

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information									
1a	Name of plan <u>ABARTA, INC. DEFERRED COMPENSATION 401(K) SAVINGS PLAN FOR NON-UNION EMPLOYEES</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶</td> <td><u>004</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan</td> <td><u>02/01/1983</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶	<u>004</u>	1c	Effective date of plan	<u>02/01/1983</u>			
1b	Three-digit plan number (PN) ▶	<u>004</u>								
1c	Effective date of plan	<u>02/01/1983</u>								
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ABARTA, INC.</u> <u>200 ALPHA DRIVE</u> <u>PITTSBURGH, PA 15238-2906</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN)</td> <td><u>23-1882790</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number</td> <td><u>412-963-6226</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions)</td> <td><u>312110</u></td> </tr> </table>	2b	Employer Identification Number (EIN)	<u>23-1882790</u>	2c	Plan Sponsor's telephone number	<u>412-963-6226</u>	2d	Business code (see instructions)	<u>312110</u>
2b	Employer Identification Number (EIN)	<u>23-1882790</u>								
2c	Plan Sponsor's telephone number	<u>412-963-6226</u>								
2d	Business code (see instructions)	<u>312110</u>								

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/20/2018	VINCENT SINKOVICH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 770
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 623 6a(2) 1391 6b 5 6c 185 6d 1581 6e 3 6f 1584 6g 1385 6h 120
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 2T 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan ABARTA, INC. DEFERRED COMPENSATION 401(K) SAVINGS PLAN FOR NON-UNION EMPLOYEES	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 ABARTA, INC.	D Employer Identification Number (EIN) 23-1882790

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation FIDELITY INVESTMENTS INSTITUTIONAL 04-2647786

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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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	9888	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	6728	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
INVS DIVRS DIVD INV - INVESCO INVE 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
NATIXIS AEW RE Y - DST ASSET MANAG P.O. BOX 8406 BOSTON, MA 02266	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PIMCO TOT RETURN ADM - DST ASSET M P.O. BOX 8406 BOSTON, MA 02266	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP BLUE CHIP GR ADV - T. ROWE PRI 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>ABARTA, INC. DEFERRED COMPENSATION 401(K) SAVINGS PLAN FOR NON-UNION EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ABARTA, INC.</u>	D Employer Identification Number (EIN) <u>23-1882790</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MIP CL 1</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>04-3022712-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3679674</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>ABARTA, INC. DEFERRED COMPENSATION 401(K) SAVINGS PLAN FOR NON-UNION EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ABARTA, INC.</u>	D Employer Identification Number (EIN) <u>23-1882790</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	446454	1634319
(9) Value of interest in common/collective trusts.....	1c(9)	3989596	3679674
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	24999604	55242435
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	29435654	60556428

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	29435654	60556428
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	547153	
(B) Participants	2a(1)(B)	2535781	
(C) Others (including rollovers)	2a(1)(C)	26997075	
(2) Noncash contributions	2a(2)	0	30080009
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	32349	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		32349
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2779843	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2779843
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		27584
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3635547
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		36555332

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5383232	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		5383232
f Corrective distributions (see instructions)	2f		16002
g Certain deemed distributions of participant loans (see instructions).....	2g		18708
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	6728	
(4) Other	2i(4)	9888	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		16616
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5434558

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		31120774
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: BDO USA, LLP

(2) EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
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?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	0
4l		X	0
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
4n		X	

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

A Name of plan <u>ABARTA, INC. DEFERRED COMPENSATION 401(K) SAVINGS PLAN FOR NON-UNION EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ABARTA, INC.</u>	D Employer Identification Number (EIN) <u>23-1882790</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2017
v. 170203

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees

Financial Statements
(and supplementary information)

As of December 31, 2017 and 2016 and
for the Year Ended December 31, 2017

ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees

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Independent Auditor's Report

To the Participants and Administrator
ABARTA, Inc. Deferred Compensation 401(k)
Savings Plan for Non-Union Employees
Pittsburgh, Pennsylvania

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees (the Plan), which comprise the statements of net assets available for plan benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.



