

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
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>12/01/2016</u> and ending <u>11/30/2017</u>			
A This return/report is for:	☐ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan	☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report	☐ the final return/report	
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ the DFVC program
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.</u>	1b Three-digit plan number (PN) ►	<u>005</u>
		1c Effective date of plan	<u>12/31/1953</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ALFRED NICKLES BAKERY, INC.</u> <u>26 N. MAIN STREET</u> <u>NAVARRE, OH 44662-1158</u>		2b Employer Identification Number (EIN) <u>34-0428345</u>	
		2c Plan Sponsor's telephone number <u>330-879-5635</u>	
		2d Business code (see instructions) <u>311800</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/13/2018	MARK T. SPONSELLER
	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 ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 544
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 133 6a(2) 117 6b 260 6c 105 6d 482 6e 50 6f 532 6g 6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2016 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 12/01/2016 and ending 11/30/2017

A Name of plan <u>RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.</u>	B Three-digit plan number (PN) ►	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALFRED NICKLES BAKERY, INC.</u>	D Employer Identification Number (EIN) <u>34-0428345</u>	

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

(a) Name of insurance carrier
AETNA LIFE INSURANCE CO.

(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
<u>06-6033492</u>	<u>60054</u>	<u>000759</u>	<u>532</u>	<u>12/01/2016</u>	<u>11/30/2017</u>

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

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

(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	

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	(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** 7063942**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****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

9916831

c Additions: (1) Contributions deposited during the year**7c(1)**

219000

(2) Dividends and credits.....

7c(2)

0

(3) Interest credited during the year.....

7c(3)

239042

(4) Transferred from separate account

7c(4)

0

(5) Other (specify below)

7c(5)

0

▶

(6) Total additions

7c(6)

458042

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

10374873

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

3293423

(2) Administration charge made by carrier.....

7e(2)

17508

(3) Transferred to separate account

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)

3310931

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

7063942

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)	0
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)	0
(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)	0
(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. Specify nature of costs.	10b	

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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 12/01/2016 and ending 11/30/2017

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ALFRED NICKLES BAKERY, INC.</u>	D Employer Identification Number (EIN) <u>34-0428345</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>48937338</u>
b Actuarial value	2b <u>50518048</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>299</u> <u>30416133</u> <u>30416133</u>
b For terminated vested participants.....	<u>112</u> <u>4275299</u> <u>4275299</u>
c For active participants.....	<u>133</u> <u>16757138</u> <u>17822387</u>
d Total.....	<u>544</u> <u>51448570</u> <u>52513819</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.01 %</u>
6 Target normal cost.....	6 <u>16329</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>08/24/2018</u>
Signature of actuary	Date
<u>SETH H. PITASKY, EA, MSPA, MAAA</u>	<u>17-07321</u>
Type or print name of actuary	Most recent enrollment number
<u>CBIZ RETIREMENT PLAN SERVICES</u>	<u>216-520-6174</u>
Firm name	Telephone number (including area code)
<u>6050 OAK TREE BLVD. SOUTH</u> <u>SUITE 500</u> <u>CLEVELAND, OH 44131</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	70
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	70
10	Interest on line 9 using prior year's actual return of <u>6.98</u> %	0	5
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		98435
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.22</u> %		6123
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		104558
d	Portion of (c) to be added to prefunding balance		104558
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	104633

Part III Funding Percentages			
14	Funding target attainment percentage	14	96.00%
15	Adjusted funding target attainment percentage	15	96.00%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.54%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/15/2018	401327	0			
Totals ▶			18(b)	401327	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 363366
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost					
21	Discount rate:					
a	Segment rates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
b	Applicable month (enter code)	21b	4			
22	Weighted average retirement age	22	62			
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute					
Part VI	Miscellaneous Items					
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No					
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27				
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years					
28	Unpaid minimum required contributions for all prior years	28	0			
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0			
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0			
Part VIII	Minimum Required Contribution For Current Year					
31	Target normal cost and excess assets (see instructions):					
a	Target normal cost (line 6)	31a	16329			
b	Excess assets, if applicable, but not greater than line 31a	31b	0			
32	Amortization installments:	Outstanding Balance	Installment			
a	Net shortfall amortization installment	2100404	347036			
b	Waiver amortization installment	0	0			
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33			
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34			
			363365			
	Carryover balance	Prefunding balance	Total balance			
35	Balances elected for use to offset funding requirement	0	0			
36	Additional cash requirement (line 34 minus line 35)		36			
			363365			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37			
			363366			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	1			
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0			
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39			
			0			
40	Unpaid minimum required contributions for all years		40			
			0			
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)					
41	If an election was made to use PRA 2010 funding relief for this plan:					
a	Schedule elected ☐ 2 plus 7 years ☐ 15 years					
b	Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011					
42	Amount of acceleration adjustment	42				
43	Excess installment acceleration amount to be carried over to future plan years	43				

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

For calendar plan year 2016 or fiscal plan year beginning 12/01/2016 and ending 11/30/2017	
A Name of plan RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 ALFRED NICKLES BAKERY, INC.	D Employer Identification Number (EIN) 34-0428345

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

BNY MELLON, NA

ONE WALL STREET
NEW YORK, NY 10286

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?
21	NONE	194829	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AETNA LIFE INSURANCE COMPANY

151 FARMINGTON AVENUE
HARTFORD, CT 06156-9260

06-6033492

(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?
23	NONE	91386	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>12/01/2016</u> and ending <u>11/30/2017</u>		
A Name of plan <u>RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.</u>	B Three-digit plan number (PN) ►	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALFRED NICKLES BAKERY, INC.</u>	D Employer Identification Number (EIN) <u>34-0428345</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	219000	401327
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	91485	122386
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	860920	920434
(2) U.S. Government securities	1c(2)	1859	1481
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	6617629	8918166
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	16230364	20269650
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	14737817	15954827
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	9900229	7063942
(15) Other.....	1c(15)	282883	307819

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	48942186	53960032

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	48942186	53960032
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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)	401327	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		401327
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	338466	
(B) U.S. Government securities	2b(1)(B)	95	
(C) Corporate debt instruments	2b(1)(C)	293148	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	13161	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		644870
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	333328	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	254086	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		587414
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	4116386	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		4116386

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2829229
c Other income.....	2c		18258
d Total income. Add all income amounts in column (b) and enter total.....	2d		8597484

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3293423	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3293423
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	91386	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other	2i(4)	194829	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		286215
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3579638

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5017846
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: MALONEY AND NOVOTNY LLC

(2) EIN: 34-0677006

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4066685. (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.
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For calendar plan year 2016 or fiscal plan year beginning 12/01/2016 and ending 11/30/2017

A Name of plan <u>RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALFRED NICKLES BAKERY, INC.</u>	D Employer Identification Number (EIN) <u>34-0428345</u>

Part I	Distributions
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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	<u>0</u>
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): <u>06-6033492</u>		
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	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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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
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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
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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: <u>0.0</u> % 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
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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 / / .	

**RETIREMENT PLAN FOR
NON-BARGAINING EMPLOYEES OF
ALFRED NICKLES BAKERY, INC.**

FINANCIAL REPORT

NOVEMBER 30, 2017 and 2016

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

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Independent Auditors' Report

Plan Administrator
Retirement Plan for Non-Bargaining Employees
of Alfred Nickles Bakery, Inc.
Navarre, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Plan for Non-Bargaining Employees of Alfred Nickles Bakery, Inc. (the "Plan"), which comprise the statements of net assets available for benefits as of November 30, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Aetna Life Insurance Company and BNY Mellon Wealth Management, the Custodians of the Plan, except for comparing the information with the related information included in the financial statements.

