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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2017</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                    | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>         |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                              | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                                  | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . . ▶ <input checked="" type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                           |
| <b>D</b> Check box if filing under:                                                                              | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                      |                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                       | <b>Basic Plan Information</b> —enter all requested information      |                                                                                      |                                                             |
| <b>1a</b> Name of plan<br><u>MORRISON PRODUCTS, INC. PARTICIPATING FACILITY HOURLY-WAGE EMPLOYEES PENSION PLAN</u>                                                                                                                                                                                                                                                   | <b>1b</b> Three-digit plan number (PN) ▶                            | <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                      | <b>1c</b> Effective date of plan<br><u>07/18/1972</u>               |                                                                                      |                                                             |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>MORRISON PRODUCTS, INC.</u><br><br><u>16900 S WATERLOO RD</u><br><u>CLEVELAND, OH 44110-3808</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>34-0397700</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>216-486-4000</u>                     | <b>2d</b> Business code (see instructions)<br><u>333410</u> |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/12/2018 | JOSEPH MILITELLO                                             |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/12/2018 | JOSEPH MILITELLO                                             |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2017)  
v. 170203

|                                                                                                                                                                                                                                                                                        |                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                               | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                | <b>5</b> 463                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                       |                                                                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                | <b>6a(1)</b> 244                                                                                                                                                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      | <b>6a(2)</b> 248                                                                                                                                                 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                    | <b>6b</b> 61                                                                                                                                                     |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                     | <b>6c</b> 158                                                                                                                                                    |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                            | <b>6d</b> 467                                                                                                                                                    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             | <b>6e</b> 6                                                                                                                                                      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ....                                                                                                                                                                                                                               | <b>6f</b> 473                                                                                                                                                    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                        | <b>6g</b>                                                                                                                                                        |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                             | <b>6h</b> 26                                                                                                                                                     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                    | <b>7</b>                                                                                                                                                         |

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

1B

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

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

Round off amounts to nearest dollar.  
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                 |                                                                  |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>MORRISON PRODUCTS, INC. PARTICIPATING FACILITY HOURLY-WAGE EMPLOYEES PENSION PLAN</div> | <div>B Three-digit plan number (PN) 002</div>                    |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br/>MORRISON PRODUCTS, INC.</div>        | <div>D Employer Identification Number (EIN)<br/>34-0397700</div> |

|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                    |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I Basic Information                                                                                                                                                                           |                            |                           |                          |
| 1 Enter the valuation date: Month 01 Day 01 Year 2017                                                                                                                                              |                            |                           |                          |
| 2 Assets:                                                                                                                                                                                          |                            |                           |                          |
| a Market value                                                                                                                                                                                     | 2a                         | 9969399                   |                          |
| b Actuarial value                                                                                                                                                                                  | 2b                         | 10097320                  |                          |
| 3 Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment                                                                                                                                     | 64                         | 2035728                   | 2035728                  |
| b For terminated vested participants                                                                                                                                                               | 155                        | 1653786                   | 1653786                  |
| c For active participants                                                                                                                                                                          | 244                        | 3176195                   | 3455162                  |
| d Total                                                                                                                                                                                            | 463                        | 6865709                   | 7144676                  |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b):                                                                                                                  |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5 Effective interest rate                                                                                                                                                                          | 5                          | 6.02 %                    |                          |
| 6 Target normal cost                                                                                                                                                                               | 6                          | 182768                    |                          |

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

|                                                                     |                                                   |
|---------------------------------------------------------------------|---------------------------------------------------|
| <div>SIGN HERE</div>                                                | <div>08/21/2018</div>                             |
| <div>DAVID R. JARRETT</div>                                         | <div>Date</div>                                   |
| <div>Signature of actuary</div>                                     | <div>17-04821</div>                               |
| <div>Type or print name of actuary</div>                            | <div>Most recent enrollment number</div>          |
| <div>BUCK GLOBAL, LLC</div>                                         | <div>412-281-2506</div>                           |
| <div>Firm name</div>                                                | <div>Telephone number (including area code)</div> |
| <div>11 STANWIX STREET<br/>SUITE 700<br/>PITTSBURGH, PA 15222</div> |                                                   |
| <div>Address of the firm</div>                                      |                                                   |

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

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 333046                | 1637151                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 333046                | 1637151                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>5.21</u> % .....                                                                                 | 17352                 | 85296                  |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 489882                 |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.22</u> % ..... |                       | 30471                  |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 520353                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 350398                | 1722447                |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 112.31% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 141.32% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 123.46% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 05/23/2017               | 550000                            | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 550000                            | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |        |
|-------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                    | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 537633 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.16 %                                                                                                                       | 2nd segment:<br>5.72 % | 3rd segment:<br>6.48 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                                                                                                                                              |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age.....  |                                                                                                                                              |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 182768             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 182768             |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 537633             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 537633             |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

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

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

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

|                                                                                                            |                                                             |     |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017                 |                                                             |     |
| <b>A</b> Name of plan<br>MORRISON PRODUCTS, INC. PARTICIPATING FACILITY HOURLY-WAGE EMPLOYEES PENSION PLAN | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
|                                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MORRISON PRODUCTS, INC.                   | <b>D</b> Employer Identification Number (EIN)<br>34-0397700 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| KEYBANK NATIONAL ASSOCIATION                                                                                      |
| 34-6671441                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</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

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**(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

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**(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

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**(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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**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.

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                           |                                                                                                                                                                                                                          |                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                                   |                                                                            |            |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>MORRISON PRODUCTS, INC. PARTICIPATING FACILITY HOURLY-WAGE EMPLOYEES PENSION PLAN</u> | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>MORRISON PRODUCTS, INC.</u>            | <b>D</b> Employer Identification Number (EIN)<br><u>34-0397700</u>         |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: KEYBANK TRUST MULT.INV.TRST. EE BEN

**b** Name of sponsor of entity listed in (a): KEYBANK NATIONAL ASSOCIATION

|                                       |                               |                                                                                                                                                      |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>34-6514544-001</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>147890</u></span> |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: KEYBANK EB MAN.GUARANTEED INC.FUND

**b** Name of sponsor of entity listed in (a): KEYBANK NATIONAL ASSOCIATION

|                                       |                               |                                                                                                                                                       |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>34-6903863-002</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>2206973</u></span> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

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

**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  
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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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>MORRISON PRODUCTS, INC. PARTICIPATING FACILITY HOURLY-WAGE EMPLOYEES PENSION PLAN</u>                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>002</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MORRISON PRODUCTS, INC.</u>                                                                                                                                                                          | <b>D</b> Employer Identification Number (EIN)<br><u>34-0397700</u>                                                                                                                                                                                                           |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |  | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                               |  |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                 |  |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |  | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |  |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |  |                       |                 |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |  |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                  |  | 279                   | 149             |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |  |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |  | 241011                | 147890          |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>                  |  | 40016                 | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |  |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |  |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>               |  |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |  |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |  |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |  |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>                  |  | 2168222               | 2206973         |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>                 |  |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |  |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |  |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                 |  | 7519870               | 8821324         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |  |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |  |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year  |
|--------------------|------------------------------------------------------------------|-----------------------|------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                  |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                  |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                  |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                  |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 9969398 11176336 |
| <b>Liabilities</b> |                                                                  |                       |                  |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                  |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                  |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                  |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                  |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0              |
| <b>Net Assets</b>  |                                                                  |                       |                  |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 9969398 11176336 |

**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.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 550000    |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> |           |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> |           |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 550000    |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> | 2519      |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> | 34        |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> |           |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 2553      |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> | 169915    |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 169915    |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 989853    |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> | 989869    |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | -16       |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0         |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> | 0         |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | 38752     |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 684785    |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 1445989   |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 239051 |        |
| (2) To insurance carriers for the provision of benefits .....                       | 2e(2) |        |        |
| (3) Other .....                                                                     | 2e(3) |        |        |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |        | 239051 |
| f Corrective distributions (see instructions) .....                                 | 2f    |        |        |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |        |        |
| h Interest expense.....                                                             | 2h    |        |        |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) |        |        |
| (2) Contract administrator fees .....                                               | 2i(2) |        |        |
| (3) Investment advisory and management fees .....                                   | 2i(3) |        |        |
| (4) Other .....                                                                     | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 0      |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 239051 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 1206938 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan.....                                    | 2l(1) |  |         |
| (2) From this plan .....                                 | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: MEADEN & MOORE, LTD

