

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

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>AMERICAN NUTRITION INC 401(K) PROFIT SHARING PLAN & TRUST</u>	1b Three-digit plan number (PN) ▶	006	
	1c Effective date of plan <u>07/01/1984</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMERICAN NUTRITION INC</u> <u>PO BOX 1405</u> <u>OGDEN, UT 84402</u>	2b Employer Identification Number (EIN) <u>87-0293258</u>	2c Plan Sponsor's telephone number <u>801-394-3477</u>	2d Business code (see instructions) <u>541990</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/06/2018	EDWARD ROJAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 507
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 301 6a(2) 323 6b 0 6c 230 6d 553 6e 0 6f 553 6g 547 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017	and ending 12/31/2017
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A Name of plan AMERICAN NUTRITION INC 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ►	006
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AMERICAN NUTRITION INC	D Employer Identification Number (EIN) 87-0293258
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE GAC SERIES 25053 0

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY
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c EIN-PN 46-6625485-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 585582
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a Name of MTIA, CCT, PSA, or 103-12 IE:
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b Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>AMERICAN NUTRITION INC 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ►	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN NUTRITION INC</u>	D Employer Identification Number (EIN) <u>87-0293258</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	595	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	983953	950050
(2) Participant contributions	1b(2)	107173	58355
(3) Other.....	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	139	
(2) U.S. Government securities.....	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other.....	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	1391645	1371032
(9) Value of interest in common/collective trusts.....	1c(9)	3368789	585582
(10) Value of interest in pooled separate accounts.....	1c(10)	0	
(11) Value of interest in master trust investment accounts	1c(11)	0	
(12) Value of interest in 103-12 investment entities	1c(12)	0	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	21912476	26343897
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	
(2) Employer real property	1d(2)	0	
e Buildings and other property used in plan operation	1e	0	
f Total assets (add all amounts in lines 1a through 1e)	1f	27764770	29308916

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	27764770	29308916
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1398265	
(B) Participants	2a(1)(B)	1359797	
(C) Others (including rollovers)	2a(1)(C)	1820	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2759882
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	59011	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		59011
(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)	652484	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		652484
(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)		47573
(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)		2669011
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		6187961

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4576478	
(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)		4576478
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		1131
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	55270	
(3) Investment advisory and management fees	2i(3)	8296	
(4) Other	2i(4)	2640	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		66206
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4643815

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1544146
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: **TANNER LLC**

(2) EIN: **20-2253063**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	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 AMERICAN NUTRITION INC 401(K) PROFIT SHARING PLAN & TRUST		B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN NUTRITION INC		D Employer Identification Number (EIN) 87-0293258
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 16-1470238		
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 0
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 X 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 0
b Enter the amount contributed by the employer to the plan for this plan year		6b 0
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 0
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

**TANNER**BUSINESS ADVISORS AND
CERTIFIED PUBLIC ACCOUNTANTS

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November 30, 2018

Plan Administrators
American Nutrition Inc 401(k) Profit Sharing Plan and Trust
2813 Wall Avenue
Ogden, Utah 84401

Ladies/Gentlemen:

We have conducted a Department of Labor (DOL) limited-scope audit of the financial statements of the American Nutrition Inc 401(k) Profit Sharing Plan and Trust as of December 31, 2017 and for the year then ended and have issued our report thereon dated November 30, 2018. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended (ERISA), the Plan Administrators instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 3 to those financial statements. Because of the significance of the information that we did not audit, we are unable to, and have not, expressed an opinion on those financial statements as a whole and on the supplemental schedule. We did, however, audit the form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, in accordance with auditing standards generally accepted in the United States of America, and found them to be presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

We are required to provide you with information about our responsibilities under professional standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our engagement letter to you dated May 11, 2018. Professional standards also require that we communicate to you the following information related to our audit.

Qualitative Aspects of Accounting Policies

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Plan are described in Note 2 to the financial statements. No accounting policies were adopted in 2017 that had a significant impact on financial reporting and the application of existing policies was not changed. We noted no transactions entered into by the Plan during 2017 for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected.

We evaluated the key factors and assumptions used to develop the estimates in determining that they are reasonable in relation to the financial statements as a whole.

The financial statement disclosures are neutral, consistent and clear.

Difficulties Encountered in Performing and Completing the Audit

The completion of the audit was delayed, in part, because schedules and reconciling information relating to the transfer of assets from Bank of America, N.A. (Merrill Lynch) to Mid Atlantic Trust Company (Paychex), the custodians, and the reconciliation of the certified trust statement from Mid Atlantic Trust Company to the participant accounting detail from Paychex were unresolved until mid-October 2018. These matters caused the filing of the Form 5500 and issuance of the independent auditors' report to be delayed.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. The adjustments made during the audit are presented in the attached Exhibit.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditors' report. No such disagreements arose during the course of the audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated November 30, 2018. A copy of that letter has been provided to you.