We have been informed by the plan administrator that the Custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodians as of November 30, 2017 and 2016, and for the years then ended, that the information provided to the plan administrator by the Custodians is complete and accurate.

Disclaimer of Opinion

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

Report on Supplementary Information

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of or for the year ended November 30, 2017 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year), as of November 30, 2017 that accompanies the Plan's financial statements does not disclose the historical cost of certain nonparticipant-directed plan assets held by the Custodians. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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

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

Meloney + Novotny LLC

Canton, Ohio
September 12, 2018

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

November 30, 2017 and 2016

<u>ASSETS</u>	<u>2017</u>	<u>2016</u>
INVESTMENTS, AT FAIR VALUE		
Interest-bearing cash and cash equivalents	\$ 920,434	\$ 860,920
Mutual funds	15,954,827	14,737,817
Fixed income securities	9,227,466	6,902,371
Equities	20,269,650	16,230,364
Contracts with insurance company	<u>7,063,942</u>	<u>9,900,229</u>
Total investments	53,436,319	48,631,701
 CONTRIBUTIONS RECEIVABLE - EMPLOYER	 401,327	 219,000
 ACCRUED INCOME	 <u>122,386</u>	 <u>91,485</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 \$ <u><u>53,960,032</u></u>	 \$ <u><u>48,942,186</u></u>

The accompanying notes are an integral part of these financial statements.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended November 30, 2017 and 2016

INVESTMENT ACTIVITY AND CONTRIBUTIONS	<u>2017</u>	<u>2016</u>
Investment activity:		
Interest	\$ 644,870	\$ 649,458
Dividends	587,414	582,031
Net appreciation in fair value of investments	<u>6,963,873</u>	<u>1,325,416</u>
Total investment activity	<u>8,196,157</u>	<u>2,556,905</u>
Contributions - employer	<u>401,327</u>	<u>429,949</u>
Total investment activity and contributions	<u>8,597,484</u>	<u>2,986,854</u>
 DEDUCTIONS		
Benefits paid directly to participants	3,293,423	3,178,224
Administrative expenses	<u>286,215</u>	<u>255,597</u>
Total deductions	<u>3,579,638</u>	<u>3,433,821</u>
 Net increase (decrease)	5,017,846	(446,967)
 NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>48,942,186</u>	<u>49,389,153</u>
 END OF YEAR	<u>\$ 53,960,032</u>	<u>\$ 48,942,186</u>

The accompanying notes are an integral part of these financial statements.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following brief description of the Retirement Plan for Non-Bargaining Employees of Alfred Nickles Bakery, Inc. (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 benefit pension plan covering the non-bargaining employees of Alfred Nickles Bakery, Inc. (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

As of July 8, 2016 ("freeze date"), the Plan was frozen to new participation, credited service, and benefit accruals.

Plan Sponsor:

The Company operates bakeries that manufacture bread, buns, sweet rolls, and pastries which are sold to supermarkets, grocery stores, restaurants, distributors, and institutions throughout the Midwest.

Benefits:

Participants with 5 or more years of credited service are eligible to receive monthly benefit payments beginning at normal retirement age of 65. The participants will receive annual benefits in an amount equal to the greater of 2.5% of total compensation earned while a participant or \$222.86 multiplied by their total number of credited years of service. However, for individuals employed with the Company prior to October 1, 1993, their annual benefit will be the greater of \$300 multiplied by their total number of credited years of service or 1.75% of their final average five-year compensation as of November 30, 1988 times credited years of service plus 2.5% of their total compensation earned after December 1, 1988. Generally, a participant who remains in employment after attaining normal retirement age is not entitled to receive payments of his retirement income until he actually retires; however, prior to the freeze date, the participant would have received credit for the service rendered after normal retirement age. The Plan also provides for the payment of benefits upon death.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 1. Description of the Plan (continued)

Death Benefits:

If a vested participant dies before the date on which his retirement income is to begin, the surviving spouse is entitled to the amount said spouse would have received if the participant had lived until the earliest date upon which he could have commenced receiving his retirement benefits, beginning the first day of the month following the month in which the participant died.

Custodians:

Under the terms of the custodian agreements between Aetna Life Insurance Company ("Aetna"), BNY Mellon Wealth Management ("Mellon"), and the Plan, Aetna and Mellon manage the majority of the Plan's funds and execute transactions on behalf of the Plan. Aetna and Mellon are collectively referred to as the "Custodians". Aetna has not been granted authority concerning purchases and sales of investments. Mellon has been granted discretionary authority concerning purchases and sales of investments in its portfolio. The investments, accrued investment income, and investment income of these trust funds (as disclosed in the accompanying financial statements) and the assets held for investment purposes (as disclosed in the accompanying schedules) have been reported to the Plan by Aetna and by Mellon, as have been determined through the use of current values for all assets of the trust fund.

Note 2. Summary of Significant Accounting Policies

The following are significant accounting policies followed by the Plan:

Basis of Accounting:

The accompanying financial statements have been prepared on an accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered prior to the freeze date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the freeze date.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (continued)

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 10 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Pension Benefits:

Benefits are recorded upon distribution.

Administrative Expenses:

Fees of the Plan's legal counsel, actuaries, and accountants are not reflected in the accompanying financial statements as they were paid by the Company. The only fees paid by the Plan were for the Custodians. In addition, certain investment related expenses are included in the net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Use of Estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; and disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

Subsequent Events:

The Plan has evaluated subsequent events through September 12, 2018, which is the date the financial statements were available to be issued.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits was determined by independent actuaries of CBIZ Retirement Plan Services and is the amount that results from applying actuarial assumptions to adjust the accumulated plan

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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

benefits to reflect the probability of payment and the time value of money between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of November 30, 2017 and 2016, include (a) assumed long-term rate of return on assets of 7.50%; (b) retirement age of 65; (c) assumed mortality, turnover, and disability based on published statistical data (the RP-2014 Generational Mortality Table projected with MP-2017 for 2017 and the RP-2014 Generational Mortality Table projected with MP-2016 for 2016); and (d) payment of custodian expenses from the earnings of the Plan. The foregoing actuarial assumptions are based on the presumption that the Plan will continue.

The total actuarial present value of accumulated plan benefits is as follows:

	<u>December 1,</u>	
	<u>2017</u>	<u>2016</u>
Vested benefits		
Participants currently receiving payments	\$ 29,401,028	\$ 28,073,643
Other participants	<u>16,868,973</u>	<u>18,121,236</u>
	46,270,001	46,194,879
Nonvested benefits	<u>785,478</u>	<u>945,766</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 47,055,479</u>	<u>\$ 47,140,645</u>

The significant factors affecting the year-to-date change in the actuarial present value of accumulated plan benefits are as follows:

	<u>2017</u>	<u>2016</u>
Actuarial present value of accumulated plan benefits as of the beginning of year	\$ 47,140,645	\$ 43,011,990
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial gains	74,717	3,653,754
Decrease in discount period	3,412,045	-
Actuarial assumption changes	(278,505)	3,653,125
Benefits paid	<u>(3,293,423)</u>	<u>(3,178,224)</u>
Net (decrease) increase	<u>(85,166)</u>	<u>4,128,655</u>
Actuarial present value of accumulated plan benefits as of the end of year	<u>\$ 47,055,479</u>	<u>\$ 47,140,645</u>

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Funding Policy

The Company has agreed to make contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to Plan participants. The Company's contributions are designed to fund the Plan's current service costs on a current basis and to meet or exceed minimum funding standards as required under the Employee Retirement Income Security Act of 1974.