(2) EIN: 34-1818258

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

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

**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 4135006. (See instructions.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                                   |                                                                    |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>MORRISON PRODUCTS, INC. PARTICIPATING FACILITY HOURLY-WAGE EMPLOYEES PENSION PLAN</u> | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MORRISON PRODUCTS, INC.</u>                   | <b>D</b> Employer Identification Number (EIN)<br><u>34-0397700</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>34-6671441</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> | <u>0</u> |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                                        |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                                        |                                         |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                                        |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                             |                                   |                                   |                               |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2017  
v. 170203

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

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

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

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

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

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



## **INDEPENDENT AUDITOR'S REPORT**

To the Participants and Administrators of  
Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan, which comprise the Statement of Net Assets Available for Benefits as of December 31, 2017 and 2016, and the related Statement of Changes in Net Assets Available for Benefits for the years ended December 31, 2017 and 2016, 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

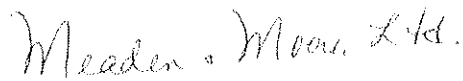
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

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

## **Report on Supplementary Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedule of Assets Held for Investment Purposes at End of Year and Schedule of Reportable Transactions are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Meaden & Moore, Ltd.  
Cleveland, Ohio

October 8, 2018

The Morrison Products, Inc. Participating Facility Hourly-Wage  
Employees' Pension Plan  
EIN / PN: 34-0397700 / 002

Schedule SB, Line 26 – Schedule of Active Participant Data

| Attained Age | Years of Credited Service |         |       |       |         |         |         |         |         |         |         |
|--------------|---------------------------|---------|-------|-------|---------|---------|---------|---------|---------|---------|---------|
|              |                           | Under 1 | 1 - 4 | 5 - 9 | 10 - 14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 & up |
| Under 25     | Number                    | 14      | 10    | 0     | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 25 to 29     | Number                    | 4       | 11    | 1     | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 30 to 34     | Number                    | 4       | 20    | 3     | 5       | 0       | 0       | 0       | 0       | 0       | 0       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 35 to 39     | Number                    | 1       | 11    | 1     | 4       | 2       | 0       | 0       | 0       | 0       | 0       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 40 to 44     | Number                    | 4       | 6     | 2     | 7       | 6       | 3       | 0       | 0       | 0       | 0       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 45 to 49     | Number                    | 4       | 16    | 1     | 6       | 9       | 4       | 0       | 0       | 0       | 0       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 50 to 54     | Number                    | 1       | 7     | 4     | 8       | 6       | 3       | 1       | 0       | 0       | 0       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 55 to 59     | Number                    | 2       | 2     | 0     | 6       | 8       | 3       | 1       | 1       | 1       | 0       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 60 to 64     | Number                    | 1       | 1     | 1     | 5       | 7       | 3       | 3       | 0       | 5       | 1       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 65 to 69     | Number                    | 0       | 0     | 0     | 0       | 1       | 0       | 0       | 0       | 0       | 2       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 70 & up      | Number                    | 0       | 0     | 0     | 0       | 0       | 0       | 0       | 0       | 1       | 0       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| Total        | Number                    | 35      | 84    | 13    | 41      | 39      | 16      | 5       | 1       | 7       | 3       |

Average compensation not shown since the plan has less than 1,000 active participants.

The Morrison Products, Inc. Participating Facility Hourly-Wage  
Employees' Pension Plan  
EIN / PN: 34-0397700 / 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

**Funding interest rates**

For 2017 Plan Year: Segment Rates with no lookback, constrained in accordance with relevant legislation as follows:

|                     | Unconstrained Rates* | Rates Reflecting Corridor** |
|---------------------|----------------------|-----------------------------|
| First Segment Rate  | 1.57%                | 4.16%                       |
| Second Segment Rate | 3.77%                | 5.72%                       |
| Third Segment Rate  | 4.73%                | 6.48%                       |
| Effective Rate      | 4.24%                | 6.02%                       |

For 2016 Plan Year: Segment Rates with no lookback, constrained in accordance with relevant legislation as follows:

|                     | Unconstrained Rates* | Rates Reflecting Corridor** |
|---------------------|----------------------|-----------------------------|
| First Segment Rate  | 1.41%                | 4.43%                       |
| Second Segment Rate | 3.96%                | 5.91%                       |
| Third Segment Rate  | 4.97%                | 6.65%                       |
| Effective Rate      | 4.46%                | 6.22%                       |

\* Used for maximum tax-deduction purposes

\*\* Used for minimum funding and benefit restriction purposes. See Appendix D under Segment Rate

**Mortality**

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, using the blended annuitant/non-annuitant table applicable to small plans.

**Actuarial cost method**

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan expenses to be paid from plan assets during the year.

**The Morrison Products, Inc. Participating Facility Hourly-Wage  
Employees' Pension Plan  
EIN / PN: 34-0397700 / 002**

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
(continued)**

**Non-Prescribed Funding Assumptions and Methods**

**The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA.**

**Demographic assumptions were selected to be best estimate assumptions based on Morrison Products' population and general expectations with respect to similarly situated populations, based on industry, geography, and benefit level. Actual experience is reviewed each year and compared to the assumptions. Changes are made, as appropriate, based on this review.**

**Benefit multiplier load factor**

For the Cleveland group, the benefit multiplier was increased by 4.170% to reflect future benefit multiplier increases for purposes of calculating the maximum contribution. This is based on the average benefit multiplier increases over the past 6 years.

**Expenses**

The plan sponsor is expected to pay all plan expenses.

**Frequency of optional payment forms**

100% of married male participants and 25% of married female participants are assumed to elect the Joint and 100% Survivor form of payment, and the remainder is assumed to elect the Single Life Annuity upon retirement.

**Marital percentage**

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

**Retirement rates**

| <b>Age</b> | <b>Rate</b> |
|------------|-------------|
| 60         | 5.00%       |
| 61         | 5.00%       |
| 62         | 40.00%      |
| 63         | 20.00%      |
| 64         | 20.00%      |
| 65         | 100.00%     |

Terminated vested participants are assumed to commence receiving benefits at age 65.

The Morrison Products, Inc. Participating Facility Hourly-Wage  
Employees' Pension Plan  
EIN / PN: 34-0397700 / 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
(continued)

Non-Prescribed Funding Assumptions and Methods (continued)

**Disability rates**

1964 OASDI Disability for Males. Sample rates are as follows.

| Age | Male  |
|-----|-------|
| 25  | 0.09% |
| 30  | 0.11% |
| 35  | 0.15% |
| 40  | 0.22% |
| 45  | 0.36% |
| 50  | 0.61% |
| 55  | 1.01% |
| 60  | 1.63% |
| 65  | 2.32% |

**Withdrawal rates**

Based on experience. Sample rates as follows:

Cleveland Division:

| Age | Rate   |
|-----|--------|
| 20  | 24.05% |
| 25  | 6.05%  |
| 30  | 3.30%  |
| 35  | 2.30%  |
| 40  | 2.00%  |
| 45  | 1.40%  |
| 50  | 0.90%  |
| 55  | 0.70%  |
| 60  | 0.10%  |

Interpolated between ages

The Morrison Products, Inc. Participating Facility Hourly-Wage  
Employees' Pension Plan  
EIN / PN: 34-0397700 / 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
(continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Dallas/Atlanta Division:

| Age | Male   | Female |
|-----|--------|--------|
| 20  | 12.03% | 24.05% |
| 25  | 3.03%  | 6.05%  |
| 30  | 1.65%  | 3.30%  |
| 35  | 1.15%  | 2.30%  |
| 40  | 1.00%  | 2.00%  |
| 45  | 0.70%  | 1.40%  |
| 50  | 0.45%  | 0.90%  |
| 55  | 0.35%  | 0.70%  |
| 60  | 0.05%  | 0.10%  |

Interpolated between ages

**Asset valuation method**

The Actuarial Value of Assets is market value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in each of the prior 2 years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

|                      | Actuary's Assumption | Third Segment Rate | Reflecting PPA Limit |
|----------------------|----------------------|--------------------|----------------------|
| 2017 Expected Return | 5.00%                | 6.48%              | 5.00%                |
| 2016 Expected Return | 5.00%                | 6.65%              | 5.00%                |
| 2015 Expected Return | 5.00%                | 6.81%              | 5.00%                |

**Future actuarial measurements**

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

**Summary of Changes from the January 1, 2016 Valuation**

The interest rate and mortality tables were updated to those applicable to the current year in accordance with relevant legislation. These changes increased the Funding Target by approximately \$290,000.

