Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LUCCHESE, INC. EMPLOYEE INVESTMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1999

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)

LUCCHESE, INC.

40 WALTER JONES BLVD.
EL PASO, TX 79906

2b Employer Identification Number (EIN)
75-2769176

2c Plan Sponsor's telephone number
915-778-3066

2d Business code (see instructions)
315990

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.	09/17/2018	RICHARD SALAZAR
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	445
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	416
a(2) Total number of active participants at the end of the plan year	**6a(2)**	419
b Retired or separated participants receiving benefits	**6b**	8
c Other retired or separated participants entitled to future benefits	**6c**	38
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	465
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	465
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	243
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 3D 3H

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
LUCCHESE, INC. EMPLOYEE INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
75-2769176

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
31-4156830	66869	160-70182	243	01/01/2017	12/31/2017

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
564	141

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
INSTITUTIONAL SECURITIES CORP
3500 OAK LAWN AVE, SUITE 400
DALLAS, TX 75219

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
252			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CAMBRIDGE INVESTMENT RESEARCH
1776 PLEASANT PLAIN RD
FAIRFIELD, IA 52556-8757

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
217			4

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

MICHAEL DUKE

8131 LBJ FREEWAY
SUITE 770
DALLAS, TX 75251

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	141		5

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

KESTRA INVESTMENT SERVICES, LL

1250 CAPITAL OF TEXAS, HWY S
BUILDING 2 STE 125
AUSTIN, TX 78746

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
95			4

(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	97022
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	103516
c	Additions: (1) Contributions deposited during the year	7c(1)	17741		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	648		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	5906		
	▶ LOAN REPAYMENT				
	(6) Total additions			7c(6)	24295
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	127811
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	25360		
	(2) Administration charge made by carrier	7e(2)	1363		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	4066		
	▶ LOAN WITHDRAWAL				
	(5) Total deductions			7e(5)	30789
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	97022

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

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

A Name of plan
LUCCHESE, INC. EMPLOYEE INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
75-2769176

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

INSTITUTIONAL SECURITIES CORPORATIO

1250 CAPITAL OF TEXAS HWY
3100 MONTICELLO, STE 800
DALLAS, TX 75205

75-2181339

(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?
33 53 73	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	9191	Yes [ ] No [X]

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21	RECORDKEEPER	48466	Yes [X] No [ ]	Yes [X] No [ ]	706	Yes [ ] No [X]

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

AMERICA'S 401K, INC.

8131 LBJ FREEWAY
SUITE 770
DALLAS, TX 75251

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17	TPA	8432	Yes [X] No [ ]	Yes [ ] No [X]	6174	Yes [ ] No [X]

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

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

CAMBRIDGE INVESTMENT RESEARCH

1776 PLEASANT PLAIN RD
FAIRFIELD, IA 52556-8757

(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?
33 53 73	BROKER/ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	6516	Yes [ ] No [X]

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

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

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

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

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
AMERICA'S 401K, INC.	15 17	6174

(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.
NATIONWIDE	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISORY/SERVICE PROVIDER FEE AND ADMINISTRATIVE SERVICES FEE/OV

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
INSTITUTIONAL SECURITIES CORPORATIO	27 49	9191

(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.
NATIONWIDE	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISORY/SERVICE PROVIDER FEE AND COMPENSATION

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
KESTRA ADVISORY/INVESTMENT SERVICES	27 49	4488

(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.
NATIONWIDE	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISORY/SERVICE PROVIDER FEE AND COMPENSATION

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
CAMBRIDGE INVESTMENT RESEARCH	27 49	6516

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
LUCCHESE, INC. EMPLOYEE INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
75-2769176

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	583	0
(2) Participant contributions	1b(2)	1164	0
(3) Other	1b(3)	841	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	234985	216312
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2983136	3545503
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	103516	100716
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3324225	3862531
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3324225	3862531

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)	147839	
	(B) Participants	2a(1)(B)	335591	
	(C) Others (including rollovers)	2a(1)(C)	43265	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		526695
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	8022	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8022
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		490764
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1025481
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	462030	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		462030
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	25145	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		25145
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		487175
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		538306
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: LANE GORMAN TRUBITT, LLC **(2)** EIN: 75-1044330

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

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

A Name of plan
LUCCHESE, INC. EMPLOYEE INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
75-2769176

Part I Distributions

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

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

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

EIN(s): 31-1592130

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

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): _____

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Statements and Independent Auditor's Report

Lucchese, Inc. Employee Investment Plan

For the years ended December 31, 2017 and 2016

LGT
LANE GORMAN TRUBITT, LLC
Accountants & Advisors
2626 Howell Street, Ste 700
Dallas, Texas 75204
P: 214-871-7500
E: askus@lgt-cpa.com
www.lgt-cpa.com

LUCCHESE, INC. EMPLOYEE INVESTMENT PLAN

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LANE GORMAN TRUBITT, LLC
Accountants & Advisors

Independent Auditor's Report

Plan Committee and Participants
Lucchese, Inc. Employee Investment Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Lucchese, Inc. Employee Investment Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 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

Plan 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 controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by Section 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 certified by Nationwide Trust Company, FSB, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the custodian as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2017 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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.

