc	N/A	N/A	2,000	32,996	27,480
Procter & Gamble Co	N/A	N/A	1,460	112,677	126,056
Qualcomm Inc	N/A	N/A	300	15,136	15,303
Red Hat Inc	N/A	N/A	1,186	57,673	143,304
Regeneron Pharmaceuticls Inc	N/A	N/A	200	67,599	80,524
Rockwell Collins Inc	N/A	N/A	1,032	92,988	139,939
Royal Dutch Shell Plc	N/A	N/A	1,271	85,276	80,111
Salesforce.Com Inc	N/A	N/A	76	5,903	7,778
Schlumberger Ltd	N/A	N/A	2,315	159,095	148,160
Schwab Charles Corp	N/A	N/A	2,520	40,275	112,997
Shire Plc Adr	N/A	N/A	144	28,304	21,259
Southern Company The	N/A	N/A	2,300	49,834	120,060
Southwest Airlines Co	N/A	N/A	7,593	41,877	408,959
Spdr Gold Trust Spdr Gold Shares	N/A	N/A	400	48,030	48,268
Splunk Inc.	N/A	N/A	1,220	73,267	82,106
Starbucks Corp	N/A	N/A	110	6,651	6,032

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2017

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
State Street Corp	N/A	N/A	400	$ 19,992	$ 36,800
Svb Financial Group Com	N/A	N/A	23	4,107	5,043
Synchrony Financial	N/A	N/A	200	5,673	6,524
T -Mobile Us, Inc.	N/A	N/A	90	5,887	5,379
Taiwan Semiconductor Mfg Co Ltd	N/A	N/A	130	3,869	5,503
Targa Resources Corp	N/A	N/A	70	4,124	2,905
Terex Corp New	N/A	N/A	2,000	86,031	94,220
Texas Instruments Inc	N/A	N/A	1,102	34,635	106,552
Thermo Fisher Corp	N/A	N/A	1,619	69,816	313,811
Time Warner Inc New	N/A	N/A	20	1,736	1,966
Toronto Dominion Bank	N/A	N/A	1,700	82,907	96,645
Travelers Cos Inc (The)	N/A	N/A	1,000	37,085	132,450
U S Bancorp Del	N/A	N/A	1,500	50,110	81,570
United Parcel Service Inc Cl B	N/A	N/A	946	80,908	111,183
Unitedhealth Group Inc	N/A	N/A	865	56,772	181,840
Unum Group	N/A	N/A	2,000	44,177	104,080
Valero Energy Corp New	N/A	N/A	80	4,444	6,311
Vanguard Emerging Markets	N/A	N/A	800	32,956	35,704
Vantiv, Inc.	N/A	N/A	90	5,654	6,300
Verizon Communications Inc	N/A	N/A	3,000	100,877	143,610
Viacom Inc New Class B	N/A	N/A	1,356	35,064	32,585
Visa Inc Cl A	N/A	N/A	1,825	40,314	200,714
Vmware Inc	N/A	N/A	733	58,657	87,733
Vodafone Group Plc New Sponsored Adr	N/A	N/A	2,000	74,206	57,960
Voya Financial Inc	N/A	N/A	170	5,516	6,827
Wabco Holdings Inc	N/A	N/A	999	10,723	147,423
Walgreens Boots Alliance Inc	N/A	N/A	500	17,628	33,135
Wal-Mart Stores Inc	N/A	N/A	4,000	26,541	349,240
Welbilt Inc	N/A	N/A	2,000	40,004	44,120
Wells Fargo & Co New	N/A	N/A	500	24,757	28,070
Westar Energy Inc	N/A	N/A	1,000	26,439	53,480
Yum China Holdings Inc	N/A	N/A	3,670	94,817	148,085
Yum! Brands Inc	N/A	N/A	1,080	54,131	80,406
Zoetis Inc	N/A	N/A	4,779	168,043	304,996
Total Common Stock				7,627,960	16,942,246
Preferred Stock:					
Public Storage	5.400%	N/A	500	$ 12,554	$ 12,920
Wells Fargo & Co.	5.700%	N/A	1,000	26,025	25,770
Total Preferred Stock				38,579	38,690
Mutual Funds - Participant Directed:					
Blackrock Global Allocation-R	N/A	N/A	4,608	N/A	$ 89,028
Blackrock Lifepath Ret Port-A	N/A	N/A	976	N/A	9,857
Deutsche Equity 500 Index Fund-S	N/A	N/A	1,487	N/A	348,181
Goldman Sachs Growth Opp	N/A	N/A	6,059	N/A	145,475
JP Morgan Smart Retirement 2020-R2	N/A	N/A	15,040	N/A	298,854
JP Morgan Smart Retirement 2030-R2	N/A	N/A	9,671	N/A	207,443
JP Morgan Smart Retirement 2040-R2	N/A	N/A	15,017	N/A	338,178
JP Morgan Smart Retirement 2050-R2	N/A	N/A	87	N/A	1,856
Mass Investors Growth Stk Fd-R2	N/A	N/A	1,801	N/A	49,764