Note 5. Plan Termination

Although the Company has not expressed any intent to terminate the Plan, it may do so at any time. In the event of a termination of the Plan, the assets then remaining in the trust, after providing for administrative expenses, shall be allocated, to the extent that they shall be sufficient, for the purpose of funding the accrued benefits to the date of termination of the Plan of all pensioners, participants, vested former participants and beneficiaries in the manner and order of precedence required under the terms of Section 4044 of ERISA, and any funds remaining in the trust after funding in full all of such accrued benefits shall revert to the Company. In the event of a partial termination of the Plan, the portion of the assets of the pension fund relating to the terminated portion of the Plan shall be allocated as aforesaid for the purpose of funding the accrued benefits of pensioners, participants, vested former participants and beneficiaries whose benefit rights are affected by such partial termination.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

Note 6. Income Tax Status

The Internal Revenue Service issued a favorable determination letter indicating the Plan is a qualified trust under Section 1.401-1(b)(3) and, as such, is exempt from federal income taxation under the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 6. Income Tax Status (continued)

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of November 30, 2017 there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements.

Note 7. Unaudited Information

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodians have certified to the completeness and accuracy of all investments reflected on the statements of net assets available for benefits at November 30, 2017 and 2016, the schedule of assets (held at end of year), the related investment activity reflected in the statements of changes in net assets available for benefits and the schedule of reportable transactions for the years ended November 30, 2017 and 2016 and the investment related information in the accompanying notes to the financial statements. This information is unaudited by independent accountants.

Note 8. Risks and Uncertainties

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

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

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 9. Party-in-Interest

Certain assets held by the Plan are offered by the Custodians of the Plan. As such, these assets and the related transactions qualify as party-in-interest transactions. Custodian fees for the years ended November 30 are as follows:

	<u>2017</u>	<u>2016</u>
Aetna	\$ 91,386	\$ 100,240
Mellon	<u>194,829</u>	<u>155,357</u>
	\$ <u>286,215</u>	\$ <u>255,597</u>

Note 10. Fair Value Measurements

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. Fair value is defined as the price that would be received to sell an asset or would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodologies used for assets of the Plan measured at fair value at November 30, 2017 and 2016.

- Interest-bearing cash and cash equivalents: Valued based on the underlying assets, most of which are short-term debt securities. The fund seeks to maintain a constant net asset value of \$1.00 per share.
- Mutual funds: Valued at the daily closing price as reported by the funds, which are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- Fixed income securities and equities: Valued at quoted prices from national securities exchanges for identical assets in active markets.
- Contracts with insurance company: Valued at book value (i.e. beginning balance plus deposits less withdrawals plus fixed income interest equals ending balance) and adjusted to market value by Aetna based on a bond formula contained in the contracts. The contracts are invested in a money

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 10. Fair Value Measurements (continued)

market account and in Segment 4 of Aetna's general account (a fixed income fund comprised of bonds and commercial mortgages). The contract includes \$4,622,127 at November 30, 2017 that is a reserve for Aetna-guaranteed annuities being paid to retirees and that cannot be withdrawn from the contract by the Plan.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in methodologies used from the year ended November 30, 2016 to November 30, 2017. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2017:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash and cash equivalents	\$ -	\$ 920,434	\$ -	\$ 920,434
Mutual funds	15,954,827	-	-	15,954,827
Fixed income securities	9,227,466	-	-	9,227,466
Equities	20,269,650	-	-	20,269,650
Contracts with insurance company	<u>-</u>	<u>7,063,942</u>	<u>-</u>	<u>7,063,942</u>
Total	\$ <u>45,451,943</u>	\$ <u>7,984,376</u>	\$ <u>-</u>	\$ <u>53,436,319</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2016:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash and cash equivalents	\$ -	\$ 860,920	\$ -	\$ 860,920
Mutual funds	14,737,817	-	-	14,737,817
Fixed income securities	6,902,371	-	-	6,902,371
Equities	16,230,364	-	-	16,230,364
Contracts with insurance company	<u>-</u>	<u>9,900,229</u>	<u>-</u>	<u>9,900,229</u>
Total	\$ <u>37,870,552</u>	\$ <u>10,761,149</u>	\$ <u>-</u>	\$ <u>48,631,701</u>

SCHEDULE SB ATTACHMENT

Line 26 - Schedule of Active Participant Data

Plan Name: Retirement Plan for Non Bargaining Employees of Alfred Nickles Bakery, Inc.

EIN/PN: 34-0428345/005

Valuation Date: December 1, 2016

Compensation is shown below only for cells where the counts are greater than 20.

Att. Age:	Years of Credited Service													Total
	Under	1	2	3	4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up	
Under 25	-	-	1	-	-	2	-	-	-	-	-	-	-	3
25 to 29	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	1	2	1	-	1	-	-	-	-	-	-	-	5
30 to 34	-	-	-	-	-	1	3	-	-	-	-	-	-	4
35 to 39	-	-	-	1	-	2	1	1	1	-	-	-	-	6
40 to 44	-	-	1	-	2	1	-	3	4	-	-	-	-	11
45 to 49	-	-	-	2	-	1	2	3	2	2	1	-	-	13
50 to 54	-	-	1	1	-	2	3	-	1	4	1	2	-	15
55 to 59	-	-	1	-	3	1	-	6	6	5	5	10	2	39
60 to 64	-	1	-	1	-	1	2	2	5	6	1	8	5	32
65 to 69	-	-	1	-	-	-	-	-	1	-	-	-	1	3
70 & Up	-	-	1	-	-	1	-	-	-	-	-	-	-	2
Total	-	2	8	6	5	13	11	15	20	17	8	20	8	133

ACTUARIAL ASSUMPTIONS

Funding Discount Rates IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (Aug).

	Non-Stabilized	Limited to 25-Year Corridor
Segment I:	1.51%	4.43%
Segment II:	3.83%	5.91%
Segment III:	4.82%	6.65%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the Highway and Transportation Funding Act of 2014 ('HATFA-14') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

Effective Interest Rate The Effective Interest Rate (EIR) for the 2016 Plan Year was 6.01%. For the prior Plan year, the EIR was 6.22%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would equal the Funding Target determined using the plan sponsor's above elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

PBGC Variable Premium Discount Rates The segment rates used to calculate the PBGC Variable Rate Premiums with the Standard Premium Funding Target and/or Alternative Premium Funding Target are as follows:

	Standard	Alternative
Segment I:	1.79%	1.51%
Segment II:	3.80%	3.83%
Segment III:	4.71%	4.82%

The Standard Premium Funding Target rates are based on rates for the month prior to the valuation, and the Alternative Premium Funding Target rates are based on non-stabilized funding discount rates for the current valuation.

Mortality Table Elected IRS Section 1.430(h)(3)-1 prescribed separate static annuitant and non-annuitant mortality tables for the current Plan Year. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 15 years for nonannuitants and plus 7 years for annuitants based on Scale AA.

ACTUARIAL ASSUMPTIONS (cont)

ASC 960 Assumptions

ASC 960 Present Values of Accrued Benefits used a discount rate of 7.50% and the RP-2014 Generational Mortality Table projected with MP-2016. Last year the rate was 8.50% and assumed mortality was the RP-2014 Generational (MP-2016 Modified with Ultimate Improvement of 0.0075) Employee and Retiree Male and Female Tables.

The selection of ASC 960 rates is the Plan Sponsor's view of the long-term rate of return on assets. This rate was selected by the Plan Sponsor and is consistent with the Long-Term Expected Return on Assets used under ASC 715.