LANE GORMAN TRUBITT, LLC

Dallas, Texas
September 17, 2018

Lucchese, Inc. Employee Investment Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	2017	2016
ASSETS		
Investments at fair value:		
Mutual funds	$ 3,545,503	$ 2,983,136
Investments at contract value:		
Insurance company general account fund	100,716	103,516
	3,646,219	3,086,652
Receivables:		
Notes receivable from participants	216,312	234,985
Contributions receivable:		
Participant contributions	-	1,164
Employer contributions	-	583
Other contributions	-	841
	216,312	237,573
Total assets	3,862,531	3,324,225
LIABILITIES		
Excess contributions due to participants	42,453	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,820,078	$ 3,324,225

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

Lucchese, Inc. Employee Investment Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31,

	2017	2016
ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:		
Net appreciation in fair value of investments	$ 490,764	$ 203,490
Interest from notes receivable from participants	8,022	3,237
Contributions:		
Participants	335,591	341,588
Employer	147,839	146,735
Rollover	43,265	30,002
Total additions	1,025,481	725,052
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:		
Benefit payments to participants	504,483	1,251,849
Administrative expenses	25,145	30,342
Total deductions	529,628	1,282,191
NET INCREASE (DECREASE)	495,853	(557,139)
NET ASSETS AVAILABLE FOR BENEFITS at beginning of year	3,324,225	3,881,364
NET ASSETS AVAILABLE FOR BENEFITS at end of year	$ 3,820,078	$ 3,324,225

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

1. DESCRIPTION OF PLAN

The following description of the Lucchese, Inc. (the "Company") Employee Investment Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established by the Company and was adopted effective January 1, 1999, under the provision of Section 401(a) of the United States Internal Revenue Code ("IRC"), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Company. The Plan is subject to the provisions of the United States Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA").

There is no age or service requirement to be eligible to participate in the Plan. All employees of the Company are eligible to participate in the Plan upon the date coincident with the employee's date of hire.

The Plan is administered by the Company. The Plan's trustees are appointed as Plan Administrator by the Board of Directors of the Company. The duties of the Plan Administrator are to oversee the operations of the Plan and to provide for prudent investment of Plan assets. Accordingly, the Plan Administrator has been granted discretionary authority concerning investment and management activities. Nationwide Trust Company, FSB (the "Custodian") is responsible for the custody and management of the Plan's assets.

Contributions

Each year participants may contribute up to 100% of pretax annual compensation as defined in the Plan, subject to the dollar limitation under Section 402(g) of the IRC. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other eligible retirement plans. Participants direct the investment of their contributions into various investment funds offered by the Plan.

The Company may make a discretionary matching contribution equal to a percentage of each participant's deferred compensation, with the exact percentage to be determined each year by the Company. Additional profit sharing amounts may be contributed at the option of the Company's board of directors. There were no additional profit sharing contributions in 2017 or 2016. Contributions are subject to certain limitations.

Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related employer matching contributions, as well as the participant's share of investment income, appreciation (depreciation), and any related administrative expenses. The participant determines both the amount to be invested and the allocation of the investment to one or more of the investment funds. The benefit to which a participant is entitled is limited to the amount of the participant's vested account balance.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Additionally, participants are vested immediately in the Company's contribution portion of their accounts.

Investment Options

Upon enrollment in the Plan, a participant may direct the contributions made to the Plan to any one or more of the investment funds determined at the discretion of the Plan committee and in such multiples as the participant prescribes. A participant may change his or her investment direction with respect to future contributions or redirect the investment of his or her account balances.

1. DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants

Effective May 1, 2016, the Plan was amended such that participants may borrow from their accounts the lesser of $50,000 or 50% of their vested account balance. There is no minimum amount that a participant must take out as a participant loan. A participant may not have more than one loan outstanding at a time. All loans are secured by the balance of the participant's account and bear interest at a fixed rate commensurate with local prevailing rates as determined by the Company. Currently, the loan interest rate is determined using the Prime interest rate published in the Wall Street Journal on the date the loan is issued. Interest rates range from 3.50% to 4.25% at December 31, 2017. Any loan must be repaid within five years, unless such loan is for the purchase of a participant's principal residence, in which case the repayment period may not exceed fifteen years. Principal and interest are paid ratably through payroll deductions at a frequency determined when the loan is made, but no less frequently than quarterly.

Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. If a participant ceases to make loan repayments and the Company deems the loan to be in default, the loan balance is reduced and a benefit payment recorded. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

On retirement, death, disability, or termination of service, a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution or direct rollover equal to the participant's vested account balance. In addition, in-service and hardship distributions are permitted if certain criteria are met. Benefits are recorded when paid.

Forfeited Accounts

At December 31, 2017 and 2016, forfeited non-vested accounts totaled $100 and $0, respectively. These accounts may be used to reduce future plan expenses or to reduce employer contributions in the plan year the forfeiture occurs. During the years ended December 31, 2017 and 2016, no amounts were used to reduce employer contributions, and $6 and $1,970, respectively, was used to pay plan expenses.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting polices consistently applied in the preparation of the accompanying financial statements is as follows:

Method of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting. Certain administrative expenses of the Plan are paid by the Plan. The remaining administrative expenses are paid by the Company. The Plan has no obligation to reimburse the Company for the expenses paid by the Company.

Use of Estimates

In preparing financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP"), management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

Investments are stated at fair value. Changes in market value are reflected in operations. Mutual funds represent investments with various investment managers. The fair values of these investments are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value at year end.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation (depreciation) in fair value of investments includes realized and unrealized investment gains and losses. Brokerage fees, if any, are added to the acquisition costs of assets purchased and subtracted from the proceeds of assets sold.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service ("IRS") are recorded as a liability with a corresponding charge to corrective distributions.

Risks and Uncertainties

Investments are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with such investments and the level of uncertainty related to the changes in the value of these investments, it is at least reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

3. INVESTMENT CONTRACTS WITH INSURANCE COMPANY

The Plan offers an investment in an insurance company general account of the Custodian. The Custodian maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by the Custodian. Contract value is equal to contributions received plus interest credited, less payments, withdrawals, or transfers. The interest rate credited on the unallocated annuity contract varies based on a formula determined by the Custodian, but will not be less than a guaranteed floor interest rate determined annually. The interest rate credited for 2017 and 2016 was 0.00%. Participants may direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract has certain restrictions that impact the Plan's ability to collect the full contract value. Plan management believes that the occurrence of events that would cause the Plan to transact at less than contract value is not probable.

Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The accompanying statements of net assets available for benefits are prepared on a contract value basis. The value of the Plan's interest in the unallocated annuity contract is based on information reported by the issuer at year end. The contract value represents contributions plus earnings, less participant withdrawals and administrative expenses.

4. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate as of and for the years ended December 31:

	2017	2016
Investments at fair value:		
Mutual funds	$ 3,545,503	$ 2,983,136
Investments at contract value:		
Insurance company general account fund	100,716	103,516
Notes receivable from participants	216,312	234,985
	$ 3,862,531	$ 3,321,637
Investment income		
Net appreciation in fair value of investments	$ 490,764	$ 203,490
Interest from notes receivable from participants	8,022	3,237
	$ 498,786	$ 206,727

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the accompanying financial statements and supplemental schedule.

5. REPORTABLE TRANSACTIONS

During the year ended December 31, 2016, the Company inadvertently failed to deposit $1,490 of participant deferrals within the required time frame as stated by the DOL. The DOL considers late remittances to be prohibited transactions reportable on the schedule of delinquent participant contributions, which was corrected and included in the supplementary information to these financial statements for the year ended December 31, 2016. During the years ended December 31, 2017 and 2016, there were no other reportable transactions, loans or leases in default or uncollectible, investment assets both acquired and disposed of during the Plan year, or non-exempt transactions with parties-in-interest which would require supplemental presentation under DOL regulations.

6. FAIR VALUE OF INVESTMENTS

Under GAAP, a fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the authoritative guidance are as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

6. FAIR VALUE OF INVESTMENTS (Continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2017 and 2016, there were no significant transfers in or out of levels 1, 2, or 3.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2017 and 2016.

Mutual funds: Valued at the net asset value of shares held by the Plan at year end. Investments are held for the purpose of generating returns to the participants and there are no restrictions on redemption.

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. 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 the level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ -	$ 3,545,503	$ -	$ 3,545,503
Total investments at fair value	$ -	$ 3,545,503	$ -	$ 3,545,503

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

	Level 1	Level 2	Level 3	Total
Mutual funds	$ -	$ 2,983,136	$ -	$ 2,983,136
Total investments at fair value	$ -	$ 2,983,136	$ -	$ 2,983,136

7. PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds and an insurance company general account fund managed by the Custodian, and therefore these transactions qualify as party-in-interest transactions.