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2017

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Mutual Funds - Participant Directed (continued):					
Massachusetts Investors Trust-R2	N/A	N/A	3,096	N/A	$ 97,207
MFS Aggressive Growth Alloc-R2	N/A	N/A	8,493	N/A	193,970
MFS Conservative Allocation-R2	N/A	N/A	8,150	N/A	125,593
MFS Global Growth Fund-R2	N/A	N/A	3,397	N/A	133,899
MFS Government Securities Fd-R2	N/A	N/A	4,638	N/A	45,408
MFS Growth Allocation Fund-R2	N/A	N/A	30,949	N/A	635,070
MFS Moderate Allocation Fund-R2	N/A	N/A	13,184	N/A	233,360
MFS New Discovery Fund-R2	N/A	N/A	8,706	N/A	239,234
MFS Research Bond Fund-R2	N/A	N/A	9,718	N/A	104,279
MFS Research International Fd-R2	N/A	N/A	8,402	N/A	153,166
MFS Total Return Fund-R2	N/A	N/A	12,345	N/A	240,598
MFS Value Fund-R2	N/A	N/A	5,419	N/A	217,069
Pimco Total Return-R	N/A	N/A	8,939	N/A	91,890
Victory Established Value Fund-R	N/A	N/A	6,984	N/A	276,135
Victory Small Company Oppor Fd-R	N/A	N/A	3,466	N/A	157,614
Total Mutual Funds - Participant Directed					4,433,128
Mutual Funds - Non-participant Directed:					
Advantage Dynamic Total Return Fund	N/A	N/A	2,706	$ 42,000	$ 46,103
Bny Mellon Intermediate Bond Fund *	N/A	N/A	11,085	142,887	138,896
Bny Mellon Corporate Bond Fund *	N/A	N/A	8,836	115,000	115,048
Bny Mellon Emerging Markets Fund *	N/A	N/A	8,918	84,893	102,557
Bny Mellon Income Stock Fund *	N/A	N/A	14,510	123,000	139,298
Bny Mellon Mid Cap Stock Fund *	N/A	N/A	12,812	174,000	223,702
Bny Mellon Small Cap Stock Fund *	N/A	N/A	6,239	92,500	128,764
Capital Income Builder Fund Class A	N/A	N/A	6,423	369,574	403,448
Dreyfus Alternative Diversified Fund	N/A	N/A	3,563	44,500	45,394
Dreyfus Diversified International Fund	N/A	N/A	17,281	190,000	229,323
Dreyfus Floating Rate Income Fund	N/A	N/A	6,254	76,000	75,862
Dreyfus Growth & Income Fund Inc.	N/A	N/A	24,896	415,942	553,937
Dreyfus High Yield Fund	N/A	N/A	2,505	15,985	15,904
Dreyfus International Small Cap Fund	N/A	N/A	3,203	42,000	53,069
Franklin Income Series Class A	N/A	N/A	119,996	282,332	285,591
iShares Nasdaq Biotechnology ETF	N/A	N/A	100	27,975	31,418
iShares Trust FTSE Xinhau HK China 25 Index	N/A	N/A	300	5,714	13,779
iShares MSCI EAFE International Index Fund	N/A	N/A	300	19,831	20,889
iShares Trust Russell 1000 Growth Index Fund	N/A	N/A	8,466	591,300	1,100,241
iShares Trust Russell 1000 Value Index Fund	N/A	N/A	5,803	489,907	692,820
iShares Trust Russell Midcap Growth Fund	N/A	N/A	3,719	287,994	432,855
iShares Trust Russell Midcap Value Fund	N/A	N/A	2,008	139,660	171,965
iShares Trust Russell 2000 Growth Index Fund	N/A	N/A	1,221	176,482	221,734
Managed Futures Strategy Fund	N/A	N/A	4,340	46,000	45,097
Oppenheimer Steelpath MLPFX Fund	N/A	N/A	4,735	57,791	39,819
Proshares S&P 500 Dividend Aristocrats	N/A	N/A	1,744	92,444	105,163
Prudential Jennison Equity Income Fund Class A	N/A	N/A	25,055	387,097	419,666
Sentinel Multi Asset Inc Secmx	N/A	N/A	8,333	102,847	106,225
Spdr S&P Dividend ETF	N/A	N/A	755	61,318	69,823
Sterling Capital Funds	N/A	N/A	5,053	121,215	124,605
Voya Global Target Payment Fund Class A	N/A	N/A	33,545	297,461	282,109
Wisdomtree Intl Hedged Quality Div Growth ETF	N/A	N/A	8,845	240,005	279,502

