Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PRASEK'S HILLJE SMOKEHOUSE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2001

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

PRASEK'S HILLJE SMOKEHOUSE, INC.

29714 US 59 HIGHWAY
EL CAMPO, TX 77437

2b Employer Identification Number (EIN)
76-0341315

2c Plan Sponsor's telephone number
979-543-8312

2d Business code (see instructions)
445299

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2018	MICHELLE KORENEK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	164
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	157
a(2) Total number of active participants at the end of the plan year	**6a(2)**	148
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	7
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	155
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	155
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	53
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
PRASEK'S HILLJE SMOKEHOUSE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRASEK'S HILLJE SMOKEHOUSE, INC.

D Employer Identification Number (EIN)
76-0341315

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65	RECORDKEEPER	13201	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MARGOLIS BRADY RAGHAVAN FINANCIAL

27-2028996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	12068	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
PRASEK'S HILLJE SMOKEHOUSE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRASEK'S HILLJE SMOKEHOUSE, INC.

D Employer Identification Number (EIN)
76-0341315

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	243660	34810
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	24825	34269
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2426942	3282804
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	2695427	3351883
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	2695427	3351883

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	81536	
	(B) Participants	**2a(1)(B)**	157699	
	(C) Others (including rollovers)	**2a(1)(C)**	0	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		239235
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	610	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	1178	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		1788
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	77658	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		77658
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	0	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		375940
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		694621
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12896	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		12896
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	25269	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		25269
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		38165
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		656456
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BRIGGS & VESELKA **(2)** EIN: 74-1769118

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		34861
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		100000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

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

A Name of plan
PRASEK'S HILLJE SMOKEHOUSE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRASEK'S HILLJE SMOKEHOUSE, INC.

D Employer Identification Number (EIN)
76-0341315

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Prasek's Hillje Smokehouse 401(k) Plan

Financial Statements and Supplemental Schedules
As of December 31, 2017 and 2016,
and for the Year Ended December 31, 2017

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Independent Auditors' Report	1
Statements of Net Assets Available for Benefits as of December 31, 2017 and 2016	3
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Supplemental Schedules	
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Schedule H, Line 4a – Schedule of Delinquent Participant Contributions	11

Schedules other than those listed above are omitted because of the conditions under which they are required.

Briggs & Veselka Co.
A PROFESSIONAL CORPORATION
Certified Public Accountants and Business Advisors

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Prasek's Hillje Smokehouse 401(k) Plan
El Campo, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Prasek's Hillje Smokehouse 401(k) Plan, which comprise the statements 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 year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

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

To the Plan Administrator of
Prasek's Hillje Smokehouse 401(k) Plan
Re: Independent Auditors' Report

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017 and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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



Briggs & Veselka Co.
Houston, Texas

October 12, 2018

PRASEK'S HILLJE SMOKEHOUSE 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016

	2017	2016
ASSETS		
Investments at fair value	**$ 3,317,614**	$ 2,670,602
Receivables:		
Participant contributions	**-**	10,184
Employer contribution	**-**	7,338
Notes receivable from participants	**34,269**	24,825
Total receivables	**34,269**	42,347
Total assets	**3,351,883**	2,712,949
NET ASSETS AVAILABLE FOR BENEFITS	**$ 3,351,883**	$ 2,712,949

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

PRASEK'S HILLJE SMOKEHOUSE 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2017

ADDITIONS	
Investment income:	
Net appreciation in fair value of investments	$ 375,940
Dividends and interest	78,268
Total investment income	454,208
Interest income on notes receivable from participants	1,178
Contributions:	
Participants	147,515
Employer	74,198
Total contributions	221,713
Total additions	677,099
DEDUCTIONS	
Benefits paid to participants	12,896
Administrative expenses	25,269
Total deductions	38,165
Net increase	638,934
Net assets available for benefits, beginning of year	2,712,949
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 3,351,883

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

NOTE 1 – DESCRIPTION OF PLAN

Prasek's Hillje Smokehouse 401(k) Plan (the Plan) is a qualified retirement plan adopted by Prasek's Hillje Smokehouse, Inc. (the Company) to enable eligible employees to save for retirement. The Plan was originally effective on January 1, 2001 and was amended effective July 6, 2017. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by the Company and covers the following participating employers, as wholly-owned subsidiaries of the Company: Prasek's Distributing, LLC and J.F. Refrigeration & Services, LLC.

The summary of significant provisions of the Plan presented below provides general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

Eligibility – All eligible employees of the Company who have attained age 20 and completed one year of service may participate in the Plan. Participants may enter the Plan on the first day of the Plan year and the date six months later after they satisfy the eligibility requirements.

