Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 04/01/2017 and ending 12/31/2017

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/31/1961

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)

BAKER'S BURGERS, INC

4210 RIVERWALK PARKWAY, SUITE 120
RIVERSIDE, CA 92505

2b Employer Identification Number (EIN) 95-2592162

2c Plan Sponsor's telephone number 909-884-7241

2d Business code (see instructions) 236110

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.	10/12/2018	ADRIENNE LINDGREN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	794
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	740
a(2) Total number of active participants at the end of the plan year	**6a(2)**	757
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	61
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	818
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	818
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	347
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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 2H 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)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 04/01/2017 and ending 12/31/2017

A Name of plan
BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BAKER'S BURGERS, INC

D Employer Identification Number (EIN)
95-2592162

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

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK USA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	60833	431	04/01/2017	12/31/2017

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
14777	10652

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
COMPENSATION CONSULTANTS, INC.
44-700 VILLAGE COURT, SUITE 200
PALM DESERT, CA 92260

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14777			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
COMPENSATION CONSULTANTS, INC.
44-700 VILLAGE COURT, SUITE 200
PALM DESERT, CA 92260

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	5602	MARKETING ALLOWANCE	5

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

COMPENSATION CONSULTANTS, INC.
44-700 VILLAGE COURT, SUITE 200
PALM DESERT, CA 92260

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	5050	TPA FEES	5

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	137819
5	Current value of plan's interest under this contract in separate accounts at year end	5	13952691

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	211285
c	Additions: (1) Contributions deposited during the year	7c(1)	20047		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	786		
	(4) Transferred from separate account	7c(4)	4532		
	(5) Other (specify below)	7c(5)	18		
	▶ JOHN HANCOCK CREDITS TO PARTICIPANTS				
	(6) Total additions			7c(6)	25383
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	236668
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	97889		
	(2) Administration charge made by carrier	7e(2)	148		
	(3) Transferred to separate account	7e(3)	812		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	98849
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	137819

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 04/01/2017 and ending 12/31/2017

A Name of plan
BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BAKER'S BURGERS, INC

D Employer Identification Number (EIN)
95-2592162

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

1 Coverage Information:

(a) Name of insurance carrier
NEW ENGLAND FINANCIAL/MET LIFE

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
04-2708937	91626	003689-001	11	04/01/2017	12/31/2017

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AS STATED IN RATE BOOK

b	Premiums paid to carrier	6b	10626
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

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

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

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

For calendar plan year 2017 or fiscal plan year beginning 04/01/2017 and ending 12/31/2017

A Name of plan
BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BAKER'S BURGERS, INC

D Employer Identification Number (EIN)
95-2592162

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

JOHN HANCOCK USA

P.O. BOX 600
BUFFALO, NY 14201

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 60 68 28 62 59 63	RECORDKEEPER	2488	Yes [ ] No [X]	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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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.

For calendar plan year 2017 or fiscal plan year beginning 04/01/2017 and ending 12/31/2017

A Name of plan
BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BAKER'S BURGERS, INC

D Employer Identification Number (EIN)
95-2592162

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2020 FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	17439

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2025 FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	24162

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2030 FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	49972

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2035 FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	14673

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2040 FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	69485

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2045 FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	34321

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONSERVATIVE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	933584

a Name of MTIA, CCT, PSA, or 103-12 IE:	LIFESTYLE MODERATE FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	928485
a Name of MTIA, CCT, PSA, or 103-12 IE:	LIFESTYLE BALANCE FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3100968
a Name of MTIA, CCT, PSA, or 103-12 IE:	LYFESTYLE GROWTH FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4407078
a Name of MTIA, CCT, PSA, or 103-12 IE:	LIFESTYLE AGGRESSIVE FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	882241
a Name of MTIA, CCT, PSA, or 103-12 IE:	T. ROWE PRICE- SPECTRUM INCOME		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4991
a Name of MTIA, CCT, PSA, or 103-12 IE:	WESTERN ASSET MANG. HIGH YIELD FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28531
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD SHORT-TERM FEDERAL FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4054
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS AM BALANCED FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	178
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMF INVESTMENT COMPANY OF AMERICA		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	660
a Name of MTIA, CCT, PSA, or 103-12 IE:	FRANKLIN TEMPLETON MUTUAL BEACON		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	59005

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9484
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN MUTUAL GLOBAL DISCOVERY			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	200709
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY-CONTRA FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	82815
a Name of MTIA, CCT, PSA, or 103-12 IE: AF-GROWTH FUND OF AMERICA			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29888
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN TEMPLETON WORLD FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2680
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HARTAGE SMALL CAP			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16003
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS- UTILITIES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21804
a Name of MTIA, CCT, PSA, or 103-12 IE: DOMINI- SOCIAL EQUITY FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	215517
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER- GLOBAL FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	59507
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE- SMALL CAP VALUE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	89292

a Name of MTIA, CCT, PSA, or 103-12 IE: J.P. MORGAN-MID CAP VALUE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	31009
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROWTH INDEX			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5627
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6466
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE- HEALTH SCIENCE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	24984
a Name of MTIA, CCT, PSA, or 103-12 IE: LEGG MASON CLEARBR AGGRESS. GROWTH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	51729
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INCOME FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8351
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	35011
a Name of MTIA, CCT, PSA, or 103-12 IE: DISCIPLINED VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	75927
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2050			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19200
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2055 FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	54823