Disclaimer of Opinion

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

Other Matter – Supplemental Schedule

The supplemental schedule of assets (held at end of year) as of December 31, 2017 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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 this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

BDO USA, LLP

Pittsburgh, Pennsylvania

September 14, 2018

**ABARTA, Inc. Deferred Compensation 401(k)
Savings Plan for Non-Union Employees**

Statements of Net Assets Available for Plan Benefits

<i>December 31,</i>	2017	2016
Assets		
Investments - at fair value - Note 3	\$ 58,932,620	\$ 28,979,406
Notes receivable from participants	1,634,319	446,454
Net Assets Available for Plan Benefits	\$ 60,566,939	\$ 29,425,860

See accompanying notes to the financial statements.

**ABARTA, Inc. Deferred Compensation 401(k)
Savings Plan for Non-Union Employees**

Statement of Changes in Net Assets Available for Plan Benefits

<i>For the Year Ended December 31,</i>	2017
Additions	
Investment Income	
Net appreciation in fair value of investments	\$ 3,635,546
Interest and dividends	2,827,733
Total Investment Income	6,463,279
Interest Income on Notes Receivable From Participants	32,349
Contributions	
Participants	2,535,781
Employer	547,153
Rollover	26,997,075
Total Contributions	30,080,009
Total Additions	36,575,637
Deductions	
Benefit payments	5,417,942
Administrative expenses	16,616
Total Deductions	5,434,558
Net Increase in Net Assets Available for Plan Benefits	31,141,079
Net Assets Available for Plan Benefits - beginning of year	29,425,860
Net Assets Available for Plan Benefits - end of year	\$ 60,566,939

See accompanying notes to the financial statements.

ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees

Notes to the Financial Statements

1. Plan Description

The following description of the ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees (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 participant-directed defined contribution plan covering substantially all full-time non-union employees of ABARTA, Inc. and its subsidiaries: The Cleveland Coca-Cola Bottling Company, Inc.; Coca-Cola Bottling Company of Buffalo, Inc.; Coca-Cola Bottling Company of the Lehigh Valley; Coatesville Coca-Cola Bottling Works, Inc.; Kahiki Foods, Inc.; ABARTA Coca-Cola Beverages, LLC, and ABARTA Oil & Gas Company, Inc. (collectively, the Company and Plan Sponsor). The Company is the plan administrator that controls and manages the operation and administration of the Plan. Fidelity Management Trust Company (Fidelity), the trustee, holds the plan investments and participant loans.

A full-time employee becomes eligible to participate in the Plan immediately. The Plan includes an automatic enrollment policy for all newly eligible employees. Under this policy, if an employee does not submit a waiver, the employee is automatically enrolled in the Plan at a 3% deferral rate. The deferral rate will be automatically increased by 1% each subsequent year with a maximum of 6%.

Effective September 1, 2016, the Plan was amended to include Kahiki Foods, Inc., a subsidiary of the Company and Plan Sponsor, as a participating employer of the Plan. Participant balances from the Kahiki Foods, Inc. 401(k) Plan were transferred into the Plan during September 2016 and totaled approximately \$1,851,000.

In July 2017, the Company and Plan Sponsor sold the Coca-Cola Bottling Company of Buffalo, Inc. (Buffalo) to the Coca-Cola Bottling Company of Northern New England, Inc. (CCNNE) and acquired various Coca-Cola distribution locations in Pennsylvania from Coca-Cola Refreshments USA, Inc. (CCR). As a result of these transactions, the Plan was amended to remove Buffalo as a participating employer of the Plan and to add ABARTA Coca-Cola Beverages, LLC (ACCB) as a participating employer of the Plan. During 2017, rollover contributions of approximately \$25,730,000 were received by the Plan from former CCR employees who became employees of ACCB. Additionally, former Buffalo employees elected to roll over approximately \$2,234,000 to CCNNE's plan. These amounts are included in contributions and benefit payments, respectively, in the statement of changes in net assets available for plan benefits.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Entry dates are the first day of each month during the year.

Contributions

Participants may contribute up to 60% of their annual eligible compensation to the Plan, subject to certain Internal Revenue Code (IRC) limitations.