Contributions – Participants may elect to defer a percentage of their eligible compensation into the Plan after they have satisfied the Plan's eligibility requirements, as a pre-tax or Roth deferral contribution. The percentage of their eligible compensation they elect will be withheld from each payroll and contributed to an account in the Plan on their behalf. Participants may elect to defer up to 100% of their eligible compensation, not to exceed the dollar limit set by law. Participants who are projected to be age 50 or older by the end of the taxable year and who are making deferral contributions to the Plan may also make a catch-up contribution to the Plan. Participants may increase or decrease the amount they contribute as of the first day of each month. Participants may also completely suspend or resume their contributions at any time.

The Company has elected to make safe harbor matching contributions to all eligible participants in an amount equal to 100% of the first three percent of a participant's eligible compensation, and 50% of the next two percent of a participant's eligible compensation.

The Company may make discretionary matching contributions on behalf of eligible Plan participants. The Company will limit the matching contribution to 4% of a participant's eligible compensation contributed to the Plan. During 2017, the Company did not make any discretionary matching contributions.

Participants can roll over part or all of an eligible rollover distribution they receive from an eligible retirement plan into this Plan.

Participant Accounts – Each participant's account is credited with the participant's contributions, Company contributions, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options – Participants direct the investment of their assets under the Plan into various investment securities offered by the Plan. The Plan currently offers a money market fund and various mutual funds as investment options for participants. Participants may redirect the investment of future contributions or exchange existing balances among available investment securities at any time.

Vesting – Participants are always 100% vested in their deferral contributions, rollover contributions, safe harbor matching contributions and any earnings thereon. Participants become vested in Company matching contributions and any earnings thereon based on a six-year graded vesting schedule, earning 20% vesting each year of service after two years of service. A participant will become 100% vested in all contributions under the Plan upon reaching normal retirement age, disability or death.

Notes Receivable From Participants – Participants may borrow from their vested account balance a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. Loans are adequately secured by the balance in the participant's account and bear a reasonable rate of interest. Principal and interest payments are paid ratably through payroll deductions over a term not to exceed five years, unless the loan was obtained to acquire a principal residence.

Payment of Benefits – Upon termination of employment due to death, disability or normal retirement, a participant may elect to receive either a lump sum payment equal to the value of the participant's vested interest in their account or installments over a period of assumed life expectancy. Upon termination of employment for reasons other than death, disability or normal retirement, lump sum distributions may be made at the participant's election. If a participant's total vested benefit exceeds $5,000, no distribution will be made from the Plan without their consent. If a participant's total vested benefit is $1,000 or less when they terminate employment, their entire vested benefit will be distributed to them in a lump sum, even if the participant does not consent to a distribution.

Participants who have attained age 59½ may receive an in-service distribution from the Plan from fully vested accounts prior to termination of employment. A participant may request a hardship withdrawal to satisfy certain immediate and heavy financial needs.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Company to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See *Note 3* for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable From Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 or 2016.

Payment of Benefits – Benefits are recorded when paid.

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

Subsequent Events – The Plan has evaluated subsequent events through October 12, 2018, the date the financial statements were available to be issued.

NOTE 3 – 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). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

- **Level 2** – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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.

Money Market Fund – Valued using pricing models maximizing the use of observable inputs for similar securities.

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

	2017			
	Level 1	Level 2	Level 3	Total
Money market fund	**$ 34,810**	**$ -**	**$ -**	**$ 34,810**
Mutual funds	**3,282,804**	**-**	**-**	**3,282,804**
Investments at fair value	**$ 3,317,614**	**$ -**	**$ -**	**$ 3,317,614**

	2016			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 243,660	$ -	$ -	$ 243,660
Mutual funds	2,426,942	-	-	2,426,942
Investments at fair value	$ 2,670,602	$ -	$ -	$ 2,670,602

NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE

The Company has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the trustee, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2017 and 2016, the supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017, and the related investment activity reflected on the statement of changes in net assets available for benefits for the year ended December 31, 2017. The Company has instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by the trustee, except for comparing such information certified by the trustee with information included in the Plan's financial statements and supplemental schedule.

NOTE 5 – RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by the trustee and, therefore, these transactions qualify as party in interest transactions. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibited transactions rules under ERISA.

NOTE 6 – PLAN TERMINATION

The Company reserves the right to terminate the Plan at any time by taking appropriate action as circumstances may dictate. Each participant in the Plan upon Plan termination will automatically become 100% vested in their account balance.