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2017

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Mutual Funds - Non-participant Directed (continued):					
Wisdomtree Japan Total Dividend Fund	N/A	N/A	180	$ 9,909	$ 10,453
Wisdomtree Trust Europe Hedged Equity Fund	N/A	N/A	6,263	369,353	415,926
Total Mutual Funds - Non-participant Directed				5,734,916	7,140,985
Certificates of Deposit -					
Barclays Bk Del Wilmington	-	9/30/2020	200,000	$ 200,000	$ 189,240
HSBC Bk USA N.A. Mc Lean Va	-	2/27/2024	145,000	145,000	132,747
Total Certificates of Deposit				345,000	321,987
Money Market Funds - Non-participant Directed:					
CRA BNY Mellon *	0.700%	N/A	42,021	$ 42,021	$ 42,021
Money Market Obligations TR Federated Treasury Obligations Fund	0.680%	N/A	407,781	407,781	407,781
UBS Liquid Assets Government Fund *	1.020%	N/A	110,137	110,137	110,137
UBS ETF Liquid Assets Government Fund *	1.020%	N/A	82,376	82,376	82,376
Schwab Money Market *	-	N/A	131,048	131,048	131,048
Total Money Market Funds - Non-participant Directed				773,363	773,363
Money Market Funds - Participant Directed:					
JP Morgan US Gov Money Market	0.520%	N/A	99,483	$ 99,483	$ 99,483
Total Money Market Funds - Participant Directed				99,483	99,483
Total Investments					29,830,559
Less Participant Directed Investments					4,532,611
Non-participant Directed Investments					$ 25,297,948

* Party-in-interest

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
EIN: 13-1983343 - PLAN 001

Year Ended October 31, 2017

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost of Acquisitions	Proceeds of Dispositions
Accenture Ltd.	Common Stock	$ 5,443	$ 5,411
Alexion Pharmaceuticals Inc.	Common Stock	2,185	2,164
Biomarin Pharmaceutical Inc.	Common Stock	1,675	1,787
Cabot Oil & Gas Corp Cl A	Common Stock	3,847	3,688
General Electric Co.	Common Stock	316	289
Intel Corp.	Common Stock	359	351
Johnson & Johnson	Common Stock	333	359
Micron Technology Inc.	Common Stock	7,081	11,146
Nabors Industries, Ltd.	Common Stock	5,568	2,602
Palo Alto Networks Inc.	Common Stock	131	116
Pfizer Inc.	Common Stock	309	321
Panera Bread Co. Cl A	Common Stock	216	315
Qualcomm Inc.	Common Stock	2,078	1,722
Tesaro Inc.	Common Stock	2,090	1,481
Universal Health Services Inc. Cl B	Common Stock	226	231
United Technologies Corp.	Common Stock	436	441
Verizon Communications Inc.	Common Stock	512	459
Wells Fargo & Company	Common Stock	550	551
Williams Companies, Inc.	Common Stock	310	282
Zimmer Biomet Holdings, Inc.	Common Stock	209	221
UIT First Trust Cybersecurity Portfolio	Unit Investment Trust	4,617	4,695
UIT First Trust Deep Value	Unit Investment Trust	5,770	5,725
Nasdaq Inc.	Common Stock	4,487	4,857

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
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October 31, 2017