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

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

▶ Round off amounts to nearest dollar.

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

|                                                                                                                                                         |                                                                                                                                                                                                                                                                                                            |                                         |     |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----|-------------------------------------------------------------|--|
| <b>A</b> Name of plan<br>MORRISON PRODUCTS, INC. PARTICIPATING FACILITY HOURLY-WAGE EMPLOYEES' PENSION PLAN                                             | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>B</b> Three-digit plan number (PN) ▶</td> <td style="width:40%; text-align: center;">002</td> </tr> <tr> <td colspan="2"><b>D</b> Employer Identification Number (EIN)<br/>34-0397700</td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ▶ | 002 | <b>D</b> Employer Identification Number (EIN)<br>34-0397700 |  |
| <b>B</b> Three-digit plan number (PN) ▶                                                                                                                 | 002                                                                                                                                                                                                                                                                                                        |                                         |     |                                                             |  |
| <b>D</b> Employer Identification Number (EIN)<br>34-0397700                                                                                             |                                                                                                                                                                                                                                                                                                            |                                         |     |                                                             |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>MORRISON PRODUCTS, INC.                                                     |                                                                                                                                                                                                                                                                                                            |                                         |     |                                                             |  |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                                                                                                                                                                                                                                                            |                                         |     |                                                             |  |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |                                                                                                                                                                                                                                                                                                            |                                         |     |                                                             |  |

|                                                                                                                                                                                                          |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                          |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>                                                                                                                        |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                         |                            |                           |                          |
| a Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 9,969,399                 |                          |
| b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 10,097,320                |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                      | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 64                         | 2,035,728                 | 2,035,728                |
| b For terminated vested participants .....                                                                                                                                                               | 155                        | 1,653,786                 | 1,653,786                |
| c For active participants .....                                                                                                                                                                          | 244                        | 3,176,195                 | 3,455,162                |
| d Total .....                                                                                                                                                                                            | 463                        | 6,865,709                 | 7,144,676                |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                         |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                   | <b>5</b>                   | 6.02%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                        | <b>6</b>                   | 182,768                   |                          |

**Statement by Enrolled Actuary**

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

|                                                                                                                                                                            |                                          |                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                                                                           | David R. Jarrett<br>Signature of actuary | <div style="text-align: center;"> <br/> <u>8/21/2018</u><br/>         Date<br/>         1704821<br/>         Most recent enrollment number<br/>         412-281-2506<br/>         Telephone number (including area code)       </div> |
| DAVID R. JARRETT<br>Type or print name of actuary<br><br>Buck Global, LLC<br>Firm name<br><br>11 STANWIX STREET<br>SUITE 700<br>PITTSBURGH PA 15222<br>Address of the firm |                                          |                                                                                                                                                                                                                                       |

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

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 333,046               | 1,637,151              |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                                                                | 333,046               | 1,637,151              |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>5.21%</u> .....                                                                                 | 17,352                | 85,296                 |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 489,882                |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.22%</u> ..... |                       | 30,471                 |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 520,353                |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections.....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 350,398               | 1,722,447              |

**Part III Funding Percentages**

|                                                                                                                                                                           |           |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 112.31% |
| <b>15</b> Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 141.32% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 123.46% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 05/23/2017               | 550,000                           | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 550,000                           | <b>18(c)</b> 0                  |

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

|                                                                                                                        |            |         |
|------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 537,633 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---------|---------|---------|---------|
|         |         |         |         |

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

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.16 % | 2nd segment:<br>5.72 % | 3rd segment:<br>6.48 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           |                     | <b>31a</b>         | 182,768       |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                     | <b>31b</b>         | 182,768       |
| <b>32</b> Amortization installments:                                                                                                                                                 |                     |                    |               |
|                                                                                                                                                                                      | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                     | <b>33</b>          |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         |                     | <b>34</b>          | 0             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  |                     | <b>36</b>          | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  |                     | <b>37</b>          | 537,633       |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                     | <b>38a</b>         | 537,633       |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                     | <b>38b</b>         | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                     | <b>39</b>          | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                     | <b>40</b>          | 0             |

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

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

The Morrison Products, Inc. Participating Facility Hourly-Wage  
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Schedule SB, Line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan.

| (1)<br>Age                                                    | (2)<br>Expected<br>Active<br>Headcount | (3)<br>Retirement<br>Rate | (4)<br>Expected<br>Retirements<br>(2)*(3) | (5)<br>Weighted Age<br>(1)*(4) |
|---------------------------------------------------------------|----------------------------------------|---------------------------|-------------------------------------------|--------------------------------|
| 60                                                            | 154.6226                               | 0.0473                    | 7.3192                                    | 439.1507                       |
| 61                                                            | 150.0996                               | 0.0475                    | 7.1257                                    | 434.6671                       |
| 62                                                            | 143.5260                               | 0.3793                    | 54.4458                                   | 3,375.6380                     |
| 63                                                            | 94.4340                                | 0.1867                    | 17.6326                                   | 1,110.8539                     |
| 64                                                            | 80.1378                                | 0.1868                    | 14.9695                                   | 958.0492                       |
| 65                                                            | 63.6813                                | 0.9859                    | 62.7850                                   | 4,081.0240                     |
| 66                                                            | 2.8675                                 | 1.0000                    | 2.8675                                    | 189.2523                       |
| 67                                                            | 1.0000                                 | 1.0000                    | 1.0000                                    | 67.0000                        |
| 68                                                            | 0.0000                                 | 1.0000                    | 0.0000                                    | 0.0000                         |
| 69                                                            | 0.0000                                 | 1.0000                    | 0.0000                                    | 0.0000                         |
| 70                                                            | 0.0000                                 | 1.0000                    | 0.0000                                    | 0.0000                         |
| 71                                                            | 0.0000                                 | 1.0000                    | 0.0000                                    | 0.0000                         |
| 72                                                            | 1.0000                                 | 1.0000                    | <u>1.0000</u>                             | <u>72.0000</u>                 |
| <b>Total</b>                                                  |                                        |                           | <b>169.1452</b>                           | <b>10,727.6353</b>             |
| <b>Weighted Average Retirement Age = 10,727.6353/169.1452</b> |                                        |                           |                                           | <b>63.42</b>                   |
| <b>Rounded Weighted Average Retirement Age</b>                |                                        |                           |                                           | <b>63</b>                      |