NOTE 7 – TAX STATUS

The Company adopted a volume submitter profit sharing plan with CODA sponsored by Fidelity Management & Research Co. The volume submitter plan obtained its latest opinion letter on March 31, 2014, in which the Internal Revenue Service (IRS) stated that the plan, as then designed, was acceptable under section 401 of the Internal Revenue Code (IRC) for use by employers for the benefit of their employees. Although the Plan has been amended since receiving the opinion letter, the Company believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

U.S. GAAP requires the Company to evaluate the tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2017 and 2016, to Form 5500:

	2017	2016
Net assets available for benefits per the financial statements	**$ 3,351,883**	$ 2,712,949
Participant contributions receivable	-	(10,184)
Employer contribution receivable	-	(7,338)
Net assets available for benefits per the Form 5500	**$ 3,351,883**	$ 2,695,427

The following is a reconciliation of total contributions per the financial statements for the year ended December 31, 2017, to Form 5500:

Total contributions per the financial statements	$ 221,713
Add: participant contributions receivable at December 31, 2016	10,184
Add: employer contribution receivable at December 31, 2016	7,338
Total contributions per Form 5500	$ 239,235

NOTE 9 – RISKS AND UNCERTAINTIES

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

NOTE 10 – PROHIBITED TRANSACTIONS

During 2017 and 2016, the Company failed to remit to the trustee certain participant contributions and loan repayments totaling $34,861 within the period prescribed by the DOL's regulations. Delays in remitting contributions to the trustee were due to unintentional administrative errors. The Company will make contributions to the affected participants' accounts to compensate those participants for potential lost income due to the delays. Management believes these nonexempt transactions do not affect the tax status determination of the Plan.

NOTE 11 – SUBSEQUENT EVENTS

The Plan was amended effective March 12, 2018 to update the entry date for eligible employees of the Company into the Plan. Participants may enter the Plan on the first day of the Plan year and the first day of the fourth, seventh and tenth months after they satisfy the eligibility requirements.

PRASEK'S HILLJE SMOKEHOUSE 401(K) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

EIN: 76-0341315
Plan No. 001

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	FID OTC Portfolio	Mutual fund	**	$ 69,733
*	FID Strategic Income	Mutual fund	**	44,230
*	FID High Income	Mutual fund	**	94,161
*	FID 500 Index PR	Mutual fund	**	179,025
*	FID Small Cap Index PR	Mutual fund	**	33,276
*	Vanguard Target Retirement 2015	Mutual fund	**	51,387
*	Vanguard Target Retirement 2020	Mutual fund	**	814,663
*	Vanguard Target Retirement 2025	Mutual fund	**	203,617
*	Vanguard Target Retirement 2030	Mutual fund	**	350,099
*	Vanguard Target Retirement 2035	Mutual fund	**	597,499
*	Vanguard Target Retirement 2040	Mutual fund	**	43,677
*	Vanguard Target Retirement 2045	Mutual fund	**	82,013
*	Vanguard Target Retirement 2050	Mutual fund	**	5,095
*	Vanguard Target Retirement 2055	Mutual fund	**	6,031
*	Vanguard Target Retirement 2060	Mutual fund	**	29,293
*	Vanguard Value Index ADM	Mutual fund	**	68,168
*	Vanguard Growth Index ADM	Mutual fund	**	87,409
*	Vanguard Short-Term Investment Grade ADM	Mutual fund	**	56,121
*	Vanguard Small Cap Index ADM	Mutual fund	**	78,408
*	Vanguard Balance Index ADM	Mutual fund	**	13,868
*	Vanguard Mid-Cap Index ADM	Mutual fund	**	45,439
*	Vanguard Intermediate-Term INV GR ADM	Mutual fund	**	32,242
*	DFA Emerging Markets I	Mutual fund	**	28,524
*	Vanguard Mid-Cap GR Index ADM	Mutual fund	**	36,208
*	DFA Large Cap International I	Mutual fund	**	84,966
*	Vanguard Small Cap Value Index ADM	Mutual fund	**	44,740
*	Vanguard Mid-Cap Value Index ADM	Mutual fund	**	102,912
*	Vanguard Prime Money Market INV	Money market fund	**	34,810
*	Participant Loans	Interest rate range: 4.25% to 5.25%	-	34,269
	Total assets held for investment purposes			$ 3,351,883

* A party in interest as defined by ERISA.
** Cost information is not required as these assets are participant-directed.

See independent auditors' report.