8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA.

9. TAX STATUS

The Company has adopted the Underwood, Perkins & Ralston, P.C. Defined Contribution Volume Submitter Plan and Trust: Basic Plan Document #04. The IRS has issued an opinion letter dated March 31, 2014 stating that the Plan is acceptable under Section 401(a) of the IRC. The Company is relying on the opinion letters (in accordance with Announcement 2004-84) that the Plan meets the qualification requirements of the IRC. Although the Plan has been amended since receiving the most recent opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

9. TAX STATUS (Continued)

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017 and 2016 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2014.

10. AUTHORIZED REPRESENTATIVE

The Company has contracted with an unrelated third party to act as its authorized representative in performing certain administrative duties with the Custodian, which include, but are not limited to, all communications, receiving and submitting deposits, purchasing annuities, making distributions, determining expenses to be paid by the Plan (including to itself), authorizing access to participant account balances, and the ability to make exchanges and change participants' fund elections of future contributions. The authorized representative is paid by the Custodian from its asset management charge which is deducted from the variable option assets on a daily basis and netted against investment income in the accompanying financial statements. The charge was 0.76% in 2017 and 0.78% in 2016, based on the amount of assets and the underlying mutual funds in which they were invested.

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statements to the Form 5500:

	December 31,	
	2017	2016
Net assets as reported on Form 5500	$ 3,862,531	$ 3,324,225
Less: excess contributions payable	(42,453)	-
Net assets as reported on financial statements	$ 3,820,078	$ 3,324,225

Principal differences between the amounts as reported on Form 5500 and those reported in the statement of changes in net assets available for plan benefits are as follows:

	Years Ended December 31,	
	2017	2016
Net increase (decrease) in Plan assets as reported on Form 5500	$ 538,306	$ (655,747)
Add: excess contribution payable at end of prior year	-	98,608
Less: excess contribution payable at end of year	(42,453)	-
Net increase (decrease) in Plan assets as reported on financial statements	$ 495,853	$ (557,139)

12. SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 17, 2018, the date the financial statements were available to be issued.

Effective August 1, 2018, the Plan changed the custodian of the Plan from Nationwide Trust Company, FSB to Automatic Data Processing, Inc. ("ADP"). On the same date, the Plan adopted the ADP Defined Contribution Plan Non-Standardized 401(k) Profit Sharing Plan No. 006. The Plan Administrator appointed Reliance Trust Company as trustee to the Plan.

SUPPLEMENTAL INFORMATION

Lucchese, Inc. Employee Investment Plan
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Form 5500, Schedule H, Line 4i
EIN: 75-2769176 - Plan Number 002
December 31, 2017