a Name of MTIA, CCT, PSA, or 103-12 IE:	T. ROWE PRICE-SCIENCE & TECH		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	66387
a Name of MTIA, CCT, PSA, or 103-12 IE:	OPPENHEIMER-DEVELOPING MARKETS FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	82
a Name of MTIA, CCT, PSA, or 103-12 IE:	MONEY MARKET FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1092666
a Name of MTIA, CCT, PSA, or 103-12 IE:	500 INDEX FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	202996
a Name of MTIA, CCT, PSA, or 103-12 IE:	FUNDAMENTAL LARGE CAP VALUE FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	958
a Name of MTIA, CCT, PSA, or 103-12 IE:	WELLINGTON MID CAP STOCK FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	45978
a Name of MTIA, CCT, PSA, or 103-12 IE:	DFA US SMALL CAP FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	35332
a Name of MTIA, CCT, PSA, or 103-12 IE:	TOTAL STOCK MARKET INDEX FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	63373
a Name of MTIA, CCT, PSA, or 103-12 IE:	T.ROWE PRICE-BLUE CHIP GROWTH FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	26638
a Name of MTIA, CCT, PSA, or 103-12 IE:	FUNDAMENTAL ALL CAP CORE FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	99424

a Name of MTIA, CCT, PSA, or 103-12 IE: JENISON CAPITAL APPRECIATION FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6682
a Name of MTIA, CCT, PSA, or 103-12 IE: DEUTSCHE REAL EST. SECURITIES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	154785
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID GROWTH FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10223
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN INTERNATIONAL VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19163
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO-INTERNATIONAL GROWTH FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19364
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN INTERNATIONAL SMALL CAP			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2725
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	533
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON US GROWTH EQUITY FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	191
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON SMALL CAP VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	349
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX INTERNATIONAL FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1482

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1753

a Name of MTIA, CCT, PSA, or 103-12 IE: FINANCIAL INDUSTRIES FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2385

a Name of MTIA, CCT, PSA, or 103-12 IE: A.F. WASHINGTON MUTUAL INVESTORS

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 189

a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN US EQUITY FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 218395

a Name of MTIA, CCT, PSA, or 103-12 IE: MIDCAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 278222

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2010 FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 990

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2060 FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 773

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)

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

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 04/01/2017 and ending 12/31/2017

A Name of plan
BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BAKER'S BURGERS, INC

D Employer Identification Number (EIN)
95-2592162

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	3230	4401
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	324976	228965
(2) Participant contributions	1b(2)	160	60
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	616435	636804
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14627069	13952691
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	211285	137819
(15) Other	1c(15)	629932	457067

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	16413087	15417807
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	19	0
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	24000
k	Total liabilities (add all amounts in lines 1g through1j)	1k	19	24000
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16413068	15393807

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)	232950	
	(B) Participants	2a(1)(B)	545938	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		778888
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	786	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	19996	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		20782
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1353265
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		20160
d Total income. Add all **income** amounts in column (b) and enter total	2d		2173095
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3174192	
(2) To insurance carriers for the provision of benefits	2e(2)	10626	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3184818
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	5050	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	2488	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		7538
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3192356
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1019261
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: TALLEY, LLP (2) EIN: 81-3071614

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 04/01/2017 and ending 12/31/2017

A Name of plan
BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BAKER'S BURGERS, INC

D Employer Identification Number (EIN)
95-2592162

Part I Distributions

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

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

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

EIN(s): 01-0233346 33-6032306

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 0.0% 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):

TALLEY LLP

ADVICE. SOLUTIONS. RESULTS.

600 CITY PARKWAY WEST | SUITE 650 | ORANGE, CALIFORNIA 92868 | 714.867.2200 | 714.867.2201 (F)

October 11, 2018

Ms. Adrienne Lindgren
Neal T. Baker Enterprises
4210 Riverwalk Parkway, Suite 120
Riverside, CA 92505

Dear Adrienne:

Enclosed are two copies of the report and financial statements for Baker's Burgers Inc. Profit Sharing 401(k) Plan for the period April 1, 2017 to December 31, 2017. We have emailed you a PDF of the report and financial statements to be attached to the Form 5500 "Annual Return/Report of Employee Benefit Plan" for the period April 1, 2017 to December 31, 2017 and transmitted to EFAST2.

The copies are for your records. Please call me if you have any questions or you need additional copies.

Sincerely,

Talley LLP

Tom

Thomas Champieux

Enclosures

BAKER'S BURGERS, INC.
PROFIT SHARING 401(K) PLAN

Report, Financial Statements
And Supplemental Information

December 31, 2017 and March 31, 2017

BAKER'S BURGERS, INC.
PROFIT SHARING 401(K) PLAN

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* Schedules required by the Department of Labor Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974 and not included herein have been omitted because they are not applicable or the required information is included in the financial statements or notes hereto.