PRASEK'S HILLJE SMOKEHOUSE 401(K) PLAN
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2017

EIN: 76-0341315
Plan No. 001

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if late participant loan repayments are included: ☒				
$ 34,861	$ 34,861	$ -	$ -	$ -

See independent auditors' report.

Prasek's Hillje Smokehouse 401(k) Plan

Financial Statements and Supplemental Schedules
As of December 31, 2017 and 2016,
and for the Year Ended December 31, 2017

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Schedules other than those listed above are omitted because of the conditions under which they are required.

Briggs & Veselka Co.
A PROFESSIONAL CORPORATION
Certified Public Accountants and Business Advisors

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Prasek's Hillje Smokehouse 401(k) Plan
El Campo, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Prasek's Hillje Smokehouse 401(k) Plan, which comprise the statements 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 year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

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

To the Plan Administrator of
Prasek's Hillje Smokehouse 401(k) Plan
Re: Independent Auditors' Report

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017 and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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



Briggs & Veselka Co.
Houston, Texas

October 12, 2018

PRASEK'S HILLJE SMOKEHOUSE 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016

	2017	2016
ASSETS		
Investments at fair value	**$ 3,317,614**	$ 2,670,602
Receivables:		
Participant contributions	**-**	10,184
Employer contribution	**-**	7,338
Notes receivable from participants	**34,269**	24,825
Total receivables	**34,269**	42,347
Total assets	**3,351,883**	2,712,949
NET ASSETS AVAILABLE FOR BENEFITS	**$ 3,351,883**	$ 2,712,949

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

PRASEK'S HILLJE SMOKEHOUSE 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2017

ADDITIONS	
Investment income:	
Net appreciation in fair value of investments	$ 375,940
Dividends and interest	78,268
Total investment income	454,208
Interest income on notes receivable from participants	1,178
Contributions:	
Participants	147,515
Employer	74,198
Total contributions	221,713
Total additions	677,099
DEDUCTIONS	
Benefits paid to participants	12,896
Administrative expenses	25,269
Total deductions	38,165
Net increase	638,934
Net assets available for benefits, beginning of year	2,712,949
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 3,351,883

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

NOTE 1 – DESCRIPTION OF PLAN

Prasek's Hillje Smokehouse 401(k) Plan (the Plan) is a qualified retirement plan adopted by Prasek's Hillje Smokehouse, Inc. (the Company) to enable eligible employees to save for retirement. The Plan was originally effective on January 1, 2001 and was amended effective July 6, 2017. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by the Company and covers the following participating employers, as wholly-owned subsidiaries of the Company: Prasek's Distributing, LLC and J.F. Refrigeration & Services, LLC.

The summary of significant provisions of the Plan presented below provides general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

Eligibility – All eligible employees of the Company who have attained age 20 and completed one year of service may participate in the Plan. Participants may enter the Plan on the first day of the Plan year and the date six months later after they satisfy the eligibility requirements.

Contributions – Participants may elect to defer a percentage of their eligible compensation into the Plan after they have satisfied the Plan's eligibility requirements, as a pre-tax or Roth deferral contribution. The percentage of their eligible compensation they elect will be withheld from each payroll and contributed to an account in the Plan on their behalf. Participants may elect to defer up to 100% of their eligible compensation, not to exceed the dollar limit set by law. Participants who are projected to be age 50 or older by the end of the taxable year and who are making deferral contributions to the Plan may also make a catch-up contribution to the Plan. Participants may increase or decrease the amount they contribute as of the first day of each month. Participants may also completely suspend or resume their contributions at any time.

The Company has elected to make safe harbor matching contributions to all eligible participants in an amount equal to 100% of the first three percent of a participant's eligible compensation, and 50% of the next two percent of a participant's eligible compensation.

The Company may make discretionary matching contributions on behalf of eligible Plan participants. The Company will limit the matching contribution to 4% of a participant's eligible compensation contributed to the Plan. During 2017, the Company did not make any discretionary matching contributions.

Participants can roll over part or all of an eligible rollover distribution they receive from an eligible retirement plan into this Plan.

Participant Accounts – Each participant's account is credited with the participant's contributions, Company contributions, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options – Participants direct the investment of their assets under the Plan into various investment securities offered by the Plan. The Plan currently offers a money market fund and various mutual funds as investment options for participants. Participants may redirect the investment of future contributions or exchange existing balances among available investment securities at any time.