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		MUTUAL FUNDS		
*	Nationwide Trust Company, FSB	Aberdeen U.S. Multi-Cap Equity Fund - Institutional Class	**	$ 2,544
*	Nationwide Trust Company, FSB	AllianceBernstein Discovery Value Fund - Class A	**	21,732
*	Nationwide Trust Company, FSB	AllianceBernstein High Income Fund - Class A	**	7,121
*	Nationwide Trust Company, FSB	AllianzGI Technology Fund - Class A	**	10,467
*	Nationwide Trust Company, FSB	American Beacon International Equity	**	127,843
*	Nationwide Trust Company, FSB	American Century Short Duration Inflation Protected Bond - Class R5	**	556
*	Nationwide Trust Company, FSB	American Funds Capital World Growth and Income Fund - Class R6	**	36,410
*	Nationwide Trust Company, FSB	American Funds Growth Fund of America - Class R3	**	11,898
*	Nationwide Trust Company, FSB	American Funds Growth Fund of America - Class R6	**	476,383
*	Nationwide Trust Company, FSB	American Funds New Prospect Fund - Class R6	**	3,661
*	Nationwide Trust Company, FSB	AMG Yacktman Focused Fund - Class N	**	133,211
*	Nationwide Trust Company, FSB	BlackRock Health Sciences Opportunities Investor Fund - Class A	**	38,700
*	Nationwide Trust Company, FSB	BlackRock Strategic Income Opportunities Investor Fund - Class A	**	55,284
*	Nationwide Trust Company, FSB	BlackRock Total Return Investor Fund - Class A	**	5
*	Nationwide Trust Company, FSB	Buffalo Discovery Fund	**	1,935
*	Nationwide Trust Company, FSB	Columbia Select Large Cap Growth Fund - Institutional Class	**	90,782
*	Nationwide Trust Company, FSB	Delaware Extended Duration Bond Fund - Class A	**	25,498
*	Nationwide Trust Company, FSB	DFA Emerging Markets Core Equity Fund - Institutional Class	**	113,315
*	Nationwide Trust Company, FSB	DFA Inflation-Protected Securities	**	61,317
*	Nationwide Trust Company, FSB	DFA U.S. Large Cap Value Portfolio - Institutional Class	**	92,189
*	Nationwide Trust Company, FSB	DFA U.S. Targeted Value Portfolio - Institutional Class	**	48,536
*	Nationwide Trust Company, FSB	Dreyfus Natural Resources - Class A	**	71
*	Nationwide Trust Company, FSB	Franklin Income Fund - Class A	**	70,765
*	Nationwide Trust Company, FSB	Franklin Small-Mid Cap Growth Fund - Class A	**	26,508
*	Nationwide Trust Company, FSB	Franklin Templeton Global Bond - Advisor	**	34,602
*	Nationwide Trust Company, FSB	Harbor International Fund - Institutional Class	**	67
*	Nationwide Trust Company, FSB	Harbor International Growth Fund	**	9
*	Nationwide Trust Company, FSB	Invesco Equity and Income Fund - Class A	**	32,261
*	Nationwide Trust Company, FSB	JPMorgan Small Cap Value Fund - Class A	**	7
*	Nationwide Trust Company, FSB	JPMorgan Equity Income Fund - Class A	**	6,285
*	Nationwide Trust Company, FSB	JPMorgan Equity Income Fund - Class R5	**	102,687
*	Nationwide Trust Company, FSB	JPMorgan Intrepid Value Fund - Class A	**	11,219
*	Nationwide Trust Company, FSB	JPMorgan Small Cap Equity Fund - Class A	**	18,448
*	Nationwide Trust Company, FSB	JPMorgan Small Cap Equity Fund - Class R5	**	3,643
*	Nationwide Trust Company, FSB	MainStay Total Return Bond Fund - Class I	**	189
*	Nationwide Trust Company, FSB	MFS International Value Fund - Class A	**	4,934
*	Nationwide Trust Company, FSB	MFS Total Return Bond Fund - Class A	**	14,406
*	Nationwide Trust Company, FSB	MFS Value Fund - Class A	**	63
*	Nationwide Trust Company, FSB	Nationwide Destination 2020 Fund - Class R6	**	11,961

See Independent Auditor's Report.

Lucchese, Inc. Employee Investment Plan
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
Form 5500, Schedule H, Line 4i
EIN: 54-1289243 - Plan Number 002
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		MUTUAL FUNDS (Continued)		
*	Nationwide Trust Company, FSB	Nationwide Destination 2025 Fund - Class R6	**	$ 9,400
*	Nationwide Trust Company, FSB	Nationwide Destination 2030 Fund - Class R6	**	11,410
*	Nationwide Trust Company, FSB	Nationwide Destination 2035 Fund - Class R6	**	15,151
*	Nationwide Trust Company, FSB	Nationwide Destination 2040 Fund - Class R6	**	32,766
*	Nationwide Trust Company, FSB	Nationwide Destination 2045 Fund - Class R6	**	22,954
*	Nationwide Trust Company, FSB	Nationwide Destination 2050 Fund - Class R6	**	51,653
*	Nationwide Trust Company, FSB	Nationwide Destination 2055 Fund - Class R6	**	12,481
*	Nationwide Trust Company, FSB	Nationwide Destination 2060 Fund - Class R6	**	2,096
*	Nationwide Trust Company, FSB	Nationwide Government Money Market Fund	**	1,371
*	Nationwide Trust Company, FSB	Nationwide Loomis All Cap Growth Fund - Class R6	**	105,085
*	Nationwide Trust Company, FSB	Neuberger Berman High Income Fund - Class A	**	64
*	Nationwide Trust Company, FSB	Neuberger Berman Mid Cap Intrinsic Value Fund - Class A	**	2,588
*	Nationwide Trust Company, FSB	Nuveen Symphony Credit Opportunities Fund - Class A	**	72,558
*	Nationwide Trust Company, FSB	Oppenheimer Global Fund - Class A	**	49,310
*	Nationwide Trust Company, FSB	Oppenheimer Gold & Special Minerals Fund - Class A	**	7,829
*	Nationwide Trust Company, FSB	Oppenheimer International Bond Fund - Class A	**	64
*	Nationwide Trust Company, FSB	Oppenheimer International Growth Fund - Class A	**	126,205
*	Nationwide Trust Company, FSB	Oppenheimer Main Street Mid Cap Fund - Class A	**	8,529
*	Nationwide Trust Company, FSB	Parnassus Endeavor Fund - Investor Class	**	18,031
*	Nationwide Trust Company, FSB	PGIM Total Return Bond Fund - Class R6	**	169,502
*	Nationwide Trust Company, FSB	PIMCO Commodity Real Return Strategic Fund - Institutional Class	**	2,905
*	Nationwide Trust Company, FSB	PIMCO Real Return Fund - Class A	**	7,870
*	Nationwide Trust Company, FSB	PIMCO Real Return Fund - Institutional Class	**	5
*	Nationwide Trust Company, FSB	Principal Equity Income Fund - Institutional Class	**	19,305
*	Nationwide Trust Company, FSB	Principal High Yield Fund - Class A	**	66,062
*	Nationwide Trust Company, FSB	Principal Mid Cap Fund - Class A	**	77,954
*	Nationwide Trust Company, FSB	Principal Real Estate Securities Fund - Class A	**	12,144
*	Nationwide Trust Company, FSB	Principal Real Estate Securities Fund - Institutional Class	**	3
*	Nationwide Trust Company, FSB	Prudential Global Real Estate Fund - Class A	**	51,517
*	Nationwide Trust Company, FSB	Prudential Jennison Growth Fund - Class A	**	68
*	Nationwide Trust Company, FSB	Prudential Jennison Mid Cap Growth Fund - Class A	**	34,521
*	Nationwide Trust Company, FSB	Prudential Jennison Utility Fund - Class A	**	8,200
*	Nationwide Trust Company, FSB	Prudential Short Term Corporate Bond Fund - Class A	**	20,965
*	Nationwide Trust Company, FSB	Prudential Total Return Bond Fund - Class A	**	112
*	Nationwide Trust Company, FSB	Putnam Capital Opportunities Fund - Class A	**	7
*	Nationwide Trust Company, FSB	T. Rowe Price Growth Stock Fund	**	180,580
*	Nationwide Trust Company, FSB	TCW Total Return Bond Fund - Class N	**	115,171
*	Nationwide Trust Company, FSB	Templeton Global Bond - Class R6	**	1
*	Nationwide Trust Company, FSB	Thornburg Value Fund - Class I	**	1,537
*	Nationwide Trust Company, FSB	Vanguard 500 Index Fund - Admiral Shares	**	198,542
*	Nationwide Trust Company, FSB	Vanguard Explorer Fund - Admiral Shares	**	42,771
*	Nationwide Trust Company, FSB	Vanguard Short-Term Bond Index Fund - Admiral Shares	**	363
*	Nationwide Trust Company, FSB	Vanguard Total Bond Market Index - Admiral Shares	**	97,389