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee and Participants of
the Baker's Burgers, Inc. Profit Sharing 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Baker's Burgers, Inc. Profit Sharing 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and March 31, 2017, and the related statement of changes in net assets available for benefits for the period April 1, 2017 to 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan's Administrative Committee 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 John Hancock Life Insurance Company (the "Trustee), except for comparing the information with the related information included in the financial statements. We have been informed by the Plan's Administrative Committee that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan's Administrative Committee has obtained a certification from the Trustee as of December 31, 2017 and March 31, 2017, and for the period April 1, 2017 to December 31, 2017 and for the year ended March 31, 2017 that the information provided to the Plan's Administrative Committee 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

The Schedule of Assets (Held at End of Year) and Schedule of Assets (Acquired and Disposed of Within Year) as of December 31, 2017 or for the period April 1, 2017 to December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Tallay, LLP

Orange, California
October 10, 2018

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2017 AND MARCH 31, 2017

ASSETS

	December 31, 2017	March 31, 2017
Investments at fair value:		
Pooled accounts	$ 13,952,691	$ 14,627,069
Guaranteed accounts	136,055	209,232
Life insurance	457,067	629,932
Cash and cash equivalents	4,401	3,230
Total investments at fair value	14,550,214	15,469,463
Receivables:		
Contributions receivable - employer	228,965	327,665
Contributions receivable - participant	60	160
Notes receivable from participants	636,804	616,435
	865,829	944,260
Total assets	15,416,043	16,413,723

LIABILITIES

Payables:		
Operating payable - total liabilities	27,832	19
Net assets available for benefits	$ 15,388,211	$ 16,413,704

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

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE PERIOD APRIL 1, 2017
TO DECEMBER 31, 2017

	2017
Additions to net assets attributed to:	
Contributions:	
Participants	$ 545,938
Employer	230,261
Total contributions	776,199
Investment income:	
Net appreciation in fair value of investments	1,372,015
Interest and dividends	786
Total investment income	1,372,801
Interest income on notes receivable from participants	19,996
Total additions	2,168,996
Deductions from net assets attributed to:	
Benefits paid directly to participants	3,174,192
Insurance premiums	10,626
Excess contributions refund	3,832
Administrative expenses	5,839
Total deductions	3,194,489
Net decrease in net assets	(1,025,493)
Net assets available for benefits:	
Beginning of year	16,413,704
End of year	$ 15,388,211

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

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2017 AND MARCH 31, 2017

NOTE 1 – GENERAL DESCRIPTION OF PLAN

The Baker's Burgers, Inc. Profit Sharing 401(k) Plan (the "Plan") (formerly, Neal T. Baker Enterprises, Inc. Profit Sharing 401(k) Plan) of Neal T. Baker Enterprises was established March 31, 1961 and subsequently adopted effective April 1, 2016 by Baker's Burgers, Inc., an affiliated organization. The Plan was most recently amended and restated effective May 1, 2017. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. **General.** The Plan is a defined contribution profit-sharing plan covering eligible employees of Neal T. Baker Enterprises and Baker's Burgers, Inc. The Plan provides for retirement, death, and disability benefits. Employees of the Company and its participating affiliate are generally eligible to participate in the Plan after six months of service and attaining age twenty and one-half. Participants are eligible for the Company's matching and discretionary contributions provided they worked at least 1,000 hours during such Plan year and were employed on the last day of the Plan year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is intended to be a qualified defined contribution plan that satisfies the requirements of section 401(k) of the Internal Revenue Code (the "Code"). Under the Code, participants are not liable for federal income taxes on employee contributions, Company contributions or Plan earnings until such time as they are partially or completely withdrawn from the Plan.

2. **Contributions.** Under the Plan, employees may elect to defer a portion of their compensation, as defined in the Plan. Contributions are subject to certain statutory limitations as imposed by the IRS. Participants may also contribute amounts representing distributions from other qualified contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company determines the appropriate contribution to the trust fund for each fiscal year. Only participants who are actively employed on the last day of the Plan year are eligible to receive the Company's matching contribution for the year. For the period April 1, 2017 to December 31, 2017, the Company made matching contributions of $230,261.

3. **Participant Accounts.** Each participant's account is credited with the participant's elective contribution, the Company's matching contribution and an allocation of the Company's discretionary contribution and Plan earnings (losses). Allocations of the Company's discretionary contribution are based on the participant's compensation. Participant accounts are charged with an allocation of administrative expenses paid by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4. **Vesting.** Participants are immediately vested in their contributions plus actual earnings thereon. Vesting of the Company's matching contribution and discretionary contribution portion of their accounts are based on years of continuous service. Company contributions vest 20% after two years of service and increase 20% for each additional year. A year of service is defined as working 1,000 hours during the Plan year. A participant is fully vested after six years of continuous service.

NOTE 1 – GENERAL DESCRIPTION Of THE PLAN (CONTINUED)

5. **Investment Options.** Participants may choose among various investment funds in which their contributions are to be invested. All of the Plan's investment options are participant-directed.

6. **Notes Receivable from Participants.** Participants may borrow from their Plan accounts a total amount not to exceed the lesser of (1) $50,000 or (2) 50% of the participant's vested interest in the Plan. The loans are secured by the balance in the participant's accounts and bear interest at rates that range from 4.25% to 5.25%, which are comparable to rates currently charged by local institutional lenders. Principal and interest are paid ratably through regular payroll deductions.