Expected Return on Assets

The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of a) or b), below:

a) The plan sponsor's expected long-term rate of return on assets based on policy trust allocations; or

b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	a)	b)	EROA
2015	7.50%	6.81%	6.81%
2014	8.50%	6.99%	6.99%

The expected return on assets was changed to be consistent with expected return rates for ASC 715.

Expenses

Administrative expenses were assumed to equal actual expenses in the prior year. Under this assumption, expenses of \$16,329 were included in the Normal Cost.

Salary Scale

N/A.

Inflation

None.

Taxable Wage Base Increases

None.

ACTUARIAL ASSUMPTIONS (cont)

Withdrawal Rates

T-6 LESS GA51M. Below is a table of representative rates.

Age	Rates
20	7.94%
25	7.72%
30	7.40%
35	6.86%
40	6.11%
45	5.16%
50	3.62%
55	1.37%
60	0.13%

Benefit Commencement Age

Future deferred vested participants are assumed to commence at the Plan's Normal Retirement Age, or valuation age, if later.

Disability Incidence

The QAI(M) SOA 77REP Table for males, and the QAI(F) SOA 77REP Table for females. Below is a table of representative rates.

Age	Rates (M)	Rates (F)
20	0.085%	0.103%
25	0.085%	0.103%
30	0.085%	0.103%
35	0.085%	0.103%
40	0.176%	0.297%
45	0.338%	0.411%
50	0.639%	0.590%
55	0.639%	0.897%
60	1.160%	1.018%

Benefit Commencement Age

Future disabled participants are assumed to commence immediately upon eligibility.

ACTUARIAL ASSUMPTIONS (cont)

Disability Mortality

IRS Section 1.430(h)(3)-1 prescribed separate static annuitant and non-annuitant mortality tables for the current Plan Year. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 15 years for nonannuitants and plus 7 years for annuitants based on Scale AA. Below is a table of representative rates.

Age	Rates (M)	Rates (F)
30	0.04%	0.02%
40	0.08%	0.04%
50	0.36%	0.16%
60	0.57%	0.56%
70	1.59%	1.50%
80	5.20%	3.93%

Retirement Rates

Nickles Retirement Rates, Post 2014.

Age	Rates
55	10%
56	2%
57	2%
58	2%
59	2%
60	10%
61	25%
62	10%
63	10%
64	25%
65	80%
66	100%

The retirement rates were updated to more accurately reflect future retirement patterns, based on the last several years of available data.

Benefit Commencement Age

Active retirements are assumed to commence at these ages according to the rates shown.

Spousal Assumptions

80% of males and 80% of females are assumed to be married.

Females are assumed to be 3 years younger than Males.

ACTUARIAL ASSUMPTIONS (cont)

Form of Payment

All benefits are assumed to be paid in the Normal Form defined under the terms of the Plan.

Changes in non-required assumptions since the prior valuation

The ASC 960 Discount Rate and Mortality were changed to be consistent with ASC 715 assumptions. The Retirement Rates were updated to reflect expected future retirement patterns, based on the last several years of data. The expected return on assets used for asset smoothing purposes was lowered from 8.50% to 7.50%, but is still limited to the third segment rate.

ACTUARIAL METHODS

Minimum Funding Cost Method

The actuarial cost method used to determine the liabilities for minimum funding calculations is the Traditional Unit Credit method. The objective under this method is to fund each participant's benefits under the plan as they accrue. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants and the normal cost is the sum of the individual normal costs for each participant. The individual accrued liability for a participant is the present value of the accrued benefit as of the valuation date taking into account service and/or pay as of the valuation date. The individual normal cost for a participant is the present value of the benefit expected to accrue in the plan year being valued.

If a plan is frozen, there is no normal cost attributable to benefit accruals.

Maximum deductible contribution method

The actuarial cost method used to determine the liabilities for maximum deductible calculations is the Projected Unit Credit method. The objective under this method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future compensation increases. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants and the normal cost is the sum of the individual normal costs for all participant. The individual accrued liability for a participant is the sum of 1) the present value of the accrued benefit earned as of the valuation date taking into account service and/or pay as of the valuation date; plus 2) the present value of the accrued benefit expected to be earned because of any expected future compensation increases.

The individual normal cost for a participant is the sum of the present value of the benefit expected to accrue in the plan year being valued taking into account any expected future compensation increases.

ACTUARIAL METHODS (cont)

Asset Method

We used financial data submitted by the trustee as of the valuation date without further audit. This information was not be verified by a plan's actuary. We have reviewed the information for internal consistency, and we have no reason to doubt is substantial accuracy.

Per IRS Notice 2009-22, Actuarial Value of Assets is determined by averaging assets over a two year period, using 3 annual determination dates, adjusted for expected earnings and cashflows. A long-term rate of return of 8.50%, limited to be no greater than the third segment rate of 6.65%, is used. AVA is held to a minimum of 90% and a maximum of 110% of Fair Market Value.

Changes in methods since the prior valuation

None.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345
PN #005

Schedule H, line 4j -- Schedule of Reportable Transactions

For the year ended November 30, 2017

(a) Identity of Party Involved

(b) Description of Assets

Category (iii) -- Series of Transactions in Excess of 5% of the Current Value of Plan Assets

Mellon

Cash Reserve Account
205 purchases
27 sales

(A) Commissions, taxes and other expenses incurred with the transaction are capitalized on purchases and charged against proceeds on sales.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345
PN #005

Schedule H, line 4j -- Schedule of Reportable Transactions

<u>Purchase</u> <u>(c) Price</u>	<u>Selling</u> <u>(d) Price</u>	<u>Lease</u> <u>(e) Rental</u>	(A) Expenses <u>Incurred With</u> <u>(f) Transaction</u>	<u>Cost of</u> <u>(g) Asset</u>	Current Value of Asset on Transaction <u>(h) Date</u>	Net Gain or <u>(i) (Loss)</u>
\$ 2,693,598	N/A	N/A	N/A	N/A	\$ 2,693,598	N/A
N/A	2,634,072	N/A	N/A	2,634,072	2,634,072	\$ -

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 12/01/2016 and ending 11/30/2017

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Alfred Nickles Bakery, Inc.	D Employer Identification Number (EIN) 34-0428345	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information				
1 Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2016</u>				
2 Assets:				
a Market value.....			2a	48,937,338
b Actuarial value.....			2b	50,518,048
3 Funding target/participant count breakdown				
		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....		299	30,416,133	30,416,133
b For terminated vested participants.....		112	4,275,299	4,275,299
c For active participants.....		133	16,757,138	17,822,387
d Total.....		544	51,448,570	52,513,819
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐				
a Funding target disregarding prescribed at-risk assumptions.....			4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....			4b	
5 Effective interest rate.....			5	6.01%
6 Target normal cost.....			6	16,329

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	SETH H. Pitasky, EA, MSPA, MAAA Signature of actuary SETH H. PITASKY, EA, MSPA, MAAA Type or print name of actuary CBIZ RETIREMENT PLAN SERVICES Firm name 6050 OAK TREE BLVD. SOUTH SUITE 500 CLEVELAND OH 44131 Address of the firm	<div style="font-size: 2em; margin-bottom: 10px;">8/27/2018</div> Date 1707321 Most recent enrollment number 216-520-6174 Telephone number (including area code)
------------------	--	--

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	70
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8).....	0	70
10	Interest on line 9 using prior year's actual return of <u>6.98%</u>	0	5
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year).....		98,435
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.22%</u>		6,123
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		104,558
d	Portion of (c) to be added to prefunding balance.....		104,558
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	104,633

Part III Funding Percentages			
14	Funding target attainment percentage	14	96.00%
15	Adjusted funding target attainment percentage	15	96.00%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.54%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/15/2018	401,327	0			
Totals ►			18(b)	401,327	18(c)
				0	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	363,366

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?..... ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	16,329										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>2,100,404</td> <td>347,036</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	2,100,404	347,036	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	2,100,404	347,036										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	363,365										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....		0	0									
36 Additional cash requirement (line 34 minus line 35).....	36	363,365										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	363,366										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	1										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0										
40 Unpaid minimum required contributions for all years	40	0										

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE SB ATTACHMENT

Line 19 - Discounted Employer Contributions

Plan Name: Retirement Plan for Non Bargaining Employees of Alfred Nickles Bakery, Inc.