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Corporate Bonds:					
Allergan, Plc	2.800%	3/15/2023	50,000	$ 44,508	$ 49,664
Morgan Stanley	5.000%	5/17/2023	30,000	30,000	31,013
Total Corporate Bonds				74,508	80,677
Common Stock:					
21st Century Fox	N/A	N/A	3,338	$ 100,532	$ 87,289
3M Company	N/A	N/A	1,030	45,788	237,096
Abbott Labs	N/A	N/A	540	12,712	29,284
Abbvie Inc	N/A	N/A	450	12,342	40,613
Adobe Systems Inc	N/A	N/A	934	72,374	163,599
Aflac Inc	N/A	N/A	400	19,243	33,556
Agilent Technologies Inc	N/A	N/A	110	5,704	7,483
Akamai Technologies Inc	N/A	N/A	2,518	112,404	131,566
Alexion Pharmaceuticals Inc	N/A	N/A	756	99,179	90,463
Align Technology Inc	N/A	N/A	30	4,607	7,169
Allegionplc	N/A	N/A	1,000	18,463	83,390
Allergan Plc	N/A	N/A	76	16,370	13,469
Ally Financial Inc.	N/A	N/A	340	7,090	8,884
Altria Group Inc	N/A	N/A	2,000	39,314	128,440
Amazon Com	N/A	N/A	281	35,595	310,584
American Express Company Axp	N/A	N/A	2,025	93,290	193,428
American Tower Corp	N/A	N/A	30	3,255	4,310
Andeavor	N/A	N/A	59	4,830	6,268
Anheuser Busch Inbev Spon Adr	N/A	N/A	852	59,918	104,609
Apple Computer Inc Com	N/A	N/A	1,389	108,341	234,797
AT&T Inc	N/A	N/A	5,150	69,025	173,298
Australia & New Zealand Bkg Sponsored Adr	N/A	N/A	400	1,692	9,204
Automatic Data Processing Inc	N/A	N/A	250	7,826	29,065
Baker Hughes Inc.	N/A	N/A	500	25,947	15,715
Bank America Corp	N/A	N/A	3,450	59,905	94,496
Bank Of Ny Mellon Cp New	N/A	N/A	1,875	56,555	96,469
Baxter International Inc	N/A	N/A	300	17,724	19,341
Berkshire Hathaway	N/A	N/A	600	54,474	112,164
Biogen Idec Inc	N/A	N/A	426	38,899	132,767
Blackrock Inc	N/A	N/A	289	53,223	136,070
Bp P L C Sponsored Adr	N/A	N/A	500	23,013	20,335
Bristol-Myers Squibb Company	N/A	N/A	70	3,879	4,316
Broadcom Ltd	N/A	N/A	39	6,876	10,292
C S X Corp	N/A	N/A	750	5,802	37,823
California Resources Corp	N/A	N/A	98	1,130	1,081
Canadian Pac Railway F	N/A	N/A	100	6,367	17,344
Caterpillar Inc	N/A	N/A	1,000	88,418	135,800
Cdk Global Inc	N/A	N/A	166	-	10,551
Celanese Corp Series A	N/A	N/A	80	3,535	8,345
Celgene Corp	N/A	N/A	1,631	80,265	164,682
Chemours Company	N/A	N/A	800	7,764	45,288
Chevron Corp New	N/A	N/A	45	5,125	5,215
Chipotle Mexican Grill Inc Cl A	N/A	N/A	187	69,419	50,845
Citizens Finl Group	N/A	N/A	1,160	28,956	44,092
Coca Cola Co	N/A	N/A	1,442	53,443	66,303
Colgate Palmolive Co	N/A	N/A	1,100	14,017	77,495

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SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
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October 31, 2017