See Independent Auditor's Report.

Lucchese, Inc. Employee Investment Plan
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
Form 5500, Schedule H, Line 4i
EIN: 54-1289243 - Plan Number 002
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		MUTUAL FUNDS (Continued)		
*	Nationwide Trust Company, FSB	Vanguard Total International Stock Index - Admiral Shares	**	$ 109,201
*	Nationwide Trust Company, FSB	Victory INCORE Fund for Income - Class I	**	72,741
*	Nationwide Trust Company, FSB	Victory Trivalent International Small Cap Fund - Class A	**	18
*	Nationwide Trust Company, FSB	Wells Fargo Global Small Cap Fund - Class A	**	8,992
				3,545,503
		INSURANCE COMPANY GENERAL ACCOUNT FUNDS		
*	Nationwide Trust Company, FSB	Bank of America Indexed Fixed Fund	**	100,716
		NOTES RECEIVABLE FROM PARTICIPANTS		
*	Participant Loans	Loans to participants, interest rates from 3.50% to 4.25%, maturing through June 2031	$ -	216,312
				$ 3,862,531

* Indicates each identified entity known to be a party-in-interest.
** Indicates it is not necessary to disclose the cost of participant-directed investments.

See Independent Auditor's Report.

Lucchese, Inc. Employee Investment Plan
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Form 5500, Schedule H, Line 4i
EIN: 75-2769176 - Plan Number 002
December 31, 2017