In any calendar year in which a participant is age 50 or older, an additional "catch-up contribution" (limited to \$6,000 in 2017) may be made. Participants may also contribute amounts representing distributions from other qualified plans.

ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees

Notes to the Financial Statements (Continued)

1. Plan Description (Continued)

Contributions (Continued)

The Company may make discretionary matching contributions, as determined by the Company's Board of Directors, to the Plan. There were no discretionary matching contributions during 2017.

The Plan provides for employer matching contributions to certain employees. Eligible employees are those not part of a collective bargaining agreement, participants of the ABARTA, Inc. Pension Plan and hired on or after September 1, 2010 and before September 1, 2015. Participants eligible for employer matching contributions receive 50% of the first 6% of compensation contributed to the Plan.

Participant Accounts

The plan administrator maintains separate participant accounts for each participant. Each participant's account is credited with their voluntary and rollover contributions plus any Company matching contributions and with an allocation of plan earnings. Allocations of plan earnings are based on actual earnings on participant-directed investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants' contributions and Company discretionary matching contributions and earnings thereon are fully vested at all times.

Employer matching contributions are subject to a three-year vesting schedule.

Benefits

Upon termination of service due to death, disability, retirement, or age 59½, participants may receive a lump-sum amount equal to the value of the participant's vested interest in his or her account or installment distributions in substantially equal amounts over a period of time. If a participant's account balance is less than or equal to \$1,000 at the time of termination, the employee will automatically receive a lump-sum payment.

Subject to limitations of the plan agreement, the plan participant may apply to the Plan for a hardship withdrawal. A hardship withdrawal may be granted to a plan participant for an event considered to be an immediate and heavy financial need of the participant, in accordance with the IRC.

At December 31, 2017 and 2016, there were no significant amounts allocated to accounts of individuals who have withdrawn from the Plan but have not been paid.

ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees

Notes to the Financial Statements (Continued)

1. Plan Description (Continued)

Notes Receivable From Participants

Participants may borrow up to the lesser of 50% of their individual vested account balance or \$50,000, reduced by the participant's highest outstanding loan balance during the prior 12 months. The minimum amount a participant may borrow is \$1,000. A participant may not have more than two loans outstanding at any time. Loan repayment terms may not exceed 60 months unless the loan is granted for the purpose of acquiring the participant's principal residence. In such instances, repayment can be over a reasonable time period that may not exceed 120 months. The loans are collateralized by the vested interest in the participant's accounts and bear interest at a rate commensurate with local market rates for similar loans.

Forfeitures

Forfeitures of terminated participants' non-vested accounts may be used to reduce future contributions made by the employer and to offset expenses incurred by the Plan. Forfeitures totaled approximately \$40,000 in 2017.

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. In the event of plan termination, participants become 100% vested in their accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are maintained on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation, Income Recognition and Risks

Fair value is defined as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at a measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers the assumptions that market participants would use when pricing the asset or liability.

ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees

Notes to the Financial Statements (Continued)

2. Summary of Significant Accounting Policies (Continued)

Investment Valuation, Income Recognition and Risks (Continued)

The three levels of inputs that may be used to measure fair value are as follows:

Level 1 - Quoted prices in active markets for identical assets or liabilities.

Level 2 - Observable inputs other than quoted prices in active markets for identical assets and liabilities, quoted prices for identical or similar assets or liabilities in inactive markets, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Inputs that are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

The asset's 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.

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

Mutual funds are public investment vehicles valued using the net asset value provided by the administrator of the fund on the last day of the Plan's year end using a quoted price in an active market and are classified within Level 1 of the fair value hierarchy.

The Plan's investment in the Managed Income Portfolio (the Fund) is a public investment vehicle that seeks to preserve capital and to provide income over time. Collective investment trusts are public investment vehicles valued using the Net Asset Value (NAV) provided by the trustee on the last day of the Plan's year end. NAV is based on the value of the underlying assets owned by the trust, primarily corporate bonds, U.S. & foreign government agency, mortgage securities and money market funds, minus its liabilities, and then divided by the number of shares outstanding. The Plan's participants may exchange units in the Fund on a daily basis with minimal restrictions. The Plan is required to provide one-year redemption notice to liquidate its entire share in the Fund.