EIN/PN: 34-0428345/005

Valuation Date: December 1, 2016

Total Contributed: \$401,327.00

Total Discounted to Valuation Date: \$363,366.00

Date	Amount	Plan Year Beginning	Effective Rate of Interest	Amount Discounted	Penalty Rate of Interest	Additional Amount Discounted	Present Value on Date of Valuation
08/15/2018	401,327	12/2016	6.01%	37,961			363,366

SCHEDULE SB ATTACHMENT
Line 22 - Description of Weighted Average Retirement Age

Plan Name: Retirement Plan for Non Bargaining Employees of Alfred nickles Bakery, Inc.

EIN/PN: 34-0428345/005

Valuation Date: December 1, 2016

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement and then computing the average retirement age for the table, as shown in the following exhibit:

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement Percent	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
55	10.00%	10,000	1,000	55,000
56	2.00%	9,000	180	10,080
57	2.00%	8,820	176	10,055
58	2.00%	8,644	173	10,026
59	2.00%	8,471	169	9,995
60	10.00%	8,301	830	49,808
61	10.00%	7,471	747	45,574
62	25.00%	6,724	1,681	104,223
63	10.00%	5,043	504	31,772
64	10.00%	4,539	454	29,048
65	80.00%	4,085	3,268	212,414
66	100.00%	817	817	53,920
Total			10,000	621,915
Average				62.19

SUMMARY of PLAN BENEFITS

Plan Effective Date	December 31, 1953. The plan was last restated effective December 1, 2011. The Plan was Amended to Freeze Benefits effective July 8, 2016.
Eligibility Requirements	First day of the month coincident with or next following attaining age 21, and following completion of 1,000 hours of service.
Vesting	100% vesting upon earning 5 Years of Vesting Service.
Accrued Benefit Formula	2.5% Career Average formula. For service prior to November 30, 1988, a minimum benefit of 1.75% times Credited Service to that date. Overall minimum is \$25 times Credited Service. Accrued Benefits are frozen as of July 8, 2016.
Credited Service	One Year upon working 1,000 hours in a Plan Year. Credited Service does not accrue past July 8, 2016.
Vesting Service	One Year upon working 1,000 hours in a Plan Year.
Normal Retirement Age	Upon attainment of 65 and five Years of Service.
Early Retirement	<p><u>Eligibility:</u> Upon attainment of age 55 and completion of 15 Years of Service.</p> <p><u>Benefit:</u> The accrued benefit is unreduced for the first three years and reduced 6% per year for each of the next 7 years.</p>
Disability Retirement	<p><u>Eligibility:</u> Upon attainment of age 55 and completion of 15 Years of Service, and not receiving payments for Workman's Compensation.</p> <p><u>Benefit:</u> 110% of the Early Retirement Benefit, but not greater than your Normal Retirement Benefit.</p>
Pre-Retirement Death	<p><u>Eligibility:</u> Upon earning 5 Years of Service.</p> <p><u>Benefit:</u> The spouse is eligible for 50% of the benefit that would have been payable, if the Participant had live to Early Retirement Eligibility and elected a 50% Qualified Joint and Survivor Annuity. The benefit is payable upon the Participant's Early Retirement Eligibility date.</p>

SUMMARY of PLAN BENEFITS (cont)

Normal Form of Payment

Unless otherwise elected, the benefit payable a participant who has been married at least one year is an actuarially equivalent 50% Joint and Survivor benefit. For unmarried participants, the Normal Form is a straight-life annuity with 3-Years Certain.

Optional Forms

Benefits may be elected from:

- 50%, 75% Joint and Survivor
- 3 Year Certain and Continuous
- Straight Life Annuity

Changes in Plan Benefits recognized since the last valuation

None.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345

PN #005

Schedule H, line 4i -- Schedule of Assets (Held at End of Year)

November 30, 2017

		Description of Investment, Including Maturity Date, Rate of Interest, Collateral,			
(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	(c) Par or Maturity Value	(d) Cost	(e) Value	Current (e) Value
*	Aetna Life Insurance Company	Contracts with Insurance Company: Group Annuity Contract 000759	\$ (A)	\$	7,063,942

See the following pages for investments held by BNY Mellon Wealth Management.

* Indicates party-in-interest to the Plan.

(A) Cost information is not available from Plan Custodians.

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.
EIN #34-0428345; PN #005
Schedule H, Line 4i -- Schedule of Assets (Held at End of Year)
November 30, 2017

Cash and cash equivalents

Cash and cash equivalents

(a)		(c)		(e)	(d)
(b)		(c)			
			Description	Market value	Tax cost
		920,433.68	CRA (BNY Mellon, N.A., Member FDIC) (Principal Holding)	\$ 920,433.68	\$ 920,433.68
*					
Mellon					
		Total cash and cash equivalents		\$ 920,433.68	\$ 920,433.68

Mellon

Fixed income

Taxable

Individual securities Corporate

Shares/par value	Description	Market price	Market value	Tax cost
115,000	Abbvie Inc DTD 5/14/2015 1.8% 5/14/2018 Cusip: 00287YAN9 Moody's: BAA2 S&P: A-	\$ 99.9910	\$ 114,989.65	\$ 115,065.45
50,000	Glaxosmithkline Cap Inc DTD 5/13/2008 5.65% 5/15/2018 Cusip: 377372AD9 Moody's: A2 S&P: A+	101.7620	50,881.00	56,826.50
95,000	Grupo Televisa Sab DTD 5/12/2008 6% 5/15/2018 Mandatory Put 12/26/2017 2 100. Cusip: 40049JAX5 Moody's: BAA1 S&P: BBB+	101.7180	96,632.10	104,971.65
75,000	Emc Corp DTD 6/6/2013 1.875% 6/1/2018 Cusip: 268648AP7 Moody's: BA2 S&P: BB-	99.6940	74,770.50	75,405.00
210,000	Bank Of America Corp DTD 10/22/2013 2.6% 1/15/2019 Cusip: 06051GEX3 Moody's: BAA1 S&P: A-	100.5490	211,152.90	212,458.30
75,000	Dr Pepper Snapple Group DTD 11/15/2011 2.6% 1/15/2019 Cusip: 26138EAN9 Moody's: BAA1 S&P: BBB+	100.5460	75,409.50	76,275.00

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.
EIN #34-0428345; PN #005
Schedule H, Line 4i - - Schedule of Assets (Held at End of Year)
November 30, 2017

Individual securities Corporate
continued

(a)
(b)