7. **Payment of Benefits.** On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or equal installments through the purchase of an annuity contract. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The normal retirement age under the Plan is 65. Participants may receive partial distributions of their vested benefits from their account subject to the rules and regulations of the Plan. The net assets available for benefits at December 31, 2017 and March 31, 2017 included benefits payable of $475,988 and $430,856, respectively, to individuals who terminated employment as of December 31, 2017 and March 31, 2017, but who had not yet received their benefits.

8. **Forfeited Accounts.** Upon a participant's termination of employment, the value of a participant's account that exceeds his or her vested interest is forfeited. Forfeitures may be used to reduce future Company contributions and administrative expenses. The amount of forfeitures was approximately $1,191 for the period April 1, 2017 to December 31, 2017. As of December 31, 2017 and March 31, 2017, forfeited non-vested accounts used to offset administrative expenses totaled $1,699 and $2,216, respectively.

9. **Plan Administration.** Administrative expenses totaling $5,839 were paid by the Plan for the period April 1, 2017 to December 31, 2017. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain administrative functions are performed by officers or employees of the Company. No officer or employee receives compensation from the Plan.

10. **Plan Termination.** The Company anticipates and believes that the Plan will continue without interruption but reserves the right to terminate the Plan in whole or in part at any time. In the event of Plan termination, each participant would become fully vested to the extent of the balance in their account, and all accumulated Plan benefits would be disbursed to the participants.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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 reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 or March 31, 2017. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the participant loan balance is reduced and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for discussion on fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments consists of both realized and unrealized gains and losses. Realized gains and losses are measured as the difference between the historical cost of investments sold or redeemed during the year and the proceeds received from their sale or redemption.

Payment of Benefits

Benefits are recorded when paid.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value of investments.

Operating Payable

Amounts payable to participants totaling $3,832 for contributions in excess of amounts allowed by the IRS are recorded as accounts payable as of December 31, 2017, with a corresponding reduction to contributions for the period April 1, 2017 to December 31, 2017. The Plan did not distribute the excess contributions for the period April 1, 2017 to December 31, 2017 prior to March 15, 2018.

Amounts payable to the Plan Sponsor totaling $24,000 for an error in participant contributions are recorded as accounts payable as of December 31, 2017, with a corresponding reduction to contributions for the period April 1, 2017 to December 31, 2017.

Amounts payable to the Plan Sponsor totaling $19 for an error in cash deposit are recorded as accounts payable as of March 31, 2017.

NOTE 3 - INVESTMENTS

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value during the period April 1, 2017 to December 31, 2017, as follows:

Pooled Accounts	$ 1,355,318
Guaranteed Accounts	(1,764)
Life Insurance	18,461
Net appreciation in fair value of investments	$ 1,372,015

NOTE 4 – SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEE OF PLAN ASSETS

The following financial data was certified as complete and accurate by the Trustee of Plan Assets of the Plan as of December 31, 2017 and March 31, 2017 and for the period April 1, 2017 to December 31, 2017 and the year ended March 31, 2017 in accordance with Section 29 CFR 2520.103-5(d) of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

Statement of net assets available for benefits

	December 31, 2017	March 31, 2017
Investments in –		
Pooled accounts	$ 13,952,691	$ 14,627,069
Guaranteed accounts	137,819	211,285
Notes receivable from participants	636,804	616,435
Total net assets available for benefits	$ 14,727,314	$ 15,454,789

Statement of changes in net assets available for plan benefits

Additions to net assets:		
Contributions:		
Employer	$ 328,019	$ 291,291
Participant	561,848	745,189
Rollover	7,510	20,943
	897,377	1,057,423
Net appreciation in fair value of assets	1,353,265	1,620,156
Interest and dividends	787	1,073
Interest income on notes from participants	20,105	25,871
Total additions	2,271,534	2,704,523
Deductions of net assets:		
Benefits paid to participants	2,993,170	993,367
Administrative expenses	5,839	6,050
Total deductions	2,999,009	999,417
Net (decrease) increase in net assets	($ 727,475)	$ 1,705,106

NOTE 4 – SUMMARY OF FINANCIAL DATA CERTIFIED BY THE CUSTODIAN OF PLAN ASSETS (CONTINUED)

Net assets available for benefits

Beginning of year	$ 15,454,789	$ 13,749,683
End of year	$ 14,727,314	$ 15,454,789

NOTE 5 – FEDERAL INCOME TAX STATUS

The Plan adopted the Volume Submitter Profit Sharing Plan with CODA, which obtained its latest determination letter on March 31, 2008. In this letter, the Internal Revenue Service states that the Plan qualifies, in form, under Section 401(a) of the Internal Revenue Code of 1986 as amended (the "Code"), and the underlying trust is therefore exempt from federal income taxes under Section 501(a) of the Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. 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 if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for prior to 2015.

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by John Hancock Life Insurance Company USA, custodian of the Plan's assets; therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for loan and other transaction fees amounted to $7,538 for the year ended December 31, 2017. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment.