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.

Purchases and sales of securities are recorded on a trade-date basis. Gains and losses on securities sold or redeemed are determined on specific identification. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees

Notes to the Financial Statements (Continued)

2. Summary of Significant Accounting Policies (Continued)

Investment Valuation, Income Recognition and Risks (Continued)

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

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Administrative Expenses

Administrative expenses are paid by the Company or the Plan, as provided by the plan document.

Benefit Payments

Benefits are recorded when paid.

Consideration of Subsequent Events

The Plan Sponsor evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through September 14, 2018, the day the financial statements were approved and authorized for issue.

3. Investments

The following tables set forth the fair value of the Plan's assets measured on a recurring basis, by level, as described in Note 2:

<i>As of December 31, 2017</i>	Level 1	Total
Mutual funds at fair value	\$ 55,242,435	\$ 55,242,435
Collective investment trust measured at NAV*	-	3,690,185
Investments at Fair Value	\$ 55,242,435	\$ 58,932,620

ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees

Notes to the Financial Statements (Continued)

3. Investments (Continued)

<i>As of December 31, 2016</i>	Level 1	Total
Mutual funds at fair value	\$ 24,999,604	\$ 24,999,604
Collective investment trust measured at NAV*	-	3,979,802
Investments at Fair Value	\$ 24,999,604	\$ 28,979,406

*Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit a reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for plan benefits.

4. Certification of Financial Information

Fidelity, the trustee of the Plan, has certified that the investment information related to investments and notes receivable from participants summarized in the statements of net assets available for plan benefits as of December 31, 2017 and 2016, and in the statement of changes in net assets available for plan benefits for the year ended December 31, 2017, is complete and accurate.

5. Related Parties and Exempt Parties-in-interest Transactions

Certain plan investments in mutual funds and the collective investment trust are managed by the trustee. Therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for custodian and recordkeeping services were not significant for the year ended December 31, 2017. These transactions are not, however, considered prohibited transactions under Section 408(b) of the ERISA regulations.

Certain administrative functions are performed by officers or employees of the Company at no cost to the Plan.

The Plan has notes receivable from participants subject to specific guidelines as defined in the plan document (Note 1).

These transactions are not deemed prohibited party-in-interest transactions, because they are covered by statutory or administrative exemptions from the IRC and ERISA's rules on prohibited transactions.

ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees

Notes to the Financial Statements (Continued)

6. Tax Status

The Plan Sponsor has adopted a prototype plan of Fidelity. Fidelity obtained a letter dated March 31, 2014, in which the Internal Revenue Service stated its opinion that the form of the prototype plan of Fidelity is acceptable under Section 401 of the IRC for use by employers for the benefit of their employees. The Plan has since been amended. The plan administrator, the trustee and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a taxing authority. The Company has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2017, there are no uncertain tax positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Reconciliation of Financial Statements to Schedule H of Form 5500

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

	2017	2016
Net assets available for plan benefits per the financial statements	\$ 60,566,939	\$ 29,425,860
Adjustment from Form 5500 reporting to the financial statements	(10,511)	9,794
Net Assets Available for Plan Benefits per Schedule H of Form 5500	\$ 60,556,428	\$ 29,435,654

The following is a reconciliation of the net increase in net assets available for plan benefits per the financial statements to Schedule H of Form 5500:

<i>For the Year Ended December 31,</i>	2017
Net increase in net assets available for plan benefits per the financial statements	\$ 31,141,079
Adjustment from Form 5500 reporting to the financial statements	(20,305)
Net Income per Schedule H of Form 5500	\$ 31,120,774