(c)	(c)	(e)	(d)	
Shares/par value	Description	Market price	Market value	Tax cost
120,000	Amgen Inc DTD 1/16/2009 5.7% 2/1/2019 Cusip: 031162AZ3 Moody's: BAA1 S&P: A	104.1800	125,016.00	135,665.10
185,000	Cisco Systems DTD 03/03/2014 2.125% 03/01/2019 Cusip: 17275RAR3 Moody's: A1 S&P: AA-	100.1860	185,344.10	186,777.85
70,000	Enterprise Products Oper DTD 10/14/2014 2.55% 10/15/2019 Cusip: 29379VBD4 Moody's: BAA1 S&P: BBB+	100.3530	70,247.10	70,091.00
205,000	Barclays PLC DTD 11/10/14 2.7500% 11/8/2019 Cusip: 06738EAD7 Moody's: BAA2 S&P: BBB	100.4850	205,994.25	206,763.25
120,000	Abbott Laboratories DTD 11/22/2016 2.35% 11/22/2019 Cusip: 002824BC3 Moody's: BAA3 S&P: BBB	100.1130	120,135.60	120,241.20
235,000	Santander Holdings USA DTD 4/17/2015 2.65% 4/17/2020 Cusip: 80282KAD8 Moody's: BAA3 S&P: BBB+	100.0980	235,230.30	234,842.60
230,000	Scripps Networks Interac DTD 6/2/2015 2.8% 6/15/2020 Cusip: 811065AE1 Moody's: BAA3 S&P: BBB	100.1610	230,370.30	231,356.80
106,000	Dow Chemical Co/The DTD 11/9/2010 4.25% 11/15/2020 Cusip: 260543CC5 Moody's: BAA2 S&P: BBB	104.7370	111,021.22	113,846.18
195,000	Intercontinentalexchange DTD 11/24/2015 2.75% 12/1/2020 Cusip: 45866FAC8 Moody's: A2 S&P: A	101.2840	197,503.80	197,500.20
185,000	Ford Motor Credit Co LLC DTD 11/9/2015 3.2% 1/15/2021 Cusip: 345397XQ1 Moody's: BAA2 S&P: BBB	101.5590	187,884.15	188,636.65

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.
 EIN #34-0428345; PN #005
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Individual securities Corporate
 continued

continued

(a)	(b)	(c)	(c)	(e)	(d)	
		Shares/par value	Description	Market price	Market value	Tax cost
		53,000	HSBC Finance Corp DTD 7/15/2011 6.676% 1/15/2021 Cusip: 40429CGD8 Moody's: BAA2 S&P: A-	111.6110	59,153.83	59,797.41
		165,000	Anheuser-Busch Inbev Fin DTD 1/25/2016 2.65% 2/1/2021 Cusip: 035242AJ5 Moody's: A3 S&P: A-	100.7920	166,306.80	167,653.05
		180,000	General Elec Cap Corp DTD 2/11/2011 5.3% 2/11/2021 Cusip: 369622SM8 Moody's: A3 S&P: A+	107.9180	194,252.40	204,707.20
		200,000	Wells Fargo & Company DTD 3/4/2016 2.5% 3/4/2021 Cusip: 949746RS2 Moody's: A2 S&P: A	99.9530	199,906.00	198,362.50
		90,000	Wal Mart Stores Inc DTD 4/18/2011 4.25% 4/15/2021 Cusip: 931142DD2 Moody's: AA2 S&P: AA	106.4700	95,823.00	100,144.80
		175,000	Deutsche Bank AG DTD 5/12/2016 3.375% 5/12/2021 Cusip: 25152R5F6 Moody's: BAA2 S&P: BBB-	101.0210	176,786.75	174,010.35
		50,000	Abbvie Inc DTD 5/12/2016 2.3% 5/14/2021 Cusip: 00287YAU3 Moody's: BAA2 S&P: A-	99.0180	49,509.00	49,379.00
		145,000	Aercap Ireland Cap Ltd/A DTD 5/15/2015 4.5% 5/15/2021 Cusip: 00772BAF8 Moody's: BAA3 S&P: BBB-	104.9890	152,234.05	151,948.85
		195,000	Boston Properties LP DTD 11/18/2010 4.125% 5/15/2021 Cusip: 10112RAS3 Moody's: BAA2 S&P: A-	104.9120	204,578.40	208,631.20
		175,000	General Motors Finl Co DTD 1/17/2017 3.45% 1/14/2022 Cusip: 37045XBS4 Moody's: BAA3 S&P: BBB	101.4550	177,546.25	175,395.80

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Individual securities Corporate
continued

(a)
(b)

(c)	(c)	(e)	(d)	
Shares/par value	Description	Market price	Market value	Tax cost
255,000	Petroleos Mexicanos DTD 7/24/2012 4.875% 1/24/2022 Cusip: 71654QBB7 Moody's: BAA3 S&P: BBB+	104.5490	266,599.95	264,702.50
75,000	Arrow Electronics Inc DTD 3/2/2015 3.5% 4/1/2022 Cusip: 042735BD1 Moody's: BAA3 S&P: BBB-	101.1300	75,847.50	75,242.25
160,000	A.B.B. Finance USA Inc DTD 5/8/2012 2.875% 5/8/2022 Cusip: 00037BAB8 Moody's: A2 S&P: A	101.1640	161,862.40	162,241.60
190,000	Oracle Corp DTD 5/5/2015 2.5% 5/15/2022 Cusip: 68389XBB0 Moody's: A1 S&P: AA-	100.1400	190,266.00	189,202.00
175,000	Activision Blizzard Inc DTD 5/26/2017 2.6% 6/15/2022 Cusip: 00507VAL3 Moody's: BAA2 S&P: BBB	99.1140	173,449.50	175,498.75
215,000	AT&T Inc DTD 5/4/2015 3% 6/30/2022 Cusip: 00206RCM2 Moody's: BAA1 S&P: BBB+	100.0150	215,032.25	210,796.10
205,000	Citigroup Inc DTD 2/8/2013 4.05% 7/30/2022 Cusip: 172967GK1 Moody's: BAA3 S&P: BBB	104.2400	213,692.00	216,826.25
160,000	John Deere DTD 9/8/17 2.15% 9/8/2022 Cusip: 24422ETV1 Moody's: A2 S&P: A	98.1110	156,977.60	158,876.80
170,000	Credit Suisse Grp Fdg Guerns 3.8000% DTD 09/15/2015 3.8% 09/15/2022 Cusip: 225433AH4 Moody's: BAA2 S&P: BBB+	103.3850	175,754.50	171,450.00
175,000	Kimco Realtycorp DTD 10/19/2015 3.4% 11/1/2022 Cusip: 49446RAN9 Moody's: BAA1 S&P: BBB+	102.0520	178,591.00	178,606.90

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Individual securities Corporate
continued

(a)
(b)