**Note to Column 2:** The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

**Note to Column 3:** At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

**General note:** The table presents values rounded to fewer significant digits than used in the calculation.

The Morrison Products, Inc. Participating Facility Hourly-Wage  
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Schedule SB, Line 26 – Schedule of Active Participant Data

| Attained Age | Years of Credited Service |         |       |       |         |         |         |         |         |         |         |
|--------------|---------------------------|---------|-------|-------|---------|---------|---------|---------|---------|---------|---------|
|              |                           | Under 1 | 1 - 4 | 5 - 9 | 10 - 14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 & up |
| Under 25     | Number                    | 14      | 10    | 0     | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 25 to 29     | Number                    | 4       | 11    | 1     | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 30 to 34     | Number                    | 4       | 20    | 3     | 5       | 0       | 0       | 0       | 0       | 0       | 0       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 35 to 39     | Number                    | 1       | 11    | 1     | 4       | 2       | 0       | 0       | 0       | 0       | 0       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 40 to 44     | Number                    | 4       | 6     | 2     | 7       | 6       | 3       | 0       | 0       | 0       | 0       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 45 to 49     | Number                    | 4       | 16    | 1     | 6       | 9       | 4       | 0       | 0       | 0       | 0       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 50 to 54     | Number                    | 1       | 7     | 4     | 8       | 6       | 3       | 1       | 0       | 0       | 0       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 55 to 59     | Number                    | 2       | 2     | 0     | 6       | 8       | 3       | 1       | 1       | 1       | 0       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 60 to 64     | Number                    | 1       | 1     | 1     | 5       | 7       | 3       | 3       | 0       | 5       | 1       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 65 to 69     | Number                    | 0       | 0     | 0     | 0       | 1       | 0       | 0       | 0       | 0       | 2       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| 70 & up      | Number                    | 0       | 0     | 0     | 0       | 0       | 0       | 0       | 0       | 1       | 0       |
|              | Avg. Comp                 | N/A     | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |
| Total        | Number                    | 35      | 84    | 13    | 41      | 39      | 16      | 5       | 1       | 7       | 3       |
|              | Avg. Comp                 |         |       |       |         |         |         |         |         |         |         |

Average compensation not shown since the plan has less than 1,000 active participants.

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

**Funding interest rates**

For 2017 Plan Year: Segment Rates with no lookback, constrained in accordance with relevant legislation as follows:

|                     | Unconstrained Rates* | Rates Reflecting Corridor** |
|---------------------|----------------------|-----------------------------|
| First Segment Rate  | 1.57%                | 4.16%                       |
| Second Segment Rate | 3.77%                | 5.72%                       |
| Third Segment Rate  | 4.73%                | 6.48%                       |
| Effective Rate      | 4.24%                | 6.02%                       |

For 2016 Plan Year: Segment Rates with no lookback, constrained in accordance with relevant legislation as follows:

|                     | Unconstrained Rates* | Rates Reflecting Corridor** |
|---------------------|----------------------|-----------------------------|
| First Segment Rate  | 1.41%                | 4.43%                       |
| Second Segment Rate | 3.96%                | 5.91%                       |
| Third Segment Rate  | 4.97%                | 6.65%                       |
| Effective Rate      | 4.46%                | 6.22%                       |

\* Used for maximum tax-deduction purposes

\*\* Used for minimum funding and benefit restriction purposes. See Appendix D under Segment Rate

**Mortality**

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, using the blended annuitant/non-annuitant table applicable to small plans.

**Actuarial cost method**

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan expenses to be paid from plan assets during the year.

**The Morrison Products, Inc. Participating Facility Hourly-Wage  
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**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
(continued)**

**Non-Prescribed Funding Assumptions and Methods**

**The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA.**

**Demographic assumptions were selected to be best estimate assumptions based on Morrison Products' population and general expectations with respect to similarly situated populations, based on industry, geography, and benefit level. Actual experience is reviewed each year and compared to the assumptions. Changes are made, as appropriate, based on this review.**

**Benefit multiplier load factor**

For the Cleveland group, the benefit multiplier was increased by 4.170% to reflect future benefit multiplier increases for purposes of calculating the maximum contribution. This is based on the average benefit multiplier increases over the past 6 years.

**Expenses**

The plan sponsor is expected to pay all plan expenses.

**Frequency of optional payment forms**

100% of married male participants and 25% of married female participants are assumed to elect the Joint and 100% Survivor form of payment, and the remainder is assumed to elect the Single Life Annuity upon retirement.

**Marital percentage**

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

**Retirement rates**

| <b>Age</b> | <b>Rate</b> |
|------------|-------------|
| 60         | 5.00%       |
| 61         | 5.00%       |
| 62         | 40.00%      |
| 63         | 20.00%      |
| 64         | 20.00%      |
| 65         | 100.00%     |

Terminated vested participants are assumed to commence receiving benefits at age 65.

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
(continued)

Non-Prescribed Funding Assumptions and Methods (continued)

**Disability rates**

1964 OASDI Disability for Males. Sample rates are as follows.

| Age | Male  |
|-----|-------|
| 25  | 0.09% |
| 30  | 0.11% |
| 35  | 0.15% |
| 40  | 0.22% |
| 45  | 0.36% |
| 50  | 0.61% |
| 55  | 1.01% |
| 60  | 1.63% |
| 65  | 2.32% |

**Withdrawal rates**

Based on experience. Sample rates as follows:

Cleveland Division:

| Age | Rate   |
|-----|--------|
| 20  | 24.05% |
| 25  | 6.05%  |
| 30  | 3.30%  |
| 35  | 2.30%  |
| 40  | 2.00%  |
| 45  | 1.40%  |
| 50  | 0.90%  |
| 55  | 0.70%  |
| 60  | 0.10%  |

Interpolated between ages

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
(continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Dallas/Atlanta Division:

| Age | Male   | Female |
|-----|--------|--------|
| 20  | 12.03% | 24.05% |
| 25  | 3.03%  | 6.05%  |
| 30  | 1.65%  | 3.30%  |
| 35  | 1.15%  | 2.30%  |
| 40  | 1.00%  | 2.00%  |
| 45  | 0.70%  | 1.40%  |
| 50  | 0.45%  | 0.90%  |
| 55  | 0.35%  | 0.70%  |
| 60  | 0.05%  | 0.10%  |

Interpolated between ages

**Asset valuation method**

The Actuarial Value of Assets is market value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in each of the prior 2 years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

|                      | Actuary's Assumption | Third Segment Rate | Reflecting PPA Limit |
|----------------------|----------------------|--------------------|----------------------|
| 2017 Expected Return | 5.00%                | 6.48%              | 5.00%                |
| 2016 Expected Return | 5.00%                | 6.65%              | 5.00%                |
| 2015 Expected Return | 5.00%                | 6.81%              | 5.00%                |

**Future actuarial measurements**

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

**Summary of Changes from the January 1, 2016 Valuation**

The interest rate and mortality tables were updated to those applicable to the current year in accordance with relevant legislation. These changes increased the Funding Target by approximately \$290,000.

**The Morrison Products, Inc. Participating Facility Hourly-Wage  
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**Schedule SB, Part V – Summary of Plan Provisions**

**Plan History**

Effective Date

July 18, 1972 for the former Cleveland Plant Plan and the former Phoenix Plant Plan. January 1, 1985 for the former Dallas and Atlanta Plants Plan.

Date Last Amended

Restated effective January 1, 2016.

**Eligibility Requirements**

Minimum Age

None.

Service

None.

Employment Class

Any hourly-paid employee of Morrison Products, Inc. Cleveland Plant who is represented by the United Steel, Paper and Forestry, Manufacturing, Energy, Allied Industrial and Service Workers International Union, AFL-CIO, CLC (USW), Local No. 1-243.

Any hourly-paid employee of Morrison Products, Inc. Dallas or Atlanta Plants.

**Normal Retirement**

Age Requirement

65.

Service Requirement

5 years of vesting service or the fifth anniversary of participation for the Dallas/Atlanta Division only.

Monthly Benefit Amount

Cleveland Division

| Year of Retirement<br>or Termination | Benefit Per Year of<br>Credited Service |
|--------------------------------------|-----------------------------------------|
| 2002                                 | \$14.50                                 |
| 2003                                 | \$15.00                                 |
| 2004                                 | \$15.00                                 |
| 2005                                 | \$15.00                                 |
| 2006                                 | \$16.00                                 |
| 2007                                 | \$16.00                                 |
| 2008                                 | \$17.00                                 |
| 2009                                 | \$17.00                                 |
| 2010                                 | \$17.00                                 |
| 2011                                 | \$18.00                                 |
| 2012                                 | \$18.00                                 |
| 2013                                 | \$19.00                                 |
| 2014                                 | \$20.00                                 |
| 2015                                 | \$23.00                                 |

The Morrison Products, Inc. Participating Facility Hourly-Wage  
Employees' Pension Plan  
EIN / PN: 34-0397700 / 002

Schedule SB, Part V – Summary of Plan Provisions

30 years maximum credited service. Effective November 19, 2004, the years of maximum credited service increases to 35 years.