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		MUTUAL FUNDS		
*	Nationwide Trust Company, FSB	Aberdeen U.S. Multi-Cap Equity Fund - Institutional Class	**	$ 2,544
*	Nationwide Trust Company, FSB	AllianceBernstein Discovery Value Fund - Class A	**	21,732
*	Nationwide Trust Company, FSB	AllianceBernstein High Income Fund - Class A	**	7,121
*	Nationwide Trust Company, FSB	AllianzGI Technology Fund - Class A	**	10,467
*	Nationwide Trust Company, FSB	American Beacon International Equity	**	127,843
*	Nationwide Trust Company, FSB	American Century Short Duration Inflation Protected Bond - Class R5	**	556
*	Nationwide Trust Company, FSB	American Funds Capital World Growth and Income Fund - Class R6	**	36,410
*	Nationwide Trust Company, FSB	American Funds Growth Fund of America - Class R3	**	11,898
*	Nationwide Trust Company, FSB	American Funds Growth Fund of America - Class R6	**	476,383
*	Nationwide Trust Company, FSB	American Funds New Prospect Fund - Class R6	**	3,661
*	Nationwide Trust Company, FSB	AMG Yacktman Focused Fund - Class N	**	133,211
*	Nationwide Trust Company, FSB	BlackRock Health Sciences Opportunities Investor Fund - Class A	**	38,700
*	Nationwide Trust Company, FSB	BlackRock Strategic Income Opportunities Investor Fund - Class A	**	55,284
*	Nationwide Trust Company, FSB	BlackRock Total Return Investor Fund - Class A	**	5
*	Nationwide Trust Company, FSB	Buffalo Discovery Fund	**	1,935
*	Nationwide Trust Company, FSB	Columbia Select Large Cap Growth Fund - Institutional Class	**	90,782
*	Nationwide Trust Company, FSB	Delaware Extended Duration Bond Fund - Class A	**	25,498
*	Nationwide Trust Company, FSB	DFA Emerging Markets Core Equity Fund - Institutional Class	**	113,315
*	Nationwide Trust Company, FSB	DFA Inflation-Protected Securities	**	61,317
*	Nationwide Trust Company, FSB	DFA U.S. Large Cap Value Portfolio - Institutional Class	**	92,189
*	Nationwide Trust Company, FSB	DFA U.S. Targeted Value Portfolio - Institutional Class	**	48,536
*	Nationwide Trust Company, FSB	Dreyfus Natural Resources - Class A	**	71
*	Nationwide Trust Company, FSB	Franklin Income Fund - Class A	**	70,765
*	Nationwide Trust Company, FSB	Franklin Small-Mid Cap Growth Fund - Class A	**	26,508
*	Nationwide Trust Company, FSB	Franklin Templeton Global Bond - Advisor	**	34,602
*	Nationwide Trust Company, FSB	Harbor International Fund - Institutional Class	**	67
*	Nationwide Trust Company, FSB	Harbor International Growth Fund	**	9
*	Nationwide Trust Company, FSB	Invesco Equity and Income Fund - Class A	**	32,261
*	Nationwide Trust Company, FSB	JPMorgan Small Cap Value Fund - Class A	**	7
*	Nationwide Trust Company, FSB	JPMorgan Equity Income Fund - Class A	**	6,285
*	Nationwide Trust Company, FSB	JPMorgan Equity Income Fund - Class R5	**	102,687
*	Nationwide Trust Company, FSB	JPMorgan Intrepid Value Fund - Class A	**	11,219
*	Nationwide Trust Company, FSB	JPMorgan Small Cap Equity Fund - Class A	**	18,448
*	Nationwide Trust Company, FSB	JPMorgan Small Cap Equity Fund - Class R5	**	3,643
*	Nationwide Trust Company, FSB	MainStay Total Return Bond Fund - Class I	**	189
*	Nationwide Trust Company, FSB	MFS International Value Fund - Class A	**	4,934
*	Nationwide Trust Company, FSB	MFS Total Return Bond Fund - Class A	**	14,406
*	Nationwide Trust Company, FSB	MFS Value Fund - Class A	**	63
*	Nationwide Trust Company, FSB	Nationwide Destination 2020 Fund - Class R6	**	11,961

See Independent Auditor's Report.