NOTE 7 – RECONCILIATION WITH FORM 5500

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

	December 31, 2017	March 31, 2017
Net assets available for benefits per the financial statements	$ 15,388,211	$ 16,413,704
Contributions receivable from employers	-	(2,689)
Benefit claims payable	3,832	
Adjustment from contract value to fair value for John Hancock guaranteed accounts	1,764	2,053
Net assets available for benefits per schedule H of Form 5500	$ 15,393,807	$ 16,413,068

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to Schedule H of Form 5500 for the period April 1, 2017 to December 31, 2017:

Net decrease per the financial statements	($ 1,025,493)
Contributions receivable from employers	2,689
Excess contributions for the period April 1, 2017 to December 31, 2017	3,832
Adjustment from contract value to fair value for John Hancock guaranteed accounts	(289)
Net decrease in net assets available for benefits per schedule H of Form 5500	($ 1,019,261)

NOTE 8 - FAIR VALUE MEASUREMENTS

The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Guidance included in ASC 820-10 "Fair Value Measurements and Disclosures" provides a framework for measuring fair value and establishes a fair value hierarchy that prioritizes the inputs used to measure fair value, giving the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1 inputs) and the lowest priority to unobservable inputs (Level 3 inputs).

Level 1 - The fair value of investments is based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 - Inputs are based on quoted prices for similar investments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 - Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

The 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 March 31, 2017.

Pooled accounts: Valued at unit value of units held by the Plan in subaccounts issued by John Hancock. The unit value is determined by John Hancock at the close of business each day by taking the market value of the total assets in the subaccount and dividing it by the number of units held in the subaccount. The market value of the total assets in the subaccount is based on the net asset value (NAV) of the underlying mutual fund(s) held by the subaccount.

Guaranteed accounts: Valued at the NAV of units held by the Plan as reported by the issuer, John Hancock. The NAV is based on the fair value of the underlying investments held by the fund, primarily federal and other government bonds, corporate bonds, and commercial mortgages, less its liabilities. However, the fund may sell the investment for an amount different than the reported NAV. Transfers and withdrawals prior to the end of the guarantee period may be subject to a market value adjustment.

Life insurance: Valued at cash surrender value, which approximates fair value. Cash surrender value is the value that will be paid to the policy holder in the event the policy is voluntarily terminated before an insured event occurs.

NOTE 8 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

	December 31, 2017			
	Level 1	Level 2	Level 3	Total
Pooled accounts	$ -	$ 13,952,691	$ -	$ 13,952,691
Guaranteed accounts	-	-	136,055	136,055
Life insurance	-	-	457,067	457,067
Total assets at fair value	$ -	$ 13,952,691	$ 593,122	$ 14,545,813

	March 31, 2017			
	Level 1	Level 2	Level 3	Total
Pooled accounts	$ -	$ 14,627,069	$ -	$ 14,627,069
Guaranteed accounts	-	-	209,232	209,232
Life insurance	-	-	629,932	629,932
Total assets at fair value	$ -	$ 14,627,069	$ 839,164	$ 15,466,233

NOTE 8 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth a summary of changes in the fair value of the Plan's Level 3 assets for the period April 1, 2017 to December 31, 2017:

	Guaranteed Accounts	Life Insurance	Total
Balances, April 1, 2017	$ 209,232	$ 629,932	$ 839,164
Net realized and unrealized gains included in investment income	289	18,461	18,750
Purchases	25,285	-	25,285
Sales	(98,751)	(191,326)	(290,077)
Balances, December 31, 2017	$ 136,055	$ 457,067	$ 593,122

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 10 – GUARANTEED ACCOUNTS

The Plan has Guaranteed Accounts considered fully benefit-responsive with John Hancock Life Insurance Company ("John Hancock") that invests in federal and other government bonds, corporate bonds and commercial mortgages. John Hancock maintains the contributions in a general account and allocates to participants' retirement account. Guaranteed Interest Accounts guarantee the return of principal plus compound interest earned over a defined term – 3, 5 or 10 years – provided all contributions remain in the account until the end of the guarantee period. Guaranteed interest rates are based upon the claims paying ability of the issuing company, John Hancock. Guaranteed interest accounts are not insured by the Federal Deposit Insurance Corporation (FDIC).

NOTE 10 – GUARANTEED ACCOUNTS (CONTINUED)

Interest rates are established on the first day of each calendar month and apply to all regular ongoing contributions made to the account in that month. The composite interest rates ranged from 0.84% - 1.38% and 0.54% - 1.04% as of December 31, 2017 and March 31, 2017, respectively. The composite interest rate is a dollar-weighted average rate of all contributions to that Guaranteed Account during the reporting year. After the end of each reporting year, contributions made will continue to earn that reporting year's composite interest rate until the end of the guaranteed term.

The fund is included on the 5500 form at contract value as reported to the Plan by John Hancock. Contract value represents aggregate Guaranteed Accounts of all contributions made plus interest earned on those contributions, less all contract asset charges, fees and any previous withdrawals. Fair value is determined using a formula that incorporates prevailing interest rates. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

NOTE 11 – SUBSEQUENT EVENTS

Subsequent events have been evaluated by the Company's management through October 10, 2018, the date these financial statements were available to be issued. No material subsequent events have occurred since December 31, 2017 that required recognition or disclosure in the current period financial statements.