Phoenix Division

\$15.00 per year of credited service for termination of employment in 1997 or later. 30 years maximum credited service. The Phoenix Plant was shut down as of 12/31/2005 and all participants were permanently laid-off.

Dallas/Atlanta Division

After January 1, 1996, \$15.00 per year of credited service. 30 years maximum credited service.

One year of credited service for 1,800 hours or more in a year. 1/10 of a year for each 180 hours (rounded to the nearest tenth).

**Early Retirement**

Age Requirement

60.

Service Requirement

10 years of vesting service.

Monthly Benefit Amount

Normal Retirement Benefit reduced 5/9 of 1% for each full month prior to normal retirement date.

**Disability Retirement**

Age Requirement

40.

Service Requirement

10 years of vesting service.

Other Requirement

Has not attained Age 65.

Monthly Benefit Amount

Accrued Benefit with no reduction. Deductions for periodic sickness, accident, disability, or Group Life Insurance benefits paid for by Morrison Products, Inc.

**Pre-Retirement Death Benefit**

Age Requirement

One year of continuous marriage for period ending on date of death.

Service Requirement

5 years of vesting service.

**The Morrison Products, Inc. Participating Facility Hourly-Wage  
Employees' Pension Plan**  
EIN / PN: 34-0397700 / 002

**Schedule SB, Part V – Summary of Plan Provisions**

**Monthly Benefit Amount**

Survivor portion of the Joint and 100% to surviving spouse benefit that would have been available to the participant as an early retirement benefit.

**Form of Payment**

Life annuity payable to surviving spouse.

**Employee Cost**

For election prior to August 23, 1984, accrued pension is reduced 1% for each year in effect. For election on or after August 23, 1984, accrued pension is reduced for each year in effect as follows:

| Attained Ages | Reduction per Year |
|---------------|--------------------|
| 35 – 44       | .2%                |
| 45 – 54       | .3%                |
| 55 - 64       | .4%                |

**Deferred Vested Benefit**

**Vesting Schedule**

100% after 5 years of vesting service.

**Monthly Accrued Benefit**

Normal monthly pension based on years of credited service to date of termination.

**Form of Benefit Payments**

**Normal Form of Payment**

Retirement Benefits are payable for the life of the participant if not married, and as a Joint and 100% survivor annuity if married.

**Joint and Survivor Annuity**

Unless the participant elects otherwise, benefits are automatically paid as a Joint and 100% to surviving spouse annuity, in a reduced amount which is the actuarial equivalent of the normal form of benefit.

**Summary of Changes from the January 1, 2016 Valuation**

None.

# Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.  
► Information about Form 5558 and its instructions is at [www.irs.gov/form5558](http://www.irs.gov/form5558)

OMB No. 1545-0212

File With IRS Only

## Part I Identification

|                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                  |                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>A</b> Name of filer, plan administrator, or plan sponsor (see instructions)<br><b>Morrison Products, Inc.</b><br>Number, street, and room or suite no. (If a P.O. box, see instructions)<br><b>16900 South Waterloo Road</b><br>City or town, state, and ZIP code<br><b>Cleveland, OH 44110</b> |  | <b>B</b> Filer's identifying number (see instructions)<br>Employer identification number (EIN) (9 digits XX-XXXXXXX)<br><b>34-0397700</b><br>Social security number (SSN) (9 digits XXX-XX-XXXX) |                                               |
| <b>C</b> Plan name<br><b>Morrison Products, Inc. Participating Facility Hourly Employees' Pension Plan</b>                                                                                                                                                                                         |  | Plan number<br>0 0 2                                                                                                                                                                             | Plan year ending—<br>MM DD YYYY<br>12 31 2017 |

## Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 1 0 / 1 5 / 2 0 1 8 to file Form 5500 series (see instructions).  
**Note.** A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 1 0 / 1 5 / 2 0 1 8 to file Form 8955-SSA (see instructions).  
**Note.** A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

## Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to file Form 5330.  
 You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.
- a Enter the Code section(s) imposing the tax . . . . . ► 

|   |  |
|---|--|
| a |  |
|---|--|
- b Enter the payment amount attached . . . . . ► 

|   |  |
|---|--|
| b |  |
|---|--|
- c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . . . ► 

|   |  |
|---|--|
| c |  |
|---|--|
- 5 State in detail why you need the extension:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature Angela D. Vintello Date 7/13/2018

Cat. No. 12005T

Form **5558** (Rev. 8-2012)

CERTIFIED MAIL # 7011 0470 0000 7193 3948

MORRISON PRODUCTS, INC. PARTICIPATING FACILITY HOURLY-WAGE  
EMPLOYEES' PENSION PLAN

FINANCIAL STATEMENTS  
WITH  
INDEPENDENT AUDITOR'S REPORT

December 31, 2017

## INDEX

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MEADEN & MOORE

## **INDEPENDENT AUDITOR'S REPORT**

To the Participants and Administrators of  
Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan, which comprise the Statement of Net Assets Available for Benefits as of December 31, 2017 and 2016, and the related Statement of Changes in Net Assets Available for Benefits for the years ended December 31, 2017 and 2016, 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

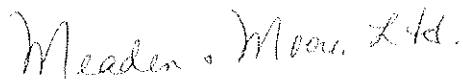
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

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

## **Report on Supplementary Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedule of Assets Held for Investment Purposes at End of Year and Schedule of Reportable Transactions are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Meaden & Moore, Ltd.  
Cleveland, Ohio

October 8, 2018

# STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

## Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

|                                     | December 31          |                     |
|-------------------------------------|----------------------|---------------------|
|                                     | <u>2017</u>          | <u>2016</u>         |
| <b>ASSETS</b>                       |                      |                     |
| Receivable - Interest               | \$ 149               | \$ 279              |
| Investments - at Fair Value:        |                      |                     |
| Mutual funds                        | 8,821,324            | 7,519,870           |
| Bank common/collective trust fund   | 2,206,973            | 2,168,222           |
| United States government securities | -                    | 40,016              |
| Money market funds                  | <u>147,890</u>       | <u>241,011</u>      |
| Total Investments at Fair Value     | <u>11,176,187</u>    | <u>9,969,119</u>    |
| Total Assets                        | <u>11,176,336</u>    | <u>9,969,398</u>    |
| <b>LIABILITIES</b>                  | <u>-</u>             | <u>-</u>            |
| Net Assets Available for Benefits   | <u>\$ 11,176,336</u> | <u>\$ 9,969,398</u> |

See accompanying notes.

# STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

## Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

|                                               | Year Ended December 31 |                     |
|-----------------------------------------------|------------------------|---------------------|
|                                               | <u>2017</u>            | <u>2016</u>         |
| Additions to Net Assets Attributed to:        |                        |                     |
| Contributions                                 | \$ 550,000             | \$ 500,000          |
| Investment Income                             |                        |                     |
| Interest and dividend income                  | 172,467                | 181,974             |
| Net appreciation in fair value of investments | <u>723,521</u>         | <u>307,578</u>      |
| Total Investment Income                       | 895,988                | 489,552             |
| Deductions from Net Assets Attributed to:     |                        |                     |
| Benefits paid to participants                 | <u>239,050</u>         | <u>175,336</u>      |
| Net Increase                                  | 1,206,938              | 814,216             |
| Net Assets Available for Benefits:            |                        |                     |
| Beginning of Year                             | <u>9,969,398</u>       | <u>9,155,182</u>    |
| End of Year                                   | <u>\$ 11,176,336</u>   | <u>\$ 9,969,398</u> |

See accompanying notes.

## NOTES TO FINANCIAL STATEMENTS

### Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

#### **1 Description of Plan**

The following description of the Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

##### ***General:***

The Plan is a non-contributory defined benefit plan established under the provision of Section 401(a) of the Internal Revenue Code to which Morrison Products, Inc. contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan members. The Plan is subject to the Employee Retirement Income Security Act of 1974 ("ERISA").