Supplementary Information

**ABARTA, Inc. Deferred Compensation 401(k)
Savings Plan for Non-Union Employees**

EIN/PN: 23-1882790/004

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

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				
*	Fidelity Investments	Diversified International Fund		\$ 1,846,401
		Dividend Growth Fund		2,315,319
		Extended Market Index Fund		434,698
		Freedom Income Fund K		148,761
		Freedom 2005 Fund K		9,140
		Freedom 2010 Fund K		163,598
		Freedom 2015 Fund K		182,836
		Freedom 2020 Fund K		6,810,508
		Freedom 2025 Fund K		5,583,151
		Freedom 2030 Fund K		6,250,618
		Freedom 2035 Fund K		6,128,111
		Freedom 2040 Fund K		3,011,810
		Freedom 2045 Fund K		2,760,123
		Freedom 2050 Fund K		1,370,452
		Freedom 2055 Fund K		869,587
		Freedom 2060 Fund K		173,285
		International Index Fund		686,938
		Large-Cap Stock Fund		1,235,787
		Low-Priced Stock Fund		2,259,298
		Mid-Cap Stock Fund		1,805,257
		Small Cap Discovery		990,265
		U.S. Bond Index Fund		396,246
		Value Fund		725,348
		500 Index Fund		4,595,598
	Invesco	Diversified Dividend Fund		682,742
	Natixis Funds	AEW Real Estate Fund		270,205
	PIMCO	Total Return Fund		1,454,078
	T. Rowe Price	Blue Chip Growth Fund		2,082,275
Total Mutual Funds				55,242,435

**ABARTA, Inc. Deferred Compensation 401(k)
Savings Plan for Non-Union Employees**

EIN/PN: 23-1882790/004

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

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
		Collective Investment Trust		
*	Fidelity Investments	Managed Income Portfolio		3,690,185
		Total Investments		58,932,620
		Notes Receivable From Participants		
*	Participant Loans	3.25% - 8.25%		1,634,319
				\$ 60,566,939

* Represents a party-in-interest as defined by ERISA

** The cost of participant-directed investments is not required to be disclosed



ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees

Financial Statements
(and supplementary information)

As of December 31, 2017 and 2016 and
for the Year Ended December 31, 2017

ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees

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Independent Auditor's Report

To the Participants and Administrator
ABARTA, Inc. Deferred Compensation 401(k)
Savings Plan for Non-Union Employees
Pittsburgh, Pennsylvania

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees (the Plan), which comprise the statements of net assets available for plan benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.



Disclaimer of Opinion

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

Other Matter – Supplemental Schedule

The supplemental schedule of assets (held at end of year) as of December 31, 2017 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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 this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

BDO USA, LLP

Pittsburgh, Pennsylvania

September 14, 2018

**ABARTA, Inc. Deferred Compensation 401(k)
Savings Plan for Non-Union Employees**

Statements of Net Assets Available for Plan Benefits

<i>December 31,</i>	2017	2016
Assets		
Investments - at fair value - Note 3	\$ 58,932,620	\$ 28,979,406
Notes receivable from participants	1,634,319	446,454
Net Assets Available for Plan Benefits	\$ 60,566,939	\$ 29,425,860

See accompanying notes to the financial statements.

**ABARTA, Inc. Deferred Compensation 401(k)
Savings Plan for Non-Union Employees**

Statement of Changes in Net Assets Available for Plan Benefits

<i>For the Year Ended December 31,</i>	2017
Additions	
Investment Income	
Net appreciation in fair value of investments	\$ 3,635,546
Interest and dividends	2,827,733
Total Investment Income	6,463,279
Interest Income on Notes Receivable From Participants	32,349
Contributions	
Participants	2,535,781
Employer	547,153
Rollover	26,997,075
Total Contributions	30,080,009
Total Additions	36,575,637
Deductions	
Benefit payments	5,417,942
Administrative expenses	16,616
Total Deductions	5,434,558
Net Increase in Net Assets Available for Plan Benefits	31,141,079
Net Assets Available for Plan Benefits - beginning of year	29,425,860
Net Assets Available for Plan Benefits - end of year	\$ 60,566,939

See accompanying notes to the financial statements.

ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees

Notes to the Financial Statements

1. Plan Description

The following description of the ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees (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 participant-directed defined contribution plan covering substantially all full-time non-union employees of ABARTA, Inc. and its subsidiaries: The Cleveland Coca-Cola Bottling Company, Inc.; Coca-Cola Bottling Company of Buffalo, Inc.; Coca-Cola Bottling Company of the Lehigh Valley; Coatesville Coca-Cola Bottling Works, Inc.; Kahiki Foods, Inc.; ABARTA Coca-Cola Beverages, LLC, and ABARTA Oil & Gas Company, Inc. (collectively, the Company and Plan Sponsor). The Company is the plan administrator that controls and manages the operation and administration of the Plan. Fidelity Management Trust Company (Fidelity), the trustee, holds the plan investments and participant loans.

A full-time employee becomes eligible to participate in the Plan immediately. The Plan includes an automatic enrollment policy for all newly eligible employees. Under this policy, if an employee does not submit a waiver, the employee is automatically enrolled in the Plan at a 3% deferral rate. The deferral rate will be automatically increased by 1% each subsequent year with a maximum of 6%.

Effective September 1, 2016, the Plan was amended to include Kahiki Foods, Inc., a subsidiary of the Company and Plan Sponsor, as a participating employer of the Plan. Participant balances from the Kahiki Foods, Inc. 401(k) Plan were transferred into the Plan during September 2016 and totaled approximately \$1,851,000.

In July 2017, the Company and Plan Sponsor sold the Coca-Cola Bottling Company of Buffalo, Inc. (Buffalo) to the Coca-Cola Bottling Company of Northern New England, Inc. (CCNNE) and acquired various Coca-Cola distribution locations in Pennsylvania from Coca-Cola Refreshments USA, Inc. (CCR). As a result of these transactions, the Plan was amended to remove Buffalo as a participating employer of the Plan and to add ABARTA Coca-Cola Beverages, LLC (ACCB) as a participating employer of the Plan. During 2017, rollover contributions of approximately \$25,730,000 were received by the Plan from former CCR employees who became employees of ACCB. Additionally, former Buffalo employees elected to roll over approximately \$2,234,000 to CCNNE's plan. These amounts are included in contributions and benefit payments, respectively, in the statement of changes in net assets available for plan benefits.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Entry dates are the first day of each month during the year.

Contributions

Participants may contribute up to 60% of their annual eligible compensation to the Plan, subject to certain Internal Revenue Code (IRC) limitations.

In any calendar year in which a participant is age 50 or older, an additional "catch-up contribution" (limited to \$6,000 in 2017) may be made. Participants may also contribute amounts representing distributions from other qualified plans.

ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees

Notes to the Financial Statements (Continued)

1. Plan Description (Continued)

Contributions (Continued)

The Company may make discretionary matching contributions, as determined by the Company's Board of Directors, to the Plan. There were no discretionary matching contributions during 2017.

The Plan provides for employer matching contributions to certain employees. Eligible employees are those not part of a collective bargaining agreement, participants of the ABARTA, Inc. Pension Plan and hired on or after September 1, 2010 and before September 1, 2015. Participants eligible for employer matching contributions receive 50% of the first 6% of compensation contributed to the Plan.

Participant Accounts

The plan administrator maintains separate participant accounts for each participant. Each participant's account is credited with their voluntary and rollover contributions plus any Company matching contributions and with an allocation of plan earnings. Allocations of plan earnings are based on actual earnings on participant-directed investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants' contributions and Company discretionary matching contributions and earnings thereon are fully vested at all times.

Employer matching contributions are subject to a three-year vesting schedule.

Benefits

Upon termination of service due to death, disability, retirement, or age 59½, participants may receive a lump-sum amount equal to the value of the participant's vested interest in his or her account or installment distributions in substantially equal amounts over a period of time. If a participant's account balance is less than or equal to \$1,000 at the time of termination, the employee will automatically receive a lump-sum payment.

Subject to limitations of the plan agreement, the plan participant may apply to the Plan for a hardship withdrawal. A hardship withdrawal may be granted to a plan participant for an event considered to be an immediate and heavy financial need of the participant, in accordance with the IRC.

At December 31, 2017 and 2016, there were no significant amounts allocated to accounts of individuals who have withdrawn from the Plan but have not been paid.

ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees

Notes to the Financial Statements (Continued)

1. Plan Description (Continued)

Notes Receivable From Participants

Participants may borrow up to the lesser of 50% of their individual vested account balance or \$50,000, reduced by the participant's highest outstanding loan balance during the prior 12 months. The minimum amount a participant may borrow is \$1,000. A participant may not have more than two loans outstanding at any time. Loan repayment terms may not exceed 60 months unless the loan is granted for the purpose of acquiring the participant's principal residence. In such instances, repayment can be over a reasonable time period that may not exceed 120 months. The loans are collateralized by the vested interest in the participant's accounts and bear interest at a rate commensurate with local market rates for similar loans.

Forfeitures

Forfeitures of terminated participants' non-vested accounts may be used to reduce future contributions made by the employer and to offset expenses incurred by the Plan. Forfeitures totaled approximately \$40,000 in 2017.

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. In the event of plan termination, participants become 100% vested in their accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are maintained on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation, Income Recognition and Risks

Fair value is defined as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at a measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers the assumptions that market participants would use when pricing the asset or liability.

ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees

Notes to the Financial Statements (Continued)

2. Summary of Significant Accounting Policies (Continued)

Investment Valuation, Income Recognition and Risks (Continued)

The three levels of inputs that may be used to measure fair value are as follows:

Level 1 - Quoted prices in active markets for identical assets or liabilities.

Level 2 - Observable inputs other than quoted prices in active markets for identical assets and liabilities, quoted prices for identical or similar assets or liabilities in inactive markets, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Inputs that are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

The asset's 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.

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

Mutual funds are public investment vehicles valued using the net asset value provided by the administrator of the fund on the last day of the Plan's year end using a quoted price in an active market and are classified within Level 1 of the fair value hierarchy.

The Plan's investment in the Managed Income Portfolio (the Fund) is a public investment vehicle that seeks to preserve capital and to provide income over time. Collective investment trusts are public investment vehicles valued using the Net Asset Value (NAV) provided by the trustee on the last day of the Plan's year end. NAV is based on the value of the underlying assets owned by the trust, primarily corporate bonds, U.S. & foreign government agency, mortgage securities and money market funds, minus its liabilities, and then divided by the number of shares outstanding. The Plan's participants may exchange units in the Fund on a daily basis with minimal restrictions. The Plan is required to provide one-year redemption notice to liquidate its entire share in the Fund.

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.

Purchases and sales of securities are recorded on a trade-date basis. Gains and losses on securities sold or redeemed are determined on specific identification. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees

Notes to the Financial Statements (Continued)

2. Summary of Significant Accounting Policies (Continued)

Investment Valuation, Income Recognition and Risks (Continued)

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

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Administrative Expenses

Administrative expenses are paid by the Company or the Plan, as provided by the plan document.

Benefit Payments

Benefits are recorded when paid.

Consideration of Subsequent Events

The Plan Sponsor evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through September 14, 2018, the day the financial statements were approved and authorized for issue.

3. Investments

The following tables set forth the fair value of the Plan's assets measured on a recurring basis, by level, as described in Note 2:

<i>As of December 31, 2017</i>	Level 1	Total
Mutual funds at fair value	\$ 55,242,435	\$ 55,242,435
Collective investment trust measured at NAV*	-	3,690,185
Investments at Fair Value	\$ 55,242,435	\$ 58,932,620

ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees

Notes to the Financial Statements (Continued)

3. Investments (Continued)

<i>As of December 31, 2016</i>	Level 1	Total
Mutual funds at fair value	\$ 24,999,604	\$ 24,999,604
Collective investment trust measured at NAV*	-	3,979,802
Investments at Fair Value	\$ 24,999,604	\$ 28,979,406

*Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit a reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for plan benefits.

4. Certification of Financial Information

Fidelity, the trustee of the Plan, has certified that the investment information related to investments and notes receivable from participants summarized in the statements of net assets available for plan benefits as of December 31, 2017 and 2016, and in the statement of changes in net assets available for plan benefits for the year ended December 31, 2017, is complete and accurate.