SUPPLEMENTAL INFORMATION

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 95-2592162
PLAN # 001

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
	Pooled accounts:			
*	John Hancock	Money Market Fund	$ **	$ 1,092,666
*	John Hancock	Retirement Living Through 2010	**	990
*	John Hancock	Retirement Living Through 2020	**	17,439
*	John Hancock	Retirement Living Through 2025	**	24,162
*	John Hancock	Retirement Living Through 2030	**	49,972
*	John Hancock	Retirement Living Through 2035	**	14,673
*	John Hancock	Retirement Living Through 2040	**	69,485
*	John Hancock	Retirement Living Through 2045	**	34,321
*	John Hancock	Retirement Living Through 2050	**	19,200
*	John Hancock	Retirement Living Through 2055	**	54,823
*	John Hancock	Retirement Living Through 2060	**	773
*	John Hancock	Lifestyle-Conservative Fund	**	933,584
*	John Hancock	Lifestyle-Moderate Fund	**	928,485
*	John Hancock	Lifestyle-Balanced Fund	**	3,100,968
*	John Hancock	Lifestyle-Growth Fund	**	4,407,078
*	John Hancock	Lifestyle-Aggressive Fund	**	882,241
*	John Hancock	T. Rowe Price Spectrum Income Fund	**	4,991
*	John Hancock	Western Asset Management High Yield Fund	**	28,531
*	John Hancock	Vanguard Short-Term Federal Fund	**	4,054
*	John Hancock	American Funds Balanced Fund	$ **	$ 178

* *Party-in-interest.*
** *Historical cost information is not required for participant directed investment funds.*

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 95-2592162
PLAN # 001

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
	Pooled accounts (continued):			
*	John Hancock	American Funds Investment Company of America	$ **	$ 660
*	John Hancock	Templeton Mutual Beacon Fund	**	59,005
*	John Hancock	Fidelity Advisor Total Bond Fund	**	9,484
*	John Hancock	Templeton Mutual Gobal Discovery Fund	**	200,709
*	John Hancock	Fidelity Contra Fund	**	82,815
*	John Hancock	American Funds Growth Fund of America	**	29,888
*	John Hancock	Templeton World Fund	**	2,680
*	John Hancock	American Century Heritage Fund	**	16,003
*	John Hancock	MFS Utilities Fund	**	21,804
*	John Hancock	Domini Social Equity Fund	**	215,517
*	John Hancock	Oppenheimer Global Fund	**	59,507
*	John Hancock	T. Rowe Price Small Cap Value Fund	**	89,292
*	John Hancock	J.P. Morgan Mid Cap Value Fund	**	31,009
*	John Hancock	Vanguard Small Cap Growth Index Fund	**	5,627
*	John Hancock	American Funds Euro Pacific Growth Fund	**	6,466
*	John Hancock	T. Rowe Price Health Science Fund	**	24,984
*	John Hancock	Legg Mason Clear BR Aggressive Growth Fund	**	51,729
*	John Hancock	T. Rowe Price Equity Income Fund	**	8,351
*	John Hancock	Invesco Small Cap Growth Fund	**	35,011
*	John Hancock	Disciplined Value Fund	$ **	$ 75,927

* *Party-in-interest.*
** *Historical cost information is not required for participant directed investment funds.*

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 95-2592162
PLAN # 001

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
	Pooled accounts (continued):			
*	John Hancock	T. Rowe Price Science & Technology Fund	$ **	$ 66,387
*	John Hancock	Oppenheimer Developing Markets Fund	**	82
*	John Hancock	500 Index Fund	**	202,996
*	John Hancock	Fundamental Large Cap Value Fund	**	958
*	John Hancock	Wellington Mid Cap Stock Fund	**	45,978
*	John Hancock	D.F.A. US Small Cap Fund	**	35,332
*	John Hancock	Total Stock Market Index Fund	**	63,373
*	John Hancock	T. Rowe Price Blue Chip Growth Fund	**	26,638
*	John Hancock	Fundamental All Cap Core Fund	**	99,424
*	John Hancock	Jennison Capital Appreciation Fund	**	6,682
*	John Hancock	Deutsche Real Est. Securities Fund	**	154,785
*	John Hancock	Templeton Small-Mid Growth Fund	**	10,223
*	John Hancock	Templeton International Value Fund	**	19,163
*	John Hancock	Invesco International Growth Fund	**	19,364
*	John Hancock	Templeton International Small Cap Fund	**	2,725
*	John Hancock	Pimco Real Return Fund	**	533
*	John Hancock	Wellington U.S. Growth Equity Fund	**	191
*	John Hancock	Wellington Small Cap Value Fund	**	349
*	John Hancock	Index International Fund	**	1,482
*	John Hancock	Small Cap Index Fund	$ **	$ 1,753

* *Party-in-interest.*
** *Historical cost information is not required for participant directed investment funds.*

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 95-2592162
PLAN # 001

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
	Pooled accounts (continued):			
*	John Hancock	Financial Industries Fund	**	$ 2,385
*	John Hancock	American Funds Washington Mutual Investors Fund	**	189
*	John Hancock	J.P. Morgan US Equity Fund	**	218,395
*	John Hancock	Midcap Index Fund	**	278,222
				13,952,691
	Guaranteed accounts:			
*	John Hancock	Ten Year Guaranteed Account	**	6,212
*	John Hancock	Five Year Guaranteed Account	**	11,165
*	John Hancock	Three Year Guaranteed Account	**	118,678
				136,055
	Metropolitan Life Insurance Company:	Life insurance policies	**	457,067
*	John Hancock	Cash and cash equivalents	**	4,401
	Notes receivable from participants:	Loans to participants with maturity dates less than 5 years and interest rates of 4.25% - 5.25%.	$ 0	636,804
				$ 15,187,018