The purpose of the Plan is to provide pension benefits to participants upon their retirement. All persons employed by Morrison Products, Inc. ("Company") at the Cleveland Plant on a full-time hourly basis and who are represented by the United Steelworkers International Union and all persons employed by the Company at the Dallas and Atlanta Plants on a full-time hourly basis are eligible. Normal retirement is at age 65, or after 10 years of vested service if later. The Plan also provides for early retirement upon reaching established age and service levels, disability retirement and certain termination retirement provisions.

Effective January 1, 2016, the Plan was restated to comply with tax law changes.

##### ***Plan Termination:***

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, subject to conditions set forth in ERISA: (a) the Plan provides that the net assets shall be allocated among the participants and beneficiaries of the Plan in the order provided for in ERISA and (b) to the extent unfunded vested benefits then exist, ERISA provides that such benefits are payable by the Pension Benefit Guaranty Corporation to participants, up to specified limitations, as described in ERISA.

##### ***Basis of Accounting:***

The Plan's transactions are reported on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

##### ***Subsequent Events:***

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through October 8, 2018, which is the date the financial statements were available to be issued.

## NOTES TO FINANCIAL STATEMENTS

### Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

## 2 Summary of Significant Accounting Policies

### *Investment Valuation and Income Recognition:*

Mutual funds are stated at fair value. U.S. government securities are valued at the closing price reported on the active market on which the individual securities are traded. The bank common/collective trust fund principally invests in guaranteed investment contracts, whose fair value is contract value. This fund is credited with earnings on the underlying investments net of administrative expenses of the investment advisor. The money market fund is valued based on the Net Asset Value as the practical expedient as determined by the asset custodian daily.

Purchases and sales of investments are reflected on a trade-date basis. Income is recorded as earned on an accrual basis. Gains or losses are based on average cost.

The Plan presents the net appreciation or depreciation in the fair market value of its investments, which consists of any realized gains or losses and any unrealized appreciation or depreciation on those investments, in the Statement of Changes in Net Assets Available for Plan Benefits.

### *Payment of Benefits:*

Benefit distributions are recorded when authorized for distribution.

### *Risks and Uncertainties:*

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

### *Use of Estimates:*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for Plan benefits at the dates of the financial statements and the reported amounts of changes in net assets available for Plan benefits during the reporting periods. In particular, the actuarial present value of accumulated Plan benefits are prepared based on certain assumptions pertaining to interest rates, market conditions and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, actual results could differ materially from those estimates.

### *Administration:*

The terms and conditions of the Plan relating to eligibility, vesting rights and the payments of benefits are administered by the Plan Administrator which, for the purpose of ERISA, is the Company. The Plan Administrator has engaged the Key Trust Company of Ohio, N.A. as Trustee for the Plan assets. All administrative expenses are paid by the Company.

## NOTES TO FINANCIAL STATEMENTS

### Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

## 2 Summary of Significant Accounting Policies, Continued

### *Actuarial Present Value of Accumulated Plan Benefits:*

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based upon the years of credited service, as defined in the Plan, multiplied by a predetermined benefit accrual rate, at the date the benefit information is presented ("valuation date"). Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits represents the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money and the probability of payment between the valuation date and expected date of payment. The actuarial cost method is the projected unit credit method. The significant assumptions underlying the Plan's actuarial computations are:

**Investment Return:** 5.0% per annum

**Mortality:** RP-2014 healthy mortality table with generation projection using Scale MP-2016

| <i>Rate of Withdrawal:</i> | <i>Age</i> | <i>Rate</i> |               |  |
|----------------------------|------------|-------------|---------------|--|
| Cleveland Division:        | 20         | 0.2405      |               |  |
|                            | 25         | 0.0605      |               |  |
|                            | 30         | 0.0330      |               |  |
|                            | 35         | 0.0230      |               |  |
|                            | 40         | 0.0200      |               |  |
|                            | 45         | 0.0140      |               |  |
|                            | 50         | 0.0090      |               |  |
|                            | 55         | 0.0070      |               |  |
|                            | 60         | 0.0010      |               |  |
|                            | <i>Age</i> | <i>Male</i> | <i>Female</i> |  |
| Dallas/Atlanta Divisions:  | 20         | 0.1203      | 0.2405        |  |
|                            | 25         | 0.0303      | 0.0605        |  |
|                            | 30         | 0.0165      | 0.0330        |  |
|                            | 35         | 0.0115      | 0.0230        |  |
|                            | 40         | 0.0100      | 0.0200        |  |
|                            | 45         | 0.0070      | 0.0140        |  |
|                            | 50         | 0.0045      | 0.0090        |  |
|                            | 55         | 0.0035      | 0.0070        |  |
|                            | 60         | 0.0005      | 0.0010        |  |

## NOTES TO FINANCIAL STATEMENTS

### Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

## 2 Summary of Significant Accounting Policies, Continued

### *Retirement:*

Normal retirement age, assumed to be age 65 or age on valuation date, if later.

The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

The actuarial present value of accumulated Plan benefits represents the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money and the probability of payment between the valuation date and expected date of payment.

### *Recent Accounting Pronouncements:*

In May 2015, the FASB issued Accounting Standards Update No. 2015-07 (ASU 2015-07), Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent). ASU 2015-07 removes the requirement to include investments in the fair value hierarchy for which fair value is measured using the net asset value per share practical expedient under ASC 820. ASU 2015-07 is effective for fiscal years beginning after December 15, 2016. The Plan has adopted ASU 2015-07 and retrospectively applied to 2016. There were no changes to the Statement of Net Assets or Statement of Changes in Net Assets. Certain investment disclosures have been updated to reflect the adoption of ASU 2015-07.

### *Reclassifications:*

Certain prior year amounts have been reclassified to conform with the current year's presentation.

## 3 Funding Policy

The contributions by the Company are designed to fund the Plan's current service costs on a current basis and to fund over a period, not to exceed 30 years, the estimated accrued benefit cost arising from qualifying service before the establishment of the Plan. Additionally, the contributions of the Company are designed to be in amounts sufficient to meet the minimum funding requirements of ERISA. During the year ended December 31, 2017 and 2016, the Company recorded contributions to the Plan of \$550,000 and \$500,000, respectively, which met and exceeded the minimum funding requirements of ERISA, as determined by the Company's actuary.

## NOTES TO FINANCIAL STATEMENTS

### Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

#### 4 Accumulated Plan Benefits

The actuarially computed present values of accumulated plan benefits at January 1, 2017, are as follows:

|                                                                      | <u>January 1,<br/>2017</u> |
|----------------------------------------------------------------------|----------------------------|
| Vested Benefits:                                                     |                            |
| For retired and terminated employees receiving benefits              | \$ 2,201,623               |
| For active and terminated employees not presently receiving benefits | <u>5,931,852</u>           |
|                                                                      | 8,133,475                  |
| Nonvested                                                            | <u>310,273</u>             |
| Total Present Value of Accumulated Plan Benefits                     | <u>\$ 8,443,748</u>        |

The changes in accumulated plan benefits are as follows:

|                                                                           |                     |
|---------------------------------------------------------------------------|---------------------|
| Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year | \$ 7,778,227        |
| Benefit accruals and plan experience                                      | 564,768             |
| Benefits paid                                                             | (175,336)           |
| Actuarial assumptions                                                     | (108,492)           |
| Interest/Change in discount period                                        | <u>384,581</u>      |
| Total Actuarial Present Value of Accumulated Plan Benefits at End of Year | <u>\$ 8,443,748</u> |

The Actuarial assumptions changed related to the mortality table used, as it was updated from MP-2015 to MP-2016.

#### 5 Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated July 1, 2011, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the Internal Revenue Code.

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 Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2017, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress. The Plan Administrator believes that the Plan is no longer subject to income tax examinations for Plan years prior to 2014.

## NOTES TO FINANCIAL STATEMENTS

### Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

#### **6 Party-in-Interest Transactions**

Certain Plan investments are managed by Key Trust Company of Ohio, N.A., the Trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest. Usual and customary fees were paid by the investment management services.

#### **7 Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

Level 3: Inputs that are unobservable inputs for the asset or liability.