Management Consultations with Other Independent Accountants

Management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" in certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the type of auditors' report that may be expressed on those financial statements, professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management prior to retention as the Plan's auditors. These discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Independence

Independence is crucial to the performance of audit services. We are subject to the independence standards of the American Institute of Certified Public Accountants and the DOL.

All partners and employees of our firm are provided access to our policies and procedures relating to independence and conflicts of interest. Annually, we obtain written confirmation from partners and employees about their adherence to these policies.

There are no relationships between Tanner LLC and the Plan or the Plan Sponsor that in our professional judgment may reasonably be thought to impair our independence.

Other Information in Documents Containing Audited Financial Statements

Other than Form 5500, we are not aware of any documents that contain the audited financial statements. If such documents were to be published, we would have a responsibility to determine that such financial information was not materially inconsistent with the audited financial statements of the Plan.

We will be pleased to respond to any questions you have about the foregoing. We appreciate the opportunity to be of service to the Plan.

This information is intended solely for the use of the Plan Administrators and is not intended to be and should not be used by anyone else.

Sincerely,

Tanner LLC

By: 
Kent M. Bowman, Partner

**EXHIBIT
ADJUSTING JOURNAL ENTRIES
DECEMBER 31, 2017**

Account	Description	Debit	Credit
Adjusting Journal Entry 1			
To remove profit sharing amount provided to an employee who was ineligible for the profit sharing contribution.			
5100	Employer contributions	\$ 1,831	
2001	Employer contributions receivable		\$ 1,831
Total		\$ 1,831	\$ 1,831
Adjusting Journal Entry 2			
To update investment balances to certified amounts based on reconciliation between the certified MATC report and the Paychex participant accounting detail.			
1240	BLACKROCK LIFEPATH INDEX RETIREMENT PORTFOLIO K	\$ 7,555	
1241	BLACKROCK LIFEPATH INDEX 2020 PORTFOLIO K	16,361	
1242	BLACKROCK LIFEPATH INDEX 2025 PORTFOLIO K	21,660	
1243	BLACKROCK LIFEPATH INDEX 2030 PORTFOLIO K	34,249	
1244	BLACKROCK LIFEPATH INDEX 2035 PORTFOLIO K	42,809	
1245	BLACKROCK LIFEPATH INDEX 2040 PORTFOLIO K	9,349	
1246	BLACKROCK LIFEPATH INDEX 2045 PORTFOLIO K	7,945	
1247	BLACKROCK LIFEPATH INDEX 2050 PORTFOLIO K	2,764	
1248	BLACKROCK LIFEPATH INDEX 2055 PORTFOLIO K	894	
1249	BLACKROCK LIFEPATH INDEX 2060 K	270	
1400	Participant loans	17,354	
5000	Employee contributions - deferrals	41,001	
5100	Employer contributions	14,872	
6100	Net appreciation (depreciation) in fair value of investments	777	
1235	METLIFE GAC SERIES 25053 0		\$ 1,110
1236	BLACKROCK TOTAL RETURN K		670
1237	INVESCO DIVERSIFIED DIVIDEND R6		572
1238	VICTORY SYCAMORE ESTABLISHED VALUE R6		1,161
1239	OPPENHEIMER INTERNATIONAL DIVERSIFIED I		384
1250	WELLS FARGO SPECIAL SMALL CAP VALUE R6		401
1251	VANGUARD MID CAP INDEX FUND ADML		627
1252	AMERICAN FUNDS NEW WORLD R6		295
1253	AMERICAN FUNDS CAPITAL INCOME BUILDER R6		889
1254	JANUS HENDERSON TRITON N		1,181
1255	ISHARES S&P 500 INDEX K		797
1256	JANUS HENDERSON ENTERPRISE N		1,066
1257	VANGUARD SMALL CAP INDEX ADML		607
1258	T. ROWE PRICE BLUE CHIP GROWTH I		2,095
1259	COHEN & STEERS REAL ESTATE SECURITIES I		235
1260	MFS INTERNATIONAL DIVERSIFICATION R4		823
1261	PIMCO INCOME INST		220
6100	Net appreciation (depreciation) in fair value of investments		204,727
Total		\$ 217,860	\$ 217,860

Account	Description	Debit	Credit
---------	-------------	-------	--------

Adjusting Journal Entry 3

Entry to reclassify uncashed checks out of investment gain/loss and into a payable to participants.