Lucchese, Inc. Employee Investment Plan
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
Form 5500, Schedule H, Line 4i
EIN: 54-1289243 - Plan Number 002
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		MUTUAL FUNDS (Continued)		
*	Nationwide Trust Company, FSB	Nationwide Destination 2025 Fund - Class R6	**	$ 9,400
*	Nationwide Trust Company, FSB	Nationwide Destination 2030 Fund - Class R6	**	11,410
*	Nationwide Trust Company, FSB	Nationwide Destination 2035 Fund - Class R6	**	15,151
*	Nationwide Trust Company, FSB	Nationwide Destination 2040 Fund - Class R6	**	32,766
*	Nationwide Trust Company, FSB	Nationwide Destination 2045 Fund - Class R6	**	22,954
*	Nationwide Trust Company, FSB	Nationwide Destination 2050 Fund - Class R6	**	51,653
*	Nationwide Trust Company, FSB	Nationwide Destination 2055 Fund - Class R6	**	12,481
*	Nationwide Trust Company, FSB	Nationwide Destination 2060 Fund - Class R6	**	2,096
*	Nationwide Trust Company, FSB	Nationwide Government Money Market Fund	**	1,371
*	Nationwide Trust Company, FSB	Nationwide Loomis All Cap Growth Fund - Class R6	**	105,085
*	Nationwide Trust Company, FSB	Neuberger Berman High Income Fund - Class A	**	64
*	Nationwide Trust Company, FSB	Neuberger Berman Mid Cap Intrinsic Value Fund - Class A	**	2,588
*	Nationwide Trust Company, FSB	Nuveen Symphony Credit Opportunities Fund - Class A	**	72,558
*	Nationwide Trust Company, FSB	Oppenheimer Global Fund - Class A	**	49,310
*	Nationwide Trust Company, FSB	Oppenheimer Gold & Special Minerals Fund - Class A	**	7,829
*	Nationwide Trust Company, FSB	Oppenheimer International Bond Fund - Class A	**	64
*	Nationwide Trust Company, FSB	Oppenheimer International Growth Fund - Class A	**	126,205
*	Nationwide Trust Company, FSB	Oppenheimer Main Street Mid Cap Fund - Class A	**	8,529
*	Nationwide Trust Company, FSB	Parnassus Endeavor Fund - Investor Class	**	18,031
*	Nationwide Trust Company, FSB	PGIM Total Return Bond Fund - Class R6	**	169,502
*	Nationwide Trust Company, FSB	PIMCO Commodity Real Return Strategic Fund - Institutional Class	**	2,905
*	Nationwide Trust Company, FSB	PIMCO Real Return Fund - Class A	**	7,870
*	Nationwide Trust Company, FSB	PIMCO Real Return Fund - Institutional Class	**	5
*	Nationwide Trust Company, FSB	Principal Equity Income Fund - Institutional Class	**	19,305
*	Nationwide Trust Company, FSB	Principal High Yield Fund - Class A	**	66,062
*	Nationwide Trust Company, FSB	Principal Mid Cap Fund - Class A	**	77,954
*	Nationwide Trust Company, FSB	Principal Real Estate Securities Fund - Class A	**	12,144
*	Nationwide Trust Company, FSB	Principal Real Estate Securities Fund - Institutional Class	**	3
*	Nationwide Trust Company, FSB	Prudential Global Real Estate Fund - Class A	**	51,517
*	Nationwide Trust Company, FSB	Prudential Jennison Growth Fund - Class A	**	68
*	Nationwide Trust Company, FSB	Prudential Jennison Mid Cap Growth Fund - Class A	**	34,521
*	Nationwide Trust Company, FSB	Prudential Jennison Utility Fund - Class A	**	8,200
*	Nationwide Trust Company, FSB	Prudential Short Term Corporate Bond Fund - Class A	**	20,965
*	Nationwide Trust Company, FSB	Prudential Total Return Bond Fund - Class A	**	112
*	Nationwide Trust Company, FSB	Putnam Capital Opportunities Fund - Class A	**	7
*	Nationwide Trust Company, FSB	T. Rowe Price Growth Stock Fund	**	180,580
*	Nationwide Trust Company, FSB	TCW Total Return Bond Fund - Class N	**	115,171
*	Nationwide Trust Company, FSB	Templeton Global Bond - Class R6	**	1
*	Nationwide Trust Company, FSB	Thornburg Value Fund - Class I	**	1,537
*	Nationwide Trust Company, FSB	Vanguard 500 Index Fund - Admiral Shares	**	198,542
*	Nationwide Trust Company, FSB	Vanguard Explorer Fund - Admiral Shares	**	42,771
*	Nationwide Trust Company, FSB	Vanguard Short-Term Bond Index Fund - Admiral Shares	**	363
*	Nationwide Trust Company, FSB	Vanguard Total Bond Market Index - Admiral Shares	**	97,389

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Lucchese, Inc. Employee Investment Plan
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
Form 5500, Schedule H, Line 4i
EIN: 54-1289243 - Plan Number 002
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		MUTUAL FUNDS (Continued)		
*	Nationwide Trust Company, FSB	Vanguard Total International Stock Index - Admiral Shares	**	$ 109,201
*	Nationwide Trust Company, FSB	Victory INCORE Fund for Income - Class I	**	72,741
*	Nationwide Trust Company, FSB	Victory Trivalent International Small Cap Fund - Class A	**	18
*	Nationwide Trust Company, FSB	Wells Fargo Global Small Cap Fund - Class A	**	8,992
				3,545,503
		INSURANCE COMPANY GENERAL ACCOUNT FUNDS		
*	Nationwide Trust Company, FSB	Bank of America Indexed Fixed Fund	**	100,716
		NOTES RECEIVABLE FROM PARTICIPANTS		
*	Participant Loans	Loans to participants, interest rates from 3.50% to 4.25%, maturing through June 2031	$ -	216,312
				$ 3,862,531

* Indicates each identified entity known to be a party-in-interest.
** Indicates it is not necessary to disclose the cost of participant-directed investments.

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