5. Related Parties and Exempt Parties-in-interest Transactions

Certain plan investments in mutual funds and the collective investment trust are managed by the trustee. Therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for custodian and recordkeeping services were not significant for the year ended December 31, 2017. These transactions are not, however, considered prohibited transactions under Section 408(b) of the ERISA regulations.

Certain administrative functions are performed by officers or employees of the Company at no cost to the Plan.

The Plan has notes receivable from participants subject to specific guidelines as defined in the plan document (Note 1).

These transactions are not deemed prohibited party-in-interest transactions, because they are covered by statutory or administrative exemptions from the IRC and ERISA's rules on prohibited transactions.

ABARTA, Inc. Deferred Compensation 401(k) Savings Plan for Non-Union Employees

Notes to the Financial Statements (Continued)

6. Tax Status

The Plan Sponsor has adopted a prototype plan of Fidelity. Fidelity obtained a letter dated March 31, 2014, in which the Internal Revenue Service stated its opinion that the form of the prototype plan of Fidelity is acceptable under Section 401 of the IRC for use by employers for the benefit of their employees. The Plan has since been amended. The plan administrator, the trustee and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a taxing authority. The Company has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2017, there are no uncertain tax positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Reconciliation of Financial Statements to Schedule H of Form 5500

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

	2017	2016
Net assets available for plan benefits per the financial statements	\$ 60,566,939	\$ 29,425,860
Adjustment from Form 5500 reporting to the financial statements	(10,511)	9,794
Net Assets Available for Plan Benefits per Schedule H of Form 5500	\$ 60,556,428	\$ 29,435,654

The following is a reconciliation of the net increase in net assets available for plan benefits per the financial statements to Schedule H of Form 5500:

<i>For the Year Ended December 31,</i>	2017
Net increase in net assets available for plan benefits per the financial statements	\$ 31,141,079
Adjustment from Form 5500 reporting to the financial statements	(20,305)
Net Income per Schedule H of Form 5500	\$ 31,120,774

Supplementary Information

**ABARTA, Inc. Deferred Compensation 401(k)
Savings Plan for Non-Union Employees**

EIN/PN: 23-1882790/004

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

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				
*	Fidelity Investments	Diversified International Fund		\$ 1,846,401
		Dividend Growth Fund		2,315,319
		Extended Market Index Fund		434,698
		Freedom Income Fund K		148,761
		Freedom 2005 Fund K		9,140
		Freedom 2010 Fund K		163,598
		Freedom 2015 Fund K		182,836
		Freedom 2020 Fund K		6,810,508
		Freedom 2025 Fund K		5,583,151
		Freedom 2030 Fund K		6,250,618
		Freedom 2035 Fund K		6,128,111
		Freedom 2040 Fund K		3,011,810
		Freedom 2045 Fund K		2,760,123
		Freedom 2050 Fund K		1,370,452
		Freedom 2055 Fund K		869,587
		Freedom 2060 Fund K		173,285
		International Index Fund		686,938
		Large-Cap Stock Fund		1,235,787
		Low-Priced Stock Fund		2,259,298
		Mid-Cap Stock Fund		1,805,257
		Small Cap Discovery		990,265
		U.S. Bond Index Fund		396,246
		Value Fund		725,348
		500 Index Fund		4,595,598
	Invesco	Diversified Dividend Fund		682,742
	Natixis Funds	AEW Real Estate Fund		270,205
	PIMCO	Total Return Fund		1,454,078
	T. Rowe Price	Blue Chip Growth Fund		2,082,275
Total Mutual Funds				55,242,435

**ABARTA, Inc. Deferred Compensation 401(k)
Savings Plan for Non-Union Employees**

EIN/PN: 23-1882790/004

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

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
		Collective Investment Trust		
*	Fidelity Investments	Managed Income Portfolio		3,690,185
		Total Investments		58,932,620
		Notes Receivable From Participants		
*	Participant Loans	3.25% - 8.25%		1,634,319
				\$ 60,566,939

* Represents a party-in-interest as defined by ERISA

** The cost of participant-directed investments is not required to be disclosed