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
Comcast Corp New Cl A	N/A	N/A	9,041	$ 98,694	$ 325,747
Conagra Foods Inc	N/A	N/A	2,000	50,581	68,320
Conocophillips	N/A	N/A	2,000	118,457	102,300
Constellation Brands Inc Cl A	N/A	N/A	41	5,733	8,983
Corning Inc	N/A	N/A	3,200	51,543	100,192
Costco Whsl Corp New	N/A	N/A	576	91,151	92,782
Cvs Health Corporation	N/A	N/A	6,092	95,050	417,485
Deere & Co	N/A	N/A	51	6,580	6,777
Dentsply International Inc New	N/A	N/A	2,440	96,294	149,011
Disney Walt Co	N/A	N/A	2,195	79,650	214,693
Dowdupont Inc	N/A	N/A	7,928	290,994	573,274
Duke Energy Corp Com	N/A	N/A	1,000	71,627	88,310
Dxc Technology Company	N/A	N/A	171	8,693	15,650
East West Bancorp	N/A	N/A	500	17,799	29,920
Easterly Govt Pptys	N/A	N/A	500	10,527	10,060
Eaton Corp Plc	N/A	N/A	70	3,716	5,601
Ebay Inc	N/A	N/A	1,753	21,994	65,983
Ecolab Inc	N/A	N/A	1,019	92,907	133,143
Electronic Arts Inc	N/A	N/A	81	6,562	9,688
Empire State Realty Trust Inc.	N/A	N/A	120	2,434	2,406
Enbridge Inc	N/A	N/A	984	20,733	37,845
Equinix Inc	N/A	N/A	10	4,374	4,635
Exelon Corp	N/A	N/A	3,140	107,200	126,259
Express Scripts Holding Co	N/A	N/A	800	43,798	49,032
Exxon Mobil Corp	N/A	N/A	630	26,499	52,511
Facebook Inc Cl A	N/A	N/A	1,041	31,753	187,442
Fastenal Co	N/A	N/A	600	24,920	28,182
Fedex	N/A	N/A	400	50,624	90,324
General Electric Co	N/A	N/A	2,000	63,046	40,320
Glatfelter	N/A	N/A	2,000	25,194	41,920
Google Inc Class A	N/A	N/A	149	46,280	153,923
Google Inc Class C	N/A	N/A	298	151,106	302,959
Grainger W W Inc	N/A	N/A	442	105,082	87,383
Halliburton Co	N/A	N/A	130	6,040	5,556
Hartford Finl Svcs	N/A	N/A	160	6,696	8,808
Hcp Inc Reit	N/A	N/A	300	8,969	7,752
Heineken N V	N/A	N/A	1,000	26,314	48,783
Henry Schein Inc	N/A	N/A	1,000	17,433	78,600
Hewlett Packard Co	N/A	N/A	2,000	31,295	43,100
Hewlett Packard Enterpri Hpe	N/A	N/A	2,000	18,304	27,840
Hill-Rom Holdings Inc	N/A	N/A	30	2,328	2,421
Home Depot Inc	N/A	N/A	980	13,131	162,464
Honeywell Intl Inc	N/A	N/A	884	108,762	127,437
Illinois Tool Works Inc	N/A	N/A	72	7,012	11,269
Incyte Corporation	N/A	N/A	22	2,161	2,492
Ingersoll Rand Plc	N/A	N/A	3,110	77,060	275,546
Intercontinentalexchange Gro	N/A	N/A	60	593	3,966
International Business Machines	N/A	N/A	1,100	64,415	169,466
International Paper Co	N/A	N/A	1,500	71,305	85,905
Invesco Ltd	N/A	N/A	245	5,942	8,769
Johnson & Johnson	N/A	N/A	5,671	106,375	790,594
Jp Morgan Chase & Co	N/A	N/A	1,756	39,155	176,671

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2017

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
Kimco Realty Corp	N/A	N/A	80	$ 1,482	$ 1,453
Lam Resh Corp	N/A	N/A	36	6,072	7,509
Lamb Weston Holdings Inc	N/A	N/A	666	14,913	33,959
Liberty Global Cl Cf	N/A	N/A	200	2,619	5,978
Liberty Global Inc Cl A Class A Tndr Ofr Exp	N/A	N/A	200	2,712	6,170
Liberty Global Plc Class A	N/A	N/A	34	-	738
Liberty Global Plc Class C	N/A	N/A	34	-	748
Lilly Eli & Co	N/A	N/A	50	3,935	4,097
Lloyds Banking Gp Adr	N/A	N/A	13,000	61,776	47,970
Lowes Companies Inc	N/A	N/A	600	46,923	47,970
Macy'S Inc	N/A	N/A	1,120	8,398	21,011
Manitowoc Co Inc	N/A	N/A	2,000	11,714	19,040
Mccormick & Co Inc Com Non Vtg	N/A	N/A	2,082	94,058	207,221
Medtronic Inc	N/A	N/A	1,400	106,247	112,728
Merck & Co Inc	N/A	N/A	80	4,841	4,407
Meredith Corp	N/A	N/A	1,600	12,669	84,800
Micro Focus International	N/A	N/A	274	8,039	9,571
Micron Technology Inc	N/A	N/A	70	1,568	3,102
Microsoft Corp	N/A	N/A	3,272	72,325	272,165
Mondelez International	N/A	N/A	150	6,431	6,215
Monsanto Co New	N/A	N/A	839	66,755	101,603
Monster Beverage Corporation	N/A	N/A	124	3,804	7,183
Nasdaq Omx Group Inc	N/A	N/A	234	14,155	17,000
National Grid Plc	N/A	N/A	458	36,987	27,961
Nestle S A	N/A	N/A	7,500	46,142	631,268
Nike Inc Cl B	N/A	N/A	54	2,916	2,969
Norfolk Southern Corp	N/A	N/A	3,000	63,890	394,260
Nucor Corp	N/A	N/A	80	3,778	4,626
Nvidia Corp	N/A	N/A	82	5,824	16,958
Occidental Pete Corp	N/A	N/A	2,000	26,186	129,140
Palo Alto Networks Inc	N/A	N/A	649	79,621	95,533
Paypal Holdings	N/A	N/A	1,796	43,317	130,318
Penney J C Co Inc	N/A	N/A	800	19,691	2,240
Pepsico Inc	N/A	N/A	658	22,404	72,531
Pfizer Inc	N/A	N/A	17,070	99,761	598,474
Philip Morris International Inc	N/A	N/A	71	5,932	7,429
Pioneer Natural Resources Company	N/A	N/A	596	104,379	89,203
Pitney Bowes Inc	N/A	N/A	2,000	32,996	27,480
Procter & Gamble Co	N/A	N/A	1,460	112,677	126,056
Qualcomm Inc	N/A	N/A	300	15,136	15,303
Red Hat Inc	N/A	N/A	1,186	57,673	143,304
Regeneron Pharmaceuticls Inc	N/A	N/A	200	67,599	80,524
Rockwell Collins Inc	N/A	N/A	1,032	92,988	139,939
Royal Dutch Shell Plc	N/A	N/A	1,271	85,276	80,111
Salesforce.Com Inc	N/A	N/A	76	5,903	7,778
Schlumberger Ltd	N/A	N/A	2,315	159,095	148,160
Schwab Charles Corp	N/A	N/A	2,520	40,275	112,997
Shire Plc Adr	N/A	N/A	144	28,304	21,259
Southern Company The	N/A	N/A	2,300	49,834	120,060
Southwest Airlines Co	N/A	N/A	7,593	41,877	408,959
Spdr Gold Trust Spdr Gold Shares	N/A	N/A	400	48,030	48,268
Splunk Inc.	N/A	N/A	1,220	73,267	82,106
Starbucks Corp	N/A	N/A	110	6,651	6,032