6100	Net appreciation (depreciation) in fair value of investments	\$ 29,943	
7000	Benefits Paid to Participants		\$ 29,943
Total		\$ 29,943	\$ 29,943

Adjusting Journal Entry 4

To remove profit sharing contribution amount due to incorrect assessment of tuition reimbursement as eligible income.

5100	Employer contributions	\$ 1,020	
2001	Employer contributions receivable		\$ 1,020
Total		\$ 1,020	\$ 1,020

Note: For the best PDF viewing experience, disable “Enhance thin lines” in Adobe Acrobat. Click on Edit >> Preferences >> Page Display, and uncheck “Enhance thin lines.”



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American Nutrition Inc 401(k) Profit Sharing Plan and Trust

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

Together with Independent Auditors' Report



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Key Bank Tower at City Creek
36 South State Street, Suite 600
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INDEPENDENT AUDITORS' REPORT

To the Plan Administrators American Nutrition Inc 401(k) Profit Sharing Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the American Nutrition Inc 401(k) Profit Sharing Plan and Trust (the Plan), which comprise the statements of assets available for benefits as of December 31, 2017 and 2016, the related statement of changes in assets available for benefits for the year ended December 31, 2017, and the related notes to financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended (ERISA), the Plan Administrators instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Bank of America, N.A. and Mid Atlantic Trust Company, the custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrators that Mid Atlantic Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2017, and for the period from January 1, 2017 through December 31, 2017. We have been informed by the Plan Administrators that Bank of America, N.A. held the Plan's investment assets and notes receivable from participants and executed investment transactions related to the Plan's investment assets and notes receivable from participants as of December 31, 2016, and for the period from January 1, 2016 through March 31, 2017. The Plan Administrators have obtained certifications from the custodians as of December 31, 2017 and 2016 and for the year ended December 31, 2017, that the information provided to the Plan Administrators by the custodians is complete and accurate.

Disclaimer of Opinion

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

Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2017 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with US GAAS and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Tanner LLC

November 30, 2018



American Nutrition Inc 401(k) Profit Sharing Plan and Trust
Statements of Assets Available for Benefits

As of December 31,

	2017	2016
Investments, at fair value:		
Mutual funds	\$ 26,343,897	\$ 21,912,476
Stable value collective trust funds	585,582	3,368,789
Interest bearing cash	-	734
Investments, at fair value	26,929,479	25,281,999
Receivables:		
Notes receivable from participants	1,371,032	1,391,645
Employer contributions receivable	950,050	983,953
Participant contributions receivable	58,355	107,173
Total receivables	2,379,437	2,482,771
Assets available for benefits	\$ 29,308,916	\$ 27,764,770



American Nutrition Inc 401(k) Profit Sharing Plan and Trust
Statement of Changes in Assets Available for Benefits

For the Year Ended December 31, 2017

Additions:

Investment income:	
Net appreciation in fair value of investments	\$ 2,716,584
Interest and dividends	<u>652,484</u>
Total investment income	<u>3,369,068</u>
Interest income on notes receivable from participants	<u>59,011</u>
Contributions:	
Employer	1,398,265
Participant	1,359,797
Rollover	<u>1,820</u>
Total contributions	<u>2,759,882</u>
Total additions	<u>6,187,961</u>

Deductions:

Benefits paid to participants	4,577,609
Administrative expenses	<u>66,206</u>
Total deductions	<u>4,643,815</u>
Net increase in assets available for benefits	1,544,146

Assets available for benefits:

Beginning of the year	<u>27,764,770</u>
End of the year	<u>\$ 29,308,916</u>



American Nutrition Inc 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

December 31, 2017 and 2016

1. Description of the Plan

The following description of the American Nutrition Inc 401(k) Profit Sharing Plan and Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document and Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan was established July 1, 1984 and is a defined contribution plan covering all eligible employees of American Nutrition, Inc. and its wholly owned subsidiaries: Northwest Pet Products, Inc.; Vita-Line Products, Inc.; and Veracity Logistics LLC. (collectively, the Plan Sponsor or Employer). Employees, other than temporary, leased and seasonal employees, are eligible to participate in the Plan upon reaching age 18 and completing 3 months of service; and are eligible to receive profit sharing contributions upon reaching age 18 and completing 6 months of service. The Plan allows traditional 401(k) deferral (pre-tax) contributions and Roth 401(k) deferral (after-tax) contributions. The Plan is intended to be a qualified plan under the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Participant Contributions

The Plan provides for automatic enrollments of eligible employees. This feature enrolls each eligible employee into the Plan at a default rate of 2% of the employee's compensation on a pre-tax basis for the Plan year unless the employee affirmatively elects another rate of contribution or elects not to contribute.