Vesting – Participants are always 100% vested in their deferral contributions, rollover contributions, safe harbor matching contributions and any earnings thereon. Participants become vested in Company matching contributions and any earnings thereon based on a six-year graded vesting schedule, earning 20% vesting each year of service after two years of service. A participant will become 100% vested in all contributions under the Plan upon reaching normal retirement age, disability or death.

Notes Receivable From Participants – Participants may borrow from their vested account balance a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. Loans are adequately secured by the balance in the participant's account and bear a reasonable rate of interest. Principal and interest payments are paid ratably through payroll deductions over a term not to exceed five years, unless the loan was obtained to acquire a principal residence.

Payment of Benefits – Upon termination of employment due to death, disability or normal retirement, a participant may elect to receive either a lump sum payment equal to the value of the participant's vested interest in their account or installments over a period of assumed life expectancy. Upon termination of employment for reasons other than death, disability or normal retirement, lump sum distributions may be made at the participant's election. If a participant's total vested benefit exceeds $5,000, no distribution will be made from the Plan without their consent. If a participant's total vested benefit is $1,000 or less when they terminate employment, their entire vested benefit will be distributed to them in a lump sum, even if the participant does not consent to a distribution.

Participants who have attained age 59½ may receive an in-service distribution from the Plan from fully vested accounts prior to termination of employment. A participant may request a hardship withdrawal to satisfy certain immediate and heavy financial needs.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Company to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See *Note 3* for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable From Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 or 2016.

Payment of Benefits – Benefits are recorded when paid.

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

Subsequent Events – The Plan has evaluated subsequent events through October 12, 2018, the date the financial statements were available to be issued.

NOTE 3 – 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). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

- **Level 2** – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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.

Money Market Fund – Valued using pricing models maximizing the use of observable inputs for similar securities.

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

	2017			
	Level 1	Level 2	Level 3	Total
Money market fund	**$ 34,810**	**$ -**	**$ -**	**$ 34,810**
Mutual funds	**3,282,804**	**-**	**-**	**3,282,804**
Investments at fair value	**$ 3,317,614**	**$ -**	**$ -**	**$ 3,317,614**

	2016			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 243,660	$ -	$ -	$ 243,660
Mutual funds	2,426,942	-	-	2,426,942
Investments at fair value	$ 2,670,602	$ -	$ -	$ 2,670,602

NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE

The Company has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the trustee, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2017 and 2016, the supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017, and the related investment activity reflected on the statement of changes in net assets available for benefits for the year ended December 31, 2017. The Company has instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by the trustee, except for comparing such information certified by the trustee with information included in the Plan's financial statements and supplemental schedule.

NOTE 5 – RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by the trustee and, therefore, these transactions qualify as party in interest transactions. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibited transactions rules under ERISA.

NOTE 6 – PLAN TERMINATION

The Company reserves the right to terminate the Plan at any time by taking appropriate action as circumstances may dictate. Each participant in the Plan upon Plan termination will automatically become 100% vested in their account balance.

NOTE 7 – TAX STATUS

The Company adopted a volume submitter profit sharing plan with CODA sponsored by Fidelity Management & Research Co. The volume submitter plan obtained its latest opinion letter on March 31, 2014, in which the Internal Revenue Service (IRS) stated that the plan, as then designed, was acceptable under section 401 of the Internal Revenue Code (IRC) for use by employers for the benefit of their employees. Although the Plan has been amended since receiving the opinion letter, the Company believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

U.S. GAAP requires the Company to evaluate the tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2017 and 2016, to Form 5500:

	2017	2016
Net assets available for benefits per the financial statements	**$ 3,351,883**	$ 2,712,949
Participant contributions receivable	-	(10,184)
Employer contribution receivable	-	(7,338)
Net assets available for benefits per the Form 5500	**$ 3,351,883**	$ 2,695,427

The following is a reconciliation of total contributions per the financial statements for the year ended December 31, 2017, to Form 5500:

Total contributions per the financial statements	$ 221,713
Add: participant contributions receivable at December 31, 2016	10,184
Add: employer contribution receivable at December 31, 2016	7,338
Total contributions per Form 5500	$ 239,235

NOTE 9 – RISKS AND UNCERTAINTIES

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

NOTE 10 – PROHIBITED TRANSACTIONS

During 2017 and 2016, the Company failed to remit to the trustee certain participant contributions and loan repayments totaling $34,861 within the period prescribed by the DOL's regulations. Delays in remitting contributions to the trustee were due to unintentional administrative errors. The Company will make contributions to the affected participants' accounts to compensate those participants for potential lost income due to the delays. Management believes these nonexempt transactions do not affect the tax status determination of the Plan.