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2017

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
State Street Corp	N/A	N/A	400	$ 19,992	$ 36,800
Svb Financial Group Com	N/A	N/A	23	4,107	5,043
Synchrony Financial	N/A	N/A	200	5,673	6,524
T -Mobile Us, Inc.	N/A	N/A	90	5,887	5,379
Taiwan Semiconductor Mfg Co Ltd	N/A	N/A	130	3,869	5,503
Targa Resources Corp	N/A	N/A	70	4,124	2,905
Terex Corp New	N/A	N/A	2,000	86,031	94,220
Texas Instruments Inc	N/A	N/A	1,102	34,635	106,552
Thermo Fisher Corp	N/A	N/A	1,619	69,816	313,811
Time Warner Inc New	N/A	N/A	20	1,736	1,966
Toronto Dominion Bank	N/A	N/A	1,700	82,907	96,645
Travelers Cos Inc (The)	N/A	N/A	1,000	37,085	132,450
U S Bancorp Del	N/A	N/A	1,500	50,110	81,570
United Parcel Service Inc Cl B	N/A	N/A	946	80,908	111,183
Unitedhealth Group Inc	N/A	N/A	865	56,772	181,840
Unum Group	N/A	N/A	2,000	44,177	104,080
Valero Energy Corp New	N/A	N/A	80	4,444	6,311
Vanguard Emerging Markets	N/A	N/A	800	32,956	35,704
Vantiv, Inc.	N/A	N/A	90	5,654	6,300
Verizon Communications Inc	N/A	N/A	3,000	100,877	143,610
Viacom Inc New Class B	N/A	N/A	1,356	35,064	32,585
Visa Inc Cl A	N/A	N/A	1,825	40,314	200,714
Vmware Inc	N/A	N/A	733	58,657	87,733
Vodafone Group Plc New Sponsored Adr	N/A	N/A	2,000	74,206	57,960
Voya Financial Inc	N/A	N/A	170	5,516	6,827
Wabco Holdings Inc	N/A	N/A	999	10,723	147,423
Walgreens Boots Alliance Inc	N/A	N/A	500	17,628	33,135
Wal-Mart Stores Inc	N/A	N/A	4,000	26,541	349,240
Welbilt Inc	N/A	N/A	2,000	40,004	44,120
Wells Fargo & Co New	N/A	N/A	500	24,757	28,070
Westar Energy Inc	N/A	N/A	1,000	26,439	53,480
Yum China Holdings Inc	N/A	N/A	3,670	94,817	148,085
Yum! Brands Inc	N/A	N/A	1,080	54,131	80,406
Zoetis Inc	N/A	N/A	4,779	168,043	304,996
Total Common Stock				7,627,960	16,942,246
Preferred Stock:					
Public Storage	5.400%	N/A	500	$ 12,554	$ 12,920
Wells Fargo & Co.	5.700%	N/A	1,000	26,025	25,770
Total Preferred Stock				38,579	38,690
Mutual Funds - Participant Directed:					
Blackrock Global Allocation-R	N/A	N/A	4,608	N/A	$ 89,028
Blackrock Lifepath Ret Port-A	N/A	N/A	976	N/A	9,857
Deutsche Equity 500 Index Fund-S	N/A	N/A	1,487	N/A	348,181
Goldman Sachs Growth Opp	N/A	N/A	6,059	N/A	145,475
JP Morgan Smart Retirement 2020-R2	N/A	N/A	15,040	N/A	298,854
JP Morgan Smart Retirement 2030-R2	N/A	N/A	9,671	N/A	207,443
JP Morgan Smart Retirement 2040-R2	N/A	N/A	15,017	N/A	338,178
JP Morgan Smart Retirement 2050-R2	N/A	N/A	87	N/A	1,856
Mass Investors Growth Stk Fd-R2	N/A	N/A	1,801	N/A	49,764