* *Party-in-interest.*
** *Historical cost information is not required for participant directed investment funds.*

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
EIN: 95-2592162
PLAN # 001

DECEMBER 31, 2017

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Costs of acquisitions	(d) Proceeds of dispositions
Participant Loans	Loans to participants with maturity dates less than 5 years and interest rates of 4.25-5.25%.	$ 0	$ 0

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 04/01/2017 and ending 12/31/2017

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/31/1961

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)

BAKER'S BURGERS, INC

4210 RIVERWALK PARKWAY, SUITE 120

RIVERSIDE CA 92505

2b Employer Identification Number (EIN) 95-2592162

2c Plan Sponsor's telephone number 909-884-7241

2d Business code (see instructions) 236110

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	Signature of plan administrator	10/12/18 Date	Adrienne Lindgren Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year	5	794
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	740
a(2) Total number of active participants at the end of the plan year	6a(2)	757
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	61
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	818
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	818
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	347
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	7
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 2H 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)		9b Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	(1)	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	(2)	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	(3)	[X] Trust
(4)	[ ] General assets of the sponsor	(4)	[ ] General assets of the sponsor

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

a Pension Schedules

(1) [X] R (Retirement Plan Information)

(2) [ ] MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] H (Financial Information)

(2) [ ] I (Financial Information – Small Plan)

(3) [X] 2 A (Insurance Information)

(4) [X] C (Service Provider Information)

(5) [X] 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 OF INVESTMENT ASSETS BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR

BAKER'S BURGERS, INC.
PROFIT SHARING 401(K) PLAN

PLAN # 001

PLAN YEAR END 12/31/2017 5500 ATTACHMENT SCHEDULE 2 SCHEDULE H # 4 (i)

(a) Identity of issue, borrower lessor, or similar party	(b) Description of investment including maturity date rate of interest, collateral, par or maturity value	(c) Cost of acquisitions	(d) Proceeds of dispositions
		-	-

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

BAKER'S BURGERS, INC.
PROFIT SHARING 401(K) PLAN

PLAN # 001 # 95-2592162

PLAN YEAR END 12/31/17 5500 ATTACHMENT SCHEDULE 1 SCHEDULE H # 4 (i)

(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
-0-	JOHN HANCOCK	RETIREMENT LIVING THROUGH 2010	963.00	990.00
-0-	JOHN HANCOCK	RETIREMENT LIVING THROUGH 2020	15,004.00	17,439.00
-0-	JOHN HANCOCK	RETIREMENT LIVING THROUGH 2025	20,007.00	24,162.00
-0-	JOHN HANCOCK	RETIREMENT LIVING THROUGH 2030	41,141.00	49,972.00
-0-	JOHN HANCOCK	RETIREMENT LIVING THROUGH 2035	12,070.00	14,673.00
-0-	JOHN HANCOCK	RETIREMENT LIVING THROUGH 2040	54,955.00	69,485.00
-0-	JOHN HANCOCK	RETIREMENT LIVING THROUGH 2045	28,815.00	34,321.00
0	JOHN HANCOCK	RETIREMENT LIVING THROUGH 2050	15,675.00	19,200.00
-0-	JOHN HANCOCK	RETIREMENT LIVING THROUGH 2055	46,188.00	54,823.00
-0-	JOHN HANCOCK	RETIREMENT LIVING THROUGH 2060	732.00	773.00
-0-	JOHN HANCOCK	LIFESTYLE-CONSERVATIVE FUND	850,547.00	933,584.00
-0-	JOHN HANCOCK	LIFESTYLE-MODERATE FUND	809,546.00	928,485.00
-0-	JOHN HANCOCK	LIFESTYLE-BALANCED FUND	2,752,834.00	3,100,968.00
-0-	JOHN HANCOCK	LIFESTYLE-GROWTH FUND	3,552,794.00	4,407,078.00
-0-	JOHN HANCOCK	LIFESTYLE-AGGRESSIVE FUND	694,229.00	882,241.00
-0-	JOHN HANCOCK	TEN YEAR GUARANTEED ACCT.	6,212.00	6,212.00
-0-	JOHN HANCOCK	FIVE YEAR GUARANTEED ACCT.	11,165.00	11,165.00
-0-	JOHN HANCOCK	THREE YEAR GUARANTEED ACCT.	120,442.00	120,442.00
-0-	JH T. ROWE PRICE	SPECTRUM INCOME FUND	4,592.00	4,991.00
-0-	JH WESTERN ASSET MANG.	HIGH YIELD FUND	25,794.00	28,531.00
-0-	JH VANGUARD	SHORT-TERM FEDERAL FUND	4,028.00	4,054.00
-0-	JH AMERICAN FUNDS	AM BALANCED FUND	147.00	178.00
-0-	JH AMERICAN FUNDS	INVESTMENT COMPANY OF AMERICA	514.00	660.00
-0-	JH FRANKLIN TEMPLETON	MUTUAL BEACON FUND	47,467.00	59,005.00
-0-	J.H. FIDELITY ADVISOR	TOTAL BOND FUND	9,106.00	9,484.00
-0-	JH FRANKLIN TEMPLETON	MUTUAL GLOBAL DISCOVERY FUND	172,107.00	200,709.00
-0-	JH FIDELITY	CONTRA FUND	57,469.00	82,815.00
-0-	JH AMERICAN FUNDS	GROWTH FUND OF AMERICA	21,872.00	29,888.00
-0-	JH FRANKLIN TEMPLETON	WORLD FUND	2,394.00	2,680.00
-0-	J.H. AMERICAN CENTURY	HERITAGE FUND	12,433.00	16,003.00
-0-	JH MFS	UTILITIES FUND	20,218.00	21,804.00
-0-	JH DOMINI	SOCIAL EQUITY FUND	176,610.00	215,517.00
-0-	JH OPPENHEIMER	GLOBAL FUND	46,583.00	59,507.00
-0-	JH T. ROWE PRICE	SMALL CAP VALUE FUND	69,890.00	89,292.00
-0-	JH J.P. MORGAN	MID CAP VALUE FUND	24,202.00	31,009.00
-0-	JH VANGUARD	SMALL CAP GROWTH INDEX FUND	4,850.00	5,627.00
-0-	JH AMERICAN FUNDS	EURO PACIFIC GROWTH FUND	5,331.00	6,466.00
-0-	JH T. ROWE PRICE	HEALTH SCIENCE FUND	19,521.00	24,984.00
-0-	JH LEGG MASON	CLEAR BR AGGRESSIVE GROWTH FUND	49,000.00	51,729.00