NOTE 11 – SUBSEQUENT EVENTS

The Plan was amended effective March 12, 2018 to update the entry date for eligible employees of the Company into the Plan. Participants may enter the Plan on the first day of the Plan year and the first day of the fourth, seventh and tenth months after they satisfy the eligibility requirements.

PRASEK'S HILLJE SMOKEHOUSE 401(K) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

EIN: 76-0341315
Plan No. 001

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	FID OTC Portfolio	Mutual fund	**	$ 69,733
*	FID Strategic Income	Mutual fund	**	44,230
*	FID High Income	Mutual fund	**	94,161
*	FID 500 Index PR	Mutual fund	**	179,025
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*	Vanguard Target Retirement 2015	Mutual fund	**	51,387
*	Vanguard Target Retirement 2020	Mutual fund	**	814,663
*	Vanguard Target Retirement 2025	Mutual fund	**	203,617
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*	Vanguard Small Cap Value Index ADM	Mutual fund	**	44,740
*	Vanguard Mid-Cap Value Index ADM	Mutual fund	**	102,912
*	Vanguard Prime Money Market INV	Money market fund	**	34,810
*	Participant Loans	Interest rate range: 4.25% to 5.25%	-	34,269
	Total assets held for investment purposes			$ 3,351,883

* A party in interest as defined by ERISA.
** Cost information is not required as these assets are participant-directed.

See independent auditors' report.

PRASEK'S HILLJE SMOKEHOUSE 401(K) PLAN
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2017

EIN: 76-0341315
Plan No. 001

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if late participant loan repayments are included: ☒				
$ 34,861	$ 34,861	$ -	$ -	$ -

See independent auditors' report.

Prasek's Hillje Smokehouse 401(k) Plan

Financial Statements and Supplemental Schedules
As of December 31, 2017 and 2016,
and for the Year Ended December 31, 2017

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Schedules other than those listed above are omitted because of the conditions under which they are required.

Briggs & Veselka Co.
A PROFESSIONAL CORPORATION
Certified Public Accountants and Business Advisors

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Prasek's Hillje Smokehouse 401(k) Plan
El Campo, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Prasek's Hillje Smokehouse 401(k) Plan, which comprise the statements 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 year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

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

To the Plan Administrator of
Prasek's Hillje Smokehouse 401(k) Plan
Re: Independent Auditors' Report

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017 and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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



Briggs & Veselka Co.
Houston, Texas

October 12, 2018

PRASEK'S HILLJE SMOKEHOUSE 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016

	2017	2016
ASSETS		
Investments at fair value	**$ 3,317,614**	$ 2,670,602
Receivables:		
Participant contributions	**-**	10,184
Employer contribution	**-**	7,338
Notes receivable from participants	**34,269**	24,825
Total receivables	**34,269**	42,347
Total assets	**3,351,883**	2,712,949
NET ASSETS AVAILABLE FOR BENEFITS	**$ 3,351,883**	$ 2,712,949

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

PRASEK'S HILLJE SMOKEHOUSE 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2017

ADDITIONS	
Investment income:	
Net appreciation in fair value of investments	$ 375,940
Dividends and interest	78,268
Total investment income	454,208
Interest income on notes receivable from participants	1,178
Contributions:	
Participants	147,515
Employer	74,198
Total contributions	221,713
Total additions	677,099
DEDUCTIONS	
Benefits paid to participants	12,896
Administrative expenses	25,269
Total deductions	38,165
Net increase	638,934
Net assets available for benefits, beginning of year	2,712,949
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 3,351,883

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

NOTE 1 – DESCRIPTION OF PLAN

Prasek's Hillje Smokehouse 401(k) Plan (the Plan) is a qualified retirement plan adopted by Prasek's Hillje Smokehouse, Inc. (the Company) to enable eligible employees to save for retirement. The Plan was originally effective on January 1, 2001 and was amended effective July 6, 2017. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by the Company and covers the following participating employers, as wholly-owned subsidiaries of the Company: Prasek's Distributing, LLC and J.F. Refrigeration & Services, LLC.

The summary of significant provisions of the Plan presented below provides general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

Eligibility – All eligible employees of the Company who have attained age 20 and completed one year of service may participate in the Plan. Participants may enter the Plan on the first day of the Plan year and the date six months later after they satisfy the eligibility requirements.