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2017

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Mutual Funds - Participant Directed (continued):					
Massachusetts Investors Trust-R2	N/A	N/A	3,096	N/A	$ 97,207
MFS Aggressive Growth Alloc-R2	N/A	N/A	8,493	N/A	193,970
MFS Conservative Allocation-R2	N/A	N/A	8,150	N/A	125,593
MFS Global Growth Fund-R2	N/A	N/A	3,397	N/A	133,899
MFS Government Securities Fd-R2	N/A	N/A	4,638	N/A	45,408
MFS Growth Allocation Fund-R2	N/A	N/A	30,949	N/A	635,070
MFS Moderate Allocation Fund-R2	N/A	N/A	13,184	N/A	233,360
MFS New Discovery Fund-R2	N/A	N/A	8,706	N/A	239,234
MFS Research Bond Fund-R2	N/A	N/A	9,718	N/A	104,279
MFS Research International Fd-R2	N/A	N/A	8,402	N/A	153,166
MFS Total Return Fund-R2	N/A	N/A	12,345	N/A	240,598
MFS Value Fund-R2	N/A	N/A	5,419	N/A	217,069
Pimco Total Return-R	N/A	N/A	8,939	N/A	91,890
Victory Established Value Fund-R	N/A	N/A	6,984	N/A	276,135
Victory Small Company Oppor Fd-R	N/A	N/A	3,466	N/A	157,614
Total Mutual Funds - Participant Directed					4,433,128
Mutual Funds - Non-participant Directed:					
Advantage Dynamic Total Return Fund	N/A	N/A	2,706	$ 42,000	$ 46,103
Bny Mellon Intermediate Bond Fund *	N/A	N/A	11,085	142,887	138,896
Bny Mellon Corporate Bond Fund *	N/A	N/A	8,836	115,000	115,048
Bny Mellon Emerging Markets Fund *	N/A	N/A	8,918	84,893	102,557
Bny Mellon Income Stock Fund *	N/A	N/A	14,510	123,000	139,298
Bny Mellon Mid Cap Stock Fund *	N/A	N/A	12,812	174,000	223,702
Bny Mellon Small Cap Stock Fund *	N/A	N/A	6,239	92,500	128,764
Capital Income Builder Fund Class A	N/A	N/A	6,423	369,574	403,448
Dreyfus Alternative Diversified Fund	N/A	N/A	3,563	44,500	45,394
Dreyfus Diversified International Fund	N/A	N/A	17,281	190,000	229,323
Dreyfus Floating Rate Income Fund	N/A	N/A	6,254	76,000	75,862
Dreyfus Growth & Income Fund Inc.	N/A	N/A	24,896	415,942	553,937
Dreyfus High Yield Fund	N/A	N/A	2,505	15,985	15,904
Dreyfus International Small Cap Fund	N/A	N/A	3,203	42,000	53,069
Franklin Income Series Class A	N/A	N/A	119,996	282,332	285,591
iShares Nasdaq Biotechnology ETF	N/A	N/A	100	27,975	31,418
iShares Trust FTSE Xinhau HK China 25 Index	N/A	N/A	300	5,714	13,779
iShares MSCI EAFE International Index Fund	N/A	N/A	300	19,831	20,889
iShares Trust Russell 1000 Growth Index Fund	N/A	N/A	8,466	591,300	1,100,241
iShares Trust Russell 1000 Value Index Fund	N/A	N/A	5,803	489,907	692,820
iShares Trust Russell Midcap Growth Fund	N/A	N/A	3,719	287,994	432,855
iShares Trust Russell Midcap Value Fund	N/A	N/A	2,008	139,660	171,965
iShares Trust Russell 2000 Growth Index Fund	N/A	N/A	1,221	176,482	221,734
Managed Futures Strategy Fund	N/A	N/A	4,340	46,000	45,097
Oppenheimer Steelpath MLPFX Fund	N/A	N/A	4,735	57,791	39,819
Proshares S&P 500 Dividend Aristocrats	N/A	N/A	1,744	92,444	105,163
Prudential Jennison Equity Income Fund Class A	N/A	N/A	25,055	387,097	419,666
Sentinel Multi Asset Inc Secmx	N/A	N/A	8,333	102,847	106,225
Spdr S&P Dividend ETF	N/A	N/A	755	61,318	69,823
Sterling Capital Funds	N/A	N/A	5,053	121,215	124,605
Voya Global Target Payment Fund Class A	N/A	N/A	33,545	297,461	282,109
Wisdomtree Intl Hedged Quality Div Growth ETF	N/A	N/A	8,845	240,005	279,502