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

BAKER'S BURGERS, INC.
PROFIT SHARING 401(K) PLAN

PLAN # 001 # 95-2592162

PLAN YEAR END 12/31/17 5500 ATTACHMENT SCHEDULE 1 SCHEDULE H # 4 (i)

(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
-0-	JH T. ROWE PRICE	EQUITY INCOME FUND	6,560.00	8,351.00
-0-	J.H. INVESCO	SMALL CAP GROWTH FUND	25,448.00	35,011.00
-0-	JOHN HANCOCK	DISCIPLINED VALUE FUND	62,631.00	75,927.00
-0-	JH T. ROWE PRICE	SCIENCE & TECHNOLOGY FUND	40,686.00	66,387.00
-0-	JH OPPENHEIMER	DEVELOPING MARKETS FUND	72.00	82.00
-0-	JOHN HANCOCK	MONEY MARKET FUND	1,098,124.00	1,092,666.00
-0-	JOHN HANCOCK	500 INDEX FUND	149,553.00	202,996.00
-0-	JOHN HANCOCK	FUNDAMENTAL LARGE CAP VALUE FUND	761.00	958.00
-0-	J.H. WELLINGTON	MID CAP STOCK FUND	35,666.00	45,978.00
-0-	J.H. D.F.A.	US SMALL CAP FUND	27,186.00	35,332.00
-0-	JOHN HANCOCK	TOTAL STOCK MARKET INDEX FUND	47,698.00	63,373.00
-0-	J.H. T. ROWE PRICE	BLUE CHIP GROWTH FUND	17,814.00	26,638.00
-0-	JOHN HANCOCK	FUNDAMENTAL ALL CAP CORE FUND	68,419.00	99,424.00
-0-	J.H. JENNISON	CAPITAL APPRECIATION FUND	4,387.00	6,682.00
-0-	J.H. DEUTSCHE	REAL EST. SECURITIES FUND	127,915.00	154,785.00
-0-	JH FRANKLIN TEMPLETON	SMALL-MID GROWTH FUND	8,763.00	10,223.00
-0-	JH FRANKLIN TEMPLETON	INTERNATIONAL VALUE FUND	17,215.00	19,163.00
-0-	J.H. INVESCO	INTERNATIONAL GROWTH FUND	17,033.00	19,364.00
-0-	JH FRANKLIN TEMPLETON	INTERNATIONAL SMALL CAP FUND	2,274.00	2,725.00
-0-	J.H. PIMCO	REAL RETURN FUND	521.00	533.00
-0-	J.H. WELLINGTON	U.S. GROWTH EQUITY FUND	153.00	191.00
-0-	J.H. WELLINGTON	SMALL CAP VALUE FUND	295.00	349.00
-0-	J.H. INVESCO	VALUE FUND	-	-
-0-	JOHN HANCOCK	SMALL CAP INDEX FUND	1,624.00	1,753.00
-0-	JOHN HANCOCK	FINANCIAL INDUSTRIES FUND	1,784.00	2,385.00
-0-	J.H. AMERICAN FUNDS	WASHINGTON MUTUAL INVESTORS FUND	153.00	189.00
-0-	J.H. J. P. MORGAN	US EQUITY FUND	163,687.00	218,395.00
-0-	JOHN HANCOCK	MIDCAP INDEX FUND	267,941.00	278,222.00
-0-	JOHN HANCOCK	INDEX INTERNATIONAL	1,440.00	1,482.00
-0-	JOHN HANCOCK	PARTICIPANT LOANS - 4.25% TO 5.25% INT.		636,804.00
-0-	JOHN HANCOCK	CASH ACCOUNT	4,401.00	4,401.00
-0-	MET LIFE	CASH VALUE LIFE INS. 11 POLICIES	457,067.00	457,067.00
		TOTAL INVESTMENTS	12,464,718.00	15,188,782.00