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 2016.

#### ***Mutual Funds:***

The fair value of mutual funds are based on quoted market prices.

#### ***United States Government Securities:***

The fair value of the U.S. government securities are valued at the closing price reported on the active market on which the individual securities are traded.

## NOTES TO FINANCIAL STATEMENTS

### Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

#### 7 Fair Value Measurements, Continued

##### *Money Market Fund:*

##### *EB Short-Term Investment Fund*

The valuation of this fund is based on net asset value as a practical expedient ("NAV") of shares held by the Plan at year-end. Net asset value is equal to market value of each of the funds' investments and other assets, less liabilities, divided by the number of fund shares. The fund is composed of highly liquid investments with maturities of three months or less and are not likely to be sold at amounts different from net asset value per share.

Net investment income is distributed to participants as earned on a monthly basis for the EB Short-Term Investment Fund. In accordance with the regulations governing the operation of the money market funds, sufficient cash is retained to fund the distribution of income prior to the actual receipt of the income.

##### *Bank Common/Collective Trust Fund:*

The fund's assets are valued in the principal market where it sells the particular asset or transfers the liability with the greatest volume and level of activity. In the absence of a principal market, the valuation is based on the most advantageous market for the asset. These investments are generally classified as Level 2 because the valuations are based on observable inputs.

Withdrawals needed for benefit payments of participating employee benefit plans are generally permitted daily. Withdrawals for other purposes require twelve-month advance notice to the Fund. At its discretion, the Fund may effect these withdrawals prior to the end of the twelve month period.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

|                                          | Assets at Fair Value as of December 31, 2017 |                     |                      |
|------------------------------------------|----------------------------------------------|---------------------|----------------------|
|                                          | Level 1                                      | Level 2             | Total                |
| Mutual Funds                             | \$ 8,821,324                                 | \$ -                | \$ 8,821,324         |
| Bank common/collective trust fund        | -                                            | 2,206,973           | 2,206,973            |
| Total assets in the fair value hierarchy | <u>\$ 8,821,324</u>                          | <u>\$ 2,206,973</u> | 11,028,297           |
| Investments measured at net asset value  |                                              |                     | <u>147,890</u>       |
| Investments at fair value                |                                              |                     | <u>\$ 11,176,187</u> |

# NOTES TO FINANCIAL STATEMENTS

## Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

### 7 Fair Value Measurements, Continued

#### *Bank Common/Collective Trust Fund, continued:*

|                                          | Assets at Fair Value as of December 31, 2016 |                     |                     |
|------------------------------------------|----------------------------------------------|---------------------|---------------------|
|                                          | Level 1                                      | Level 2             | Total               |
| Mutual Funds                             | \$ 7,519,870                                 | \$ -                | \$ 7,519,870        |
| Bank common/collective trust fund        | -                                            | 2,168,222           | 2,168,222           |
| United States Government Securities      | 40,016                                       | -                   | 40,016              |
| Total assets in the fair value hierarchy | <u>\$ 7,559,886</u>                          | <u>\$ 2,168,222</u> | 9,728,108           |
| Investments measured at net asset value  |                                              |                     | <u>241,011</u>      |
| Investments at fair value                |                                              |                     | <u>\$ 9,969,119</u> |

Transfers between Levels:

For the years ended December 31, 2017 and 2016, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3. There were no level 3 investments at December 31, 2017 or 2016.

#### *Investments measured using the Net Asset Value per Share Practical Expedient:*

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2017 and 2016, respectively.

| December 31, 2017        | Fair Value | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|--------------------------|------------|----------------------|----------------------|--------------------------|
| EB Short-Term Investment | \$ 147,890 | \$ -                 | Daily                | N/A                      |

| December 31, 2016        | Fair Value | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|--------------------------|------------|----------------------|----------------------|--------------------------|
| EB Short-Term Investment | \$ 241,011 | \$ -                 | Daily                | N/A                      |

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**  
Form 5500, Schedule H, Part IV, Line 4i

Morrison Products, Inc.  
Participating Facility Hourly-Wage Employees' Pension Plan

EI Number 34-0397700  
Plan Number 002

December 31, 2017

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost         | (e)<br>Current<br>Value |
|-----|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------|
|     | Ishares S&P 500 Index Fund                                         | Mutual Fund                                                                                                         | \$ 1,596,468        | \$ 3,226,200            |
|     | Ishares S&P Mid-Cap Fund                                           | Mutual Fund                                                                                                         | 142,525             | 206,860                 |
|     | Ishares Russell 2000 Index Fund                                    | Mutual Fund                                                                                                         | 87,496              | 125,780                 |
|     | Vanguard Short Term Corporate Bond Fund                            | Mutual Fund                                                                                                         | 398,766             | 393,328                 |
|     | Templeton Global Bond Fund                                         | Mutual Fund                                                                                                         | 168,023             | 150,412                 |
|     | PIMCO Moderate Duration Fund                                       | Mutual Fund                                                                                                         | 996,824             | 948,576                 |
|     | Ishares Barclay TIPS Bond Fund                                     | Mutual Fund                                                                                                         | 355,201             | 372,471                 |
|     | Ishares Core MSCI Total International Stock Fund                   | Mutual Fund                                                                                                         | 398,802             | 474,677                 |
|     | Metropolitan West T/R Bond                                         | Mutual Fund                                                                                                         | 2,975,987           | 2,923,020               |
| *   | Key Trust Company of Ohio, N.A.                                    | Key Trust EB Managed Guaranteed Investment Contract Fund                                                            | 1,142,325           | 2,206,973               |
| *   | Key Trust Company of Ohio, N.A.                                    | EB Short Term Investment Fund                                                                                       | 147,890             | 147,890                 |
|     | Total Investments                                                  |                                                                                                                     | <u>\$ 8,410,307</u> | <u>\$ 11,176,187</u>    |

\* Party-in-interest to the Plan.

SCHEDULE OF REPORTABLE TRANSACTIONS  
Form 5500, Schedule H, Part IV, Line 4j

Morrison Products, Inc.  
Participating Facility Hourly-Wage Employees' Pension Plan

EI Number 34-0397700  
Plan Number 002

December 31, 2017

| (a)<br>Identity<br>of Party<br>Involved       | (b) Description of Asset      | (c) Purchase<br>Price | (d) Selling<br>Price | (e) Lease<br>Rental | (f) Expense<br>Incurred<br>with<br>Transaction | (g) Cost of<br>Asset | (h) Current<br>Value of<br>Asset on<br>Transaction<br>Date | (i) Net Gain<br>(Loss) |
|-----------------------------------------------|-------------------------------|-----------------------|----------------------|---------------------|------------------------------------------------|----------------------|------------------------------------------------------------|------------------------|
| <i>Single transaction in excess of 5%</i>     |                               |                       |                      |                     |                                                |                      |                                                            |                        |
| Key Trust Company of Ohio, N.A.               | EB Short Term Investment Fund | \$ 550,000            | \$ -                 | \$ -                | -                                              | \$ 550,000           | \$ 550,000                                                 | \$ -                   |
| <i>Series of transactions in excess of 5%</i> |                               |                       |                      |                     |                                                |                      |                                                            |                        |
| Key Trust Company of Ohio, N.A.               | EB Short Term Investment Fund | \$ 856,731            | \$ -                 | \$ -                | -                                              | \$ 856,731           | \$ 856,731                                                 | \$ -                   |
| Key Trust Company of Ohio, N.A.               | EB Short Term Investment Fund | \$ -                  | \$ 949,853           | \$ -                | -                                              | \$ 949,853           | \$ 949,853                                                 | \$ -                   |

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR  
Form 5500, Schedule H, Part IV, Line 4j

Morrison Products, Inc.  
Participating Facility Hourly-Wage Employees' Pension Plan