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2017

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Mutual Funds - Non-participant Directed (continued):					
Wisdomtree Japan Total Dividend Fund	N/A	N/A	180	$ 9,909	$ 10,453
Wisdomtree Trust Europe Hedged Equity Fund	N/A	N/A	6,263	369,353	415,926
Total Mutual Funds - Non-participant Directed				5,734,916	7,140,985
Certificates of Deposit -					
Barclays Bk Del Wilmington	-	9/30/2020	200,000	$ 200,000	$ 189,240
HSBC Bk USA N.A. Mc Lean Va	-	2/27/2024	145,000	145,000	132,747
Total Certificates of Deposit				345,000	321,987
Money Market Funds - Non-participant Directed:					
CRA BNY Mellon *	0.700%	N/A	42,021	$ 42,021	$ 42,021
Money Market Obligations TR Federated Treasury Obligations Fund	0.680%	N/A	407,781	407,781	407,781
UBS Liquid Assets Government Fund *	1.020%	N/A	110,137	110,137	110,137
UBS ETF Liquid Assets Government Fund *	1.020%	N/A	82,376	82,376	82,376
Schwab Money Market *	-	N/A	131,048	131,048	131,048
Total Money Market Funds - Non-participant Directed				773,363	773,363
Money Market Funds - Participant Directed:					
JP Morgan US Gov Money Market	0.520%	N/A	99,483	$ 99,483	$ 99,483
Total Money Market Funds - Participant Directed				99,483	99,483
Total Investments					29,830,559
Less Participant Directed Investments					4,532,611
Non-participant Directed Investments					$ 25,297,948

* Party-in-interest

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
EIN: 13-1983343 - PLAN 001

Year Ended October 31, 2017

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost of Acquisitions	Proceeds of Dispositions
Accenture Ltd.	Common Stock	$ 5,443	$ 5,411
Alexion Pharmaceuticals Inc.	Common Stock	2,185	2,164
Biomarin Pharmaceutical Inc.	Common Stock	1,675	1,787
Cabot Oil & Gas Corp Cl A	Common Stock	3,847	3,688
General Electric Co.	Common Stock	316	289
Intel Corp.	Common Stock	359	351
Johnson & Johnson	Common Stock	333	359
Micron Technology Inc.	Common Stock	7,081	11,146
Nabors Industries, Ltd.	Common Stock	5,568	2,602
Palo Alto Networks Inc.	Common Stock	131	116
Pfizer Inc.	Common Stock	309	321
Panera Bread Co. Cl A	Common Stock	216	315
Qualcomm Inc.	Common Stock	2,078	1,722
Tesaro Inc.	Common Stock	2,090	1,481
Universal Health Services Inc. Cl B	Common Stock	226	231
United Technologies Corp.	Common Stock	436	441
Verizon Communications Inc.	Common Stock	512	459
Wells Fargo & Company	Common Stock	550	551
Williams Companies, Inc.	Common Stock	310	282
Zimmer Biomet Holdings, Inc.	Common Stock	209	221
UIT First Trust Cybersecurity Portfolio	Unit Investment Trust	4,617	4,695
UIT First Trust Deep Value	Unit Investment Trust	5,770	5,725
Nasdaq Inc.	Common Stock	4,487	4,857

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