Contributions – Participants may elect to defer a percentage of their eligible compensation into the Plan after they have satisfied the Plan's eligibility requirements, as a pre-tax or Roth deferral contribution. The percentage of their eligible compensation they elect will be withheld from each payroll and contributed to an account in the Plan on their behalf. Participants may elect to defer up to 100% of their eligible compensation, not to exceed the dollar limit set by law. Participants who are projected to be age 50 or older by the end of the taxable year and who are making deferral contributions to the Plan may also make a catch-up contribution to the Plan. Participants may increase or decrease the amount they contribute as of the first day of each month. Participants may also completely suspend or resume their contributions at any time.

The Company has elected to make safe harbor matching contributions to all eligible participants in an amount equal to 100% of the first three percent of a participant's eligible compensation, and 50% of the next two percent of a participant's eligible compensation.

The Company may make discretionary matching contributions on behalf of eligible Plan participants. The Company will limit the matching contribution to 4% of a participant's eligible compensation contributed to the Plan. During 2017, the Company did not make any discretionary matching contributions.

Participants can roll over part or all of an eligible rollover distribution they receive from an eligible retirement plan into this Plan.

Participant Accounts – Each participant's account is credited with the participant's contributions, Company contributions, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options – Participants direct the investment of their assets under the Plan into various investment securities offered by the Plan. The Plan currently offers a money market fund and various mutual funds as investment options for participants. Participants may redirect the investment of future contributions or exchange existing balances among available investment securities at any time.

Vesting – Participants are always 100% vested in their deferral contributions, rollover contributions, safe harbor matching contributions and any earnings thereon. Participants become vested in Company matching contributions and any earnings thereon based on a six-year graded vesting schedule, earning 20% vesting each year of service after two years of service. A participant will become 100% vested in all contributions under the Plan upon reaching normal retirement age, disability or death.

Notes Receivable From Participants – Participants may borrow from their vested account balance a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. Loans are adequately secured by the balance in the participant's account and bear a reasonable rate of interest. Principal and interest payments are paid ratably through payroll deductions over a term not to exceed five years, unless the loan was obtained to acquire a principal residence.

Payment of Benefits – Upon termination of employment due to death, disability or normal retirement, a participant may elect to receive either a lump sum payment equal to the value of the participant's vested interest in their account or installments over a period of assumed life expectancy. Upon termination of employment for reasons other than death, disability or normal retirement, lump sum distributions may be made at the participant's election. If a participant's total vested benefit exceeds $5,000, no distribution will be made from the Plan without their consent. If a participant's total vested benefit is $1,000 or less when they terminate employment, their entire vested benefit will be distributed to them in a lump sum, even if the participant does not consent to a distribution.

Participants who have attained age 59½ may receive an in-service distribution from the Plan from fully vested accounts prior to termination of employment. A participant may request a hardship withdrawal to satisfy certain immediate and heavy financial needs.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Company to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See *Note 3* for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable From Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 or 2016.

Payment of Benefits – Benefits are recorded when paid.

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

Subsequent Events – The Plan has evaluated subsequent events through October 12, 2018, the date the financial statements were available to be issued.

NOTE 3 – 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). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

- **Level 2** – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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.

Money Market Fund – Valued using pricing models maximizing the use of observable inputs for similar securities.

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

	2017			
	Level 1	Level 2	Level 3	Total
Money market fund	**$ 34,810**	**$ -**	**$ -**	**$ 34,810**
Mutual funds	**3,282,804**	**-**	**-**	**3,282,804**
Investments at fair value	**$ 3,317,614**	**$ -**	**$ -**	**$ 3,317,614**

	2016			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 243,660	$ -	$ -	$ 243,660
Mutual funds	2,426,942	-	-	2,426,942
Investments at fair value	$ 2,670,602	$ -	$ -	$ 2,670,602

NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE

The Company has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the trustee, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2017 and 2016, the supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017, and the related investment activity reflected on the statement of changes in net assets available for benefits for the year ended December 31, 2017. The Company has instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by the trustee, except for comparing such information certified by the trustee with information included in the Plan's financial statements and supplemental schedule.

NOTE 5 – RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by the trustee and, therefore, these transactions qualify as party in interest transactions. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibited transactions rules under ERISA.

NOTE 6 – PLAN TERMINATION

The Company reserves the right to terminate the Plan at any time by taking appropriate action as circumstances may dictate. Each participant in the Plan upon Plan termination will automatically become 100% vested in their account balance.