(c)	(c)	(e)	(d)	
Shares/par value	Description	Market price	Market value	Tax cost
185,000	Morgan Stanley DTD 10/23/12 4.875% 11/1/22 Cusip: 6174824M3 Moody's: BAA2 S&P: BBB	107.6710	199,191.35	200,027.85
205,000	Intel Corp DTD 12/11/2012 2.70% 12/15/2022 Cusip: 458140AM2 Moody's: A1 S&P: A+	100.6230	206,277.15	206,752.85
215,000	Nbcuniversal Media LLC DTD 10/05/2012 2.875% 01/15/2023 Cusip: 63946BAH3 Moody's: A3 S&P: A-	100.7710	216,657.65	222,458.85
195,000	Verizon Communications DTD 9/18/2013 5.15% 9/15/2023 Cusip: 92343VBR4 Moody's: BAA1 S&P: BBB+	110.6170	215,703.15	220,346.80
205,000	Cooperatieve Rabobank Ua DTD 11/29/2013 4.625% 12/1/2023 Cusip: 21684AAA4 Moody's: A3 S&P: BBB+	107.5710	220,520.55	221,535.30
205,000	Essex Portfolio L P DTD 4/15/2014 3.875% 5/1/2024 Cusip: 29717PAN7 Moody's: BAA1 S&P: BBB+	103.4790	212,131.95	212,141.55
170,000	Actavis Funding Scs DTD 6/19/2014 3.85% 6/15/2024 Cusip: 00507UAF8 Moody's: BAA3 S&P: BBB	102.2770	173,870.90	175,730.70
210,000	EBAY Inc DTD 7/28/2014 3.45% 8/1/2024 Cusip: 278642AL7 Moody's: BAA1 S&P: BBB+	101.5760	213,309.60	214,025.70
140,000	McCormick & Co DTD 8/11/2017 3.15% 8/15/2024 Cusip: 579780AM9 Moody's: BAA2 S&P: BBB	100.3890	140,544.60	142,014.60
210,000	Jpmorgan Chase & Co DTD 9/10/2014 3.875% 9/10/2024 Cusip: 46625HJY7 Moody's: BAA1 S&P: BBB+	104.1690	218,754.90	218,129.10

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Individual securities Corporate
continued

(a)
(b)

(c)	(c)	(e)	(d)	
Shares/par value	Description	Market price	Market value	Tax cost
200,000	Time Warner Inc DTD 06/04/2015 3.6% 07/15/2025 Cusip: 887317AW5 Moody's: BAA2 S&P: BBB	100.3580	200,716.00	197,604.00
210,000	Goldman Sachs Group Inc DTD 10/21/2015 4.25% 10/21/2025 Cusip: 38141GVR2 Moody's: BAA2 S&P: BBB-	104.4510	219,347.10	211,599.25
180,000	Royal Bank Of Canada DTD 1/27/2016 4.65% 1/27/2026 Cusip: 780082AD5 Moody's: BAA2 S&P: A-	107.1570	192,882.60	185,493.20
185,000	Lloyds Banking Group PLC DTD 3/24/2016 4.65% 3/24/2026 Cusip: 53944YAB9 Moody's: BAA1 S&P: BBB-	105.4390	195,062.15	191,225.30
155,000	Shire Acq Inv Ireland Da DTD 9/23/2016 3.2% 9/23/2026 Cusip: 82481LAD1 Moody's: BAA3 S&P: BBB-	96.0890	148,937.95	152,616.10
285,000	Telefonica Emisiones Sau DTD 3/8/2017 4.103% 3/8/202 Cusip: 87938WAT0 Moody's: BAA3 S&P: BBB	102.3710	291,757.35	283,901.40

Individual securities Mortgage backed securities

Shares/par value	Description	Market price	Market value	Tax cost
363.09	Government National Mortgage Assn Passthru CTF Pool Number 780577 DTD 6/1/1997 7% 12/15/2023 Cusip: 36225AUA6 Moody's: N/A S&P: N/A	\$ 109.0980	\$ 396.12	\$ 357.46
361.07	Federal National Mortgage Assn Passthru CTF Pool Number 252255 DTD 1/1/1999 6.5% 2/1/2029 Cusip: 31371HE46 Moody's: N/A S&P: N/A	112.4160	405.90	338.75

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.
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Individual securities Mortgage backed securities
continued

(a)
(b)

(c)	(c)	(e)	(d)	
Shares/par value	Description	Market price	Market value	Tax cost
476.04	Federal National Mortgage Assn Passthru CTF Pool Number 535426 DTD 7/1/2000 6% 6/1/2030 Cusip: 31384VYX4 Moody's: N/A S&P: N/A	112.2160	534.19	436.11
126.12	Federal National Mortgage Assn Passthru CTF Pool Number 545437 DTD 1/1/2002 7% 2/1/2032 Cusip: 31385H4W9 Moody's: N/A S&P: N/A	114.8840	144.89	128.81

Individual securities Other

Shares/par value	Description	Market price	Market value	Tax cost
180,000	Illinois ST DTD 3/10/2011 5.877% 3/1/2019 Taxable Cusip: 452152HU8 Moody's: BAA3 S&P: BBB-	\$ 103.4670	\$ 186,240.60	\$ 192,956.30
75,600	California ST Earthquake Auth DTD 11/6/2014 2.805% 7/1/2019 Txbl Cusip: 13017HAE6 Moody's: A3 S&P: N/A	100.1970	75,748.93	76,340.42
120,000	Florida ST Hurricane Catastrophe DTD 4/23/2013 2.995% 7/1/2020 Ser A Cusip: 34074GDH4 Moody's: AA3 S&P: AA	101.3150	121,578.00	121,887.20
Total taxable individual securities			\$ 9,227,465.23	\$ 9,268,243.64
Total taxable fixed income			\$ 9,227,465.23	\$ 9,268,243.64

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High yield

(a)
(b)

Pooled vehicle

(c)	(c)		(e)	(d)
Shares/par value	Description	Market price	Market value	Tax cost
175,048.277	Dreyfus High Yield Fund Cusip: 261980759	\$ 6.3100	\$ 1,104,554.63	\$ 1,093,147.88
Total high yield pooled vehicle			\$ 1,104,554.63	\$ 1,093,147.88
Total high yield fixed income			\$ 1,104,554.63	\$ 1,093,147.88
Total fixed income			\$ 10,332,019.86	\$ 10,361,391.52

Equities

U.S. large cap

Shares/par value	Description	Market price	Market value	Tax cost
1,250	Aon PLC (AON)	\$ 140.2200	\$ 175,275.00	\$ 83,199.87
1,540	Accenture PLC (ACN)	148.0100	227,935.40	118,404.29
3,497	Eaton Corp PLC (ETN)	77.7800	271,996.66	199,496.97
5,000	Invesco Limited (IVZ)	36.1700	180,850.00	152,249.50
3,392	Johnson Ctls Intl PLC (JCI)	37.6400	127,674.88	163,189.12
2,390	Medtronic, PLC (MDT)	82.1300	196,290.70	179,524.85
4,460	Broadcom Ltd. (AVGO)	277.9400	1,239,612.40	201,592.15
2,400	Aflac Inc (AFL)	87.6400	210,336.00	149,829.84
6,690	AT&T Inc (T)	36.3800	243,382.20	245,625.48
4,740	Adobe Systems Inc (ADBE)	181.4700	860,167.80	224,497.99
645	Alexion Pharmaceuticals Inc (ALXN)	109.8100	70,827.45	99,798.01
451	Alphabet, Inc. (GOOG)	1,021.4100	460,655.91	191,675.87
450	Alphabet, Inc. (GOOGL)	1,036.1700	466,276.50	191,275.24

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.
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U.S. large cap
continued

(a)
(b)