EI Number 34-0397700  
Plan Number 002

December 31, 2017

| (a)<br>Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | (b)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (c)<br>Cost  | (d)<br>Current<br>Value |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------|-------------------------|
| Ishares S&P 500 Index Fund                                         | Mutual Fund                                                                                                         | \$ 1,596,468 | \$ 3,226,200            |
| Ishares S&P Mid-Cap Fund                                           | Mutual Fund                                                                                                         | 142,525      | 206,860                 |
| Ishares Russell 2000 Index Fund                                    | Mutual Fund                                                                                                         | 87,496       | 125,780                 |
| Vanguard Short Term Corporate Bond Fund                            | Mutual Fund                                                                                                         | 398,766      | 393,328                 |
| Templeton Global Bond Fund                                         | Mutual Fund                                                                                                         | 168,023      | 150,412                 |
| PIMCO Moderate Duration Fund                                       | Mutual Fund                                                                                                         | 996,824      | 948,576                 |
| Ishares Barclay TIPS Bond Fund                                     | Mutual Fund                                                                                                         | 355,201      | 372,471                 |
| Ishares Core MSCI Total International Stock Fund                   | Mutual Fund                                                                                                         | 398,802      | 474,677                 |
| Metropolitan West T/R Bond                                         | Mutual Fund                                                                                                         | 2,975,987    | 2,923,020               |
| * Key Trust Company of Ohio, N.A.                                  | Key Trust EB Managed Guaranteed Investment Contract Fund                                                            | 1,142,325    | 2,206,973               |
| * Key Trust Company of Ohio, N.A.                                  | EB Short Term Investment Fund                                                                                       | 147,890      | 147,890                 |
| Total Investments                                                  |                                                                                                                     | \$ 8,410,307 | \$ 11,176,187           |

\* Party-in-interest to the Plan.

SCHEDULE OF REPORTABLE TRANSACTIONS  
Form 5500, Schedule H, Part IV, Line 4j

Morrison Products, Inc.  
Participating Facility Hourly-Wage Employees' Pension Plan

EI Number 34-0397700  
Plan Number 002

December 31, 2017

| (a)<br>Identity<br>of Party<br>Involved | (b) Description of Asset      | (c) Purchase<br>Price | (d) Selling<br>Price | (e) Lease<br>Rental | (f) Expense<br>Incurred<br>with<br>Transaction | (g) Cost of<br>Asset | (h) Current<br>Value of<br>Asset on<br>Transaction<br>Date | (i) Net Gain<br>(Loss) |
|-----------------------------------------|-------------------------------|-----------------------|----------------------|---------------------|------------------------------------------------|----------------------|------------------------------------------------------------|------------------------|
| Single transaction in excess of 5%      |                               |                       |                      |                     |                                                |                      |                                                            |                        |
| Key Trust Company of Ohio, N.A.         | EB Short Term Investment Fund | \$ 550,000            | \$ -                 | \$ -                | \$ -                                           | \$ 550,000           | \$ 550,000                                                 | \$ -                   |
| Series of transactions in excess of 5%  |                               |                       |                      |                     |                                                |                      |                                                            |                        |
| Key Trust Company of Ohio, N.A.         | EB Short Term Investment Fund | \$ 856,731            | \$ -                 | \$ -                | \$ -                                           | \$ 856,731           | \$ 856,731                                                 | \$ -                   |
| Key Trust Company of Ohio, N.A.         | EB Short Term Investment Fund | \$ -                  | \$ 949,853           | \$ -                | \$ -                                           | \$ 949,853           | \$ 949,853                                                 | \$ -                   |

**The Morrison Products, Inc. Participating Facility Hourly-Wage  
Employees' Pension Plan**  
**EIN / PN: 34-0397700 / 002**

**Schedule SB, Part V – Summary of Plan Provisions**

**Plan History**

**Effective Date**

July 18, 1972 for the former Cleveland Plant Plan and the former Phoenix Plant Plan. January 1, 1985 for the former Dallas and Atlanta Plants Plan.

**Date Last Amended**

Restated effective January 1, 2016.

**Eligibility Requirements**

**Minimum Age**

None.

**Service**

None.

**Employment Class**

Any hourly-paid employee of Morrison Products, Inc. Cleveland Plant who is represented by the United Steel, Paper and Forestry, Manufacturing, Energy, Allied Industrial and Service Workers International Union, AFL-CIO, CLC (USW), Local No. 1-243.

Any hourly-paid employee of Morrison Products, Inc. Dallas or Atlanta Plants.

**Normal Retirement**

**Age Requirement**

65.

**Service Requirement**

5 years of vesting service or the fifth anniversary of participation for the Dallas/Atlanta Division only.

**Monthly Benefit Amount**

Cleveland Division

| <b>Year of Retirement<br/>or Termination</b> | <b>Benefit Per Year of<br/>Credited Service</b> |
|----------------------------------------------|-------------------------------------------------|
| 2002                                         | \$14.50                                         |
| 2003                                         | \$15.00                                         |
| 2004                                         | \$15.00                                         |
| 2005                                         | \$15.00                                         |
| 2006                                         | \$16.00                                         |
| 2007                                         | \$16.00                                         |
| 2008                                         | \$17.00                                         |
| 2009                                         | \$17.00                                         |
| 2010                                         | \$17.00                                         |
| 2011                                         | \$18.00                                         |
| 2012                                         | \$18.00                                         |
| 2013                                         | \$19.00                                         |
| 2014                                         | \$20.00                                         |
| 2015                                         | \$23.00                                         |

The Morrison Products, Inc. Participating Facility Hourly-Wage  
Employees' Pension Plan  
EIN / PN: 34-0397700 / 002

Schedule SB, Part V – Summary of Plan Provisions

30 years maximum credited service. Effective November 19, 2004, the years of maximum credited service increases to 35 years.

Phoenix Division

\$15.00 per year of credited service for termination of employment in 1997 or later. 30 years maximum credited service. The Phoenix Plant was shut down as of 12/31/2005 and all participants were permanently laid-off.

Dallas/Atlanta Division

After January 1, 1996, \$15.00 per year of credited service. 30 years maximum credited service.

One year of credited service for 1,800 hours or more in a year. 1/10 of a year for each 180 hours (rounded to the nearest tenth).

**Early Retirement**

Age Requirement

60.

Service Requirement

10 years of vesting service.

Monthly Benefit Amount

Normal Retirement Benefit reduced 5/9 of 1% for each full month prior to normal retirement date.

**Disability Retirement**

Age Requirement

40.

Service Requirement

10 years of vesting service.

Other Requirement

Has not attained Age 65.

Monthly Benefit Amount

Accrued Benefit with no reduction. Deductions for periodic sickness, accident, disability, or Group Life Insurance benefits paid for by Morrison Products, Inc.

**Pre-Retirement Death Benefit**

Age Requirement

One year of continuous marriage for period ending on date of death.

Service Requirement

5 years of vesting service.

**The Morrison Products, Inc. Participating Facility Hourly-Wage  
Employees' Pension Plan  
EIN / PN: 34-0397700 / 002**

**Schedule SB, Part V – Summary of Plan Provisions**

**Monthly Benefit Amount**

Survivor portion of the Joint and 100% to surviving spouse benefit that would have been available to the participant as an early retirement benefit.

**Form of Payment**

Life annuity payable to surviving spouse.

**Employee Cost**

For election prior to August 23, 1984, accrued pension is reduced 1% for each year in effect. For election on or after August 23, 1984, accrued pension is reduced for each year in effect as follows:

| <b>Attained Ages</b> | <b>Reduction per Year</b> |
|----------------------|---------------------------|
| 35 – 44              | .2%                       |
| 45 – 54              | .3%                       |
| 55 - 64              | .4%                       |

**Deferred Vested Benefit**

**Vesting Schedule**

100% after 5 years of vesting service.

**Monthly Accrued Benefit**

Normal monthly pension based on years of credited service to date of termination.

**Form of Benefit Payments**

**Normal Form of Payment**

Retirement Benefits are payable for the life of the participant if not married, and as a Joint and 100% survivor annuity if married.

**Joint and Survivor Annuity**

Unless the participant elects otherwise, benefits are automatically paid as a Joint and 100% to surviving spouse annuity, in a reduced amount which is the actuarial equivalent of the normal form of benefit.

**Summary of Changes from the January 1, 2016 Valuation**

None.