NOTE 7 – TAX STATUS

The Company adopted a volume submitter profit sharing plan with CODA sponsored by Fidelity Management & Research Co. The volume submitter plan obtained its latest opinion letter on March 31, 2014, in which the Internal Revenue Service (IRS) stated that the plan, as then designed, was acceptable under section 401 of the Internal Revenue Code (IRC) for use by employers for the benefit of their employees. Although the Plan has been amended since receiving the opinion letter, the Company believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

U.S. GAAP requires the Company to evaluate the tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2017 and 2016, to Form 5500:

	2017	2016
Net assets available for benefits per the financial statements	**$ 3,351,883**	$ 2,712,949
Participant contributions receivable	-	(10,184)
Employer contribution receivable	-	(7,338)
Net assets available for benefits per the Form 5500	**$ 3,351,883**	$ 2,695,427

The following is a reconciliation of total contributions per the financial statements for the year ended December 31, 2017, to Form 5500:

Total contributions per the financial statements	$ 221,713
Add: participant contributions receivable at December 31, 2016	10,184
Add: employer contribution receivable at December 31, 2016	7,338
Total contributions per Form 5500	$ 239,235

NOTE 9 – RISKS AND UNCERTAINTIES

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

NOTE 10 – PROHIBITED TRANSACTIONS

During 2017 and 2016, the Company failed to remit to the trustee certain participant contributions and loan repayments totaling $34,861 within the period prescribed by the DOL's regulations. Delays in remitting contributions to the trustee were due to unintentional administrative errors. The Company will make contributions to the affected participants' accounts to compensate those participants for potential lost income due to the delays. Management believes these nonexempt transactions do not affect the tax status determination of the Plan.

NOTE 11 – SUBSEQUENT EVENTS

The Plan was amended effective March 12, 2018 to update the entry date for eligible employees of the Company into the Plan. Participants may enter the Plan on the first day of the Plan year and the first day of the fourth, seventh and tenth months after they satisfy the eligibility requirements.

PRASEK'S HILLJE SMOKEHOUSE 401(K) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

EIN: 76-0341315
Plan No. 001

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	FID OTC Portfolio	Mutual fund	**	$ 69,733
*	FID Strategic Income	Mutual fund	**	44,230
*	FID High Income	Mutual fund	**	94,161
*	FID 500 Index PR	Mutual fund	**	179,025
*	FID Small Cap Index PR	Mutual fund	**	33,276
*	Vanguard Target Retirement 2015	Mutual fund	**	51,387
*	Vanguard Target Retirement 2020	Mutual fund	**	814,663
*	Vanguard Target Retirement 2025	Mutual fund	**	203,617
*	Vanguard Target Retirement 2030	Mutual fund	**	350,099
*	Vanguard Target Retirement 2035	Mutual fund	**	597,499
*	Vanguard Target Retirement 2040	Mutual fund	**	43,677
*	Vanguard Target Retirement 2045	Mutual fund	**	82,013
*	Vanguard Target Retirement 2050	Mutual fund	**	5,095
*	Vanguard Target Retirement 2055	Mutual fund	**	6,031
*	Vanguard Target Retirement 2060	Mutual fund	**	29,293
*	Vanguard Value Index ADM	Mutual fund	**	68,168
*	Vanguard Growth Index ADM	Mutual fund	**	87,409
*	Vanguard Short-Term Investment Grade ADM	Mutual fund	**	56,121
*	Vanguard Small Cap Index ADM	Mutual fund	**	78,408
*	Vanguard Balance Index ADM	Mutual fund	**	13,868
*	Vanguard Mid-Cap Index ADM	Mutual fund	**	45,439
*	Vanguard Intermediate-Term INV GR ADM	Mutual fund	**	32,242
*	DFA Emerging Markets I	Mutual fund	**	28,524
*	Vanguard Mid-Cap GR Index ADM	Mutual fund	**	36,208
*	DFA Large Cap International I	Mutual fund	**	84,966
*	Vanguard Small Cap Value Index ADM	Mutual fund	**	44,740
*	Vanguard Mid-Cap Value Index ADM	Mutual fund	**	102,912
*	Vanguard Prime Money Market INV	Money market fund	**	34,810
*	Participant Loans	Interest rate range: 4.25% to 5.25%	-	34,269
	Total assets held for investment purposes			$ 3,351,883

* A party in interest as defined by ERISA.
** Cost information is not required as these assets are participant-directed.

See independent auditors' report.

PRASEK'S HILLJE SMOKEHOUSE 401(K) PLAN
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2017

EIN: 76-0341315
Plan No. 001

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if late participant loan repayments are included: ☒				
$ 34,861	$ 34,861	$ -	$ -	$ -

See independent auditors' report.