(c)	(c)	(e)	(d)	
Shares/par value	Description	Market price	Market value	Tax cost
7,980	Altaba Inc. (AABA)	70.0600	559,078.80	221,393.12
792	Amazon.Com Inc (AMZN)	1,176.7500	931,986.00	191,902.84
1,790	American Express Company (AXP)	97.7100	174,900.90	74,892.82
2,220	American International Group Inc (AIG)	59.9600	133,111.20	75,038.89
2,000	Amgen Inc (AMGN)	175.6600	351,320.00	230,268.60
7,357	Apple Inc (AAPL)	171.8500	1,264,300.45	273,327.95
356	Biogen Idec Inc (BIIB)	322.1700	114,692.52	92,274.55
4,740	Bristol-Myers Squibb Company (BMY)	63.1900	299,520.60	197,546.14
2,160	CIGNA Corp (CI)	211.7300	457,336.80	53,208.34
2,190	Capital One Financial Corporation (COF)	92.0000	201,480.00	96,033.10
1,846	Chevron Corporation (CVX)	118.9900	219,655.54	224,155.17
9,180	Comcast Corp Cl A (CMCSA)	37.5400	344,617.20	197,655.22
1,307	Costco Whsl Corp New (COST)	184.4300	241,050.01	144,920.03
2,150	D T E Energy Co (DTE)	115.5700	248,475.50	152,921.42
2,790	The Walt Disney Company (DIS)	104.8200	292,447.80	128,030.82
1,300	Dover Corp (DOV)	97.7100	127,023.00	92,302.69
2,830	Dowdupont Inc.(DWDP)	71.9600	203,646.80	150,159.80
2,600	Express Scripts Holdings, Inc. (ESRX)	65.1800	169,468.00	154,836.87
2,010	Exxon Mobil Corp (XOM)	83.2900	167,412.90	100,035.16
3,020	Facebook Inc. (FB)	177.1800	535,083.60	94,727.74
880	Fedex Corp (FDX)	231.4600	203,684.80	80,538.10
1,020	Fortive Corp. (FTV)	74.6500	76,143.00	16,377.84
9,470	General Electric Company (GE)	18.2900	173,206.30	234,679.58
2,120	Gilead Sciences Inc (GILD)	74.7800	158,533.60	124,443.79

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U.S. large cap
 continued

(a)
 (b)

(c)	(c)	(e)	(d)	
Shares/par value	Description	Market price	Market value	Tax cost
3,970	Halliburton Co (HAL)	41.7800	165,866.60	196,560.31
2,976	Hartford Finl Svcs Group Inc (HIG)	57.4400	170,941.44	122,277.89
2,350	Home Depot Inc (HD)	179.8200	422,577.00	174,483.27
2,910	Honeywell Intl Inc (HON)	155.9600	453,843.60	229,403.07
8,655	Intercontinentalexchange Group, Inc.(ICE)	71.4500	618,399.75	269,897.71
2,160	JP Morgan Chase & Co (JPM)	104.5200	225,763.20	50,306.27
3,090	Metlife Inc (MET)	53.6800	165,871.20	126,549.37
5,970	Mondelez International (MDLZ)	42.9400	256,351.80	187,626.78
2,190	Nextera Energy Inc (NEE)	158.0400	346,107.60	119,631.03
3,000	Nike Inc Class B Stock (NKE)	60.4200	181,260.00	155,940.00
2,000	Nucor Corp (NUE)	57.5000	115,000.00	91,014.80
1,550	Occidental Petroleum Corp (OXY)	70.5000	109,275.00	82,927.08
3,210	Oracle Corp (ORCL)	49.0600	157,482.60	53,802.25
2,420	PNC Financial Services Group (PNC)	140.5600	340,155.20	175,129.83
3,645	Pepsico Inc (PEP)	116.5200	424,715.40	209,996.94
6,591	Pfizer Inc (PFE)	36.2600	238,989.66	122,270.61
1,970	Philip Morris International Inc (PM)	102.7500	202,417.50	87,929.56
3,060	The Procter & Gamble Company (PG)	89.9900	275,369.40	236,524.22
1,710	Qualcomm Inc (QCOM)	66.3400	113,441.40	66,808.60
4,610	Salesforce.Com Inc (CRM)	104.3200	480,915.20	254,932.24
2,010	Schlumberger Ltd (SLB)	62.8500	126,328.50	161,999.59
1,988	Shire PLC (SHPG) ADR	148.7500	295,715.00	220,995.82
3,470	State Street Corp (STT)	95.3500	330,864.50	232,266.53

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U.S. large cap
 continued

(a)
 (b)

(c)	(c)	(e)	(d)	
Shares/par value	Description	Market price	Market value	Tax cost
1,200	United Technologies Corp (UTX)	121.4500	145,740.00	129,651.96
1,400	Unitedhealth Group Inc (UNH)	228.1700	319,438.00	190,537.90
5,960	Valero Energy Corp New (VLO)	85.6200	510,295.20	220,685.85
6,480	Wells Fargo & Company (WFC)	56.4700	365,925.60	161,265.90
2,460	Yum! Brands Inc (YUM)	83.4700	205,336.20	126,169.91
2,460	Yum China Holdings Inc (YUMC)	40.8300	100,441.80	49,965.84
17,749	SPDR S&P 500 ETF Trust (SPY)	265.0100	4,703,662.49	2,233,734.15
Total U.S. large cap			\$ 24,947,947.05	\$ 12,343,315.04

U.S. mid cap

Shares/par value	Description	Market price	Market value	Tax cost
178	Bioverativ Inc. (BIVV)	\$ 50.0200	\$ 8,903.56	\$ 8,123.07
280	Brighthouse Financial, Inc. (BHF)	58.7900	16,461.20	15,511.53
25,975.154	Dreyfus Midcap Index Fund Inc (DMIDX)	40.4400	1,050,435.23	765,910.73
13,744	ISHARES TR (IJH) S & P Midcap 400 Index FD	189.7800	2,608,336.32	1,714,284.58
Total U.S. mid cap			\$ 3,684,136.31	\$ 2,503,829.91

U.S. small cap

Shares/par value	Description	Market price	Market value	Tax cost
30,138.326	Dreyfus Opportunistic Small Cap Fund(DSCYX)	\$ 40.0700	\$ 1,207,642.72	\$ 935,847.63
17,975	ISHARES TR S & P Smallcap 600 (IJR)	77.4800	1,392,703.00	961,248.75
23,335.696	Dreyfus Select Managers Small Cap (DSGYX) Growth Fund	28.7700	671,367.97	448,843.94
Total U.S. small cap			\$ 3,271,713.69	\$ 2,345,940.32

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Developed international

(a)
(b)

(c)	(c)	(e)	(d)	
Shares/par value	Description	Market price	Market value	Tax cost
64,169.896	BNY Mellon International Fund (MPITX)	\$ 13.8500	\$ 888,753.06	\$ 742,563.42
64,036.62	Dreyfus Diversified International (DDIFX) Fund	13.4400	860,652.17	651,186.06
Total developed international			\$ 1,749,405.23	\$ 1,393,749.48

Emerging markets

Shares/par value	Description	Market price	Market value	Tax cost
0.002	Dfa Emerging Markets Core Equity (DFCEX) Funds	\$ 22.5200	\$ 0.05	\$ 0.04
6,624	ISHARES MSCI Emerging Markets Index (EEM) Fund	46.1000	305,366.40	262,449.91
98,253.19	Virtus Emerging Markets (HIEMX) Opportunities Fund	11.8200	1,161,352.71	942,713.35
Total emerging markets			\$ 1,466,719.16	\$ 1,205,163.30
Total equities			\$ 35,119,921.45	\$ 19,791,998.05
Total assets			\$ 46,372,374.99	\$ 31,073,823.25

SCHEDULE SB ATTACHMENT

Line 32 - Amortization Bases Used in the Valuation

Plan Name: Retirement Plan for Non Bargaining Employees of Alfred Nickles Bakery, Inc.

EIN/PN: 34-0428345/005

Valuation Date: December 1, 2016

<u>Original Valuation</u>	<u>Remaining Years</u>	<u>Amortization Type</u>	<u>Outstanding Balance</u>	<u>Current Year Amortization</u>
12/1/2016	7	7 year	2,100,404	347,036