The rate of contribution for a participant who is automatically enrolled in the Plan increases each January 1 by 1% increments, up to a maximum of 5%, unless the participant affirmatively elects another rate of contribution.

Participants are permitted to stop contributing or to change contribution percentages at any time. The contribution percentage changes become effective as soon as administratively feasible following receipt of the change request by the custodian.

Participant pre-tax contributions and Employer contributions, as well as the earnings thereon, are taxed to the participant at the time of distribution. Participants may contribute rollover amounts from other qualified benefit plans into the Plan.

Participant contributions are subject to an annual limit of the lesser of 25% of eligible compensation or \$18,000 (\$24,000 for participants age 50 or older) for the year ended December 31, 2017.

Employer Contributions

Employer matching contributions are 50% of the first 5% of a participant's eligible compensation contributed to the Plan.



American Nutrition Inc 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
Continued
December 31, 2017 and 2016

**1. Description
of the Plan**
Continued

The Employer may elect to make discretionary profit sharing contributions to each eligible participant's account. During the year ended December 31, 2017, the Employer made discretionary profit sharing contributions of 5% of eligible compensation. An employee must work at least 1,000 hours during a year and be employed as of December 31 of a plan year to be eligible to receive the discretionary profit sharing contribution.

Vesting

The Plan Document provides immediate vesting of participant and Employer contributions, plus actual earnings thereon.

Forfeitures

Employer contributions were subject to vesting prior to an amendment to the Plan Document effective January 1, 2013. Upon termination, the unvested portion of a participant's account is forfeited. Forfeitures may be used to (1) reinstate previously forfeited account balances of returning participants, (2) allocate to current participants, or (3) pay Plan administrative expenses. For the year ended December 31, 2017, forfeitures and earnings thereon increased by \$540, and \$4,314 of forfeitures were used to pay Plan administrative expenses. The forfeitures account balance was \$0 and \$3,774 as of December 31, 2017 and 2016, respectively.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Employer's matching and discretionary profit sharing contributions, and an allocation of earnings; and is charged with withdrawals, and an allocation of losses and expenses.

Participant-Directed Options for Investments

Participants direct the investment of their contributions and the Employer's contributions into various investment options offered by the Plan.

Notes Receivable from Participants

Participants may choose to borrow from their Plan accounts up to a maximum of \$50,000 or 50% of their account balances, whichever is less. These notes receivable are secured by the balances in the participants' accounts and bear interest at rates commensurate with prevailing rates at the time funds are borrowed. The interest rate remains fixed over the life of the note at rates ranging from 4.75% to 10.25%. Principal and interest are paid ratably through payroll deductions. As of December 31, 2017, notes receivable from participants had maturities ranging from May 2018 through November 2046.



American Nutrition Inc 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
Continued
December 31, 2017 and 2016

**1. Description
of the Plan**
Continued

Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installment payments. Participants who terminate their employment with the Plan Sponsor or attain age 59½ are entitled to withdraw all or a portion of their account balances. Under certain circumstances, including financial hardship, participants may withdraw their balances prior to the occurrence of these events. A participant who receives a hardship distribution may not make 401(k) elective deferral contributions for six months following the distribution. If a participant's vested balance at the time of termination is \$5,000 or less, he or she will automatically receive a lump sum distribution as soon as administratively practical.

Plan Restatement and Custodian Transfer

In January 2017, the Plan was restated using a prototype plan of Paychex, Inc. The Plan liquidated the investments held at that time and transferred the assets from Bank of America, N.A. to Mid Atlantic Trust Company.

**2. Summary of
Significant
Accounting
Policies**

Basis of Accounting

The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (US GAAP) using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in accordance with US GAAP requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Risks and Uncertainties

The Plan provides for investments in securities that are exposed to various risks, such as interest rate, credit, liquidity, overall market volatility, and changes in economic conditions. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values 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 statements of assets available for benefits.

Investment Valuation and Income Recognition

The Plan's investments in mutual funds are stated at fair value based on quoted market prices. Stable value collective trust funds are reported at fair value, based on the quoted redemption values of the underlying assets.



American Nutrition Inc 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
Continued
December 31, 2017 and 2016

**2. Summary of
Significant
Accounting
Policies**
Continued

Investment Valuation and Income Recognition – continued

Net appreciation in fair value of investments includes realized and unrealized gains or losses on investments and is recognized in income currently. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Dividends and interest are reinvested as earned.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest and are secured by the account balances. Interest income is recognized over the terms of the notes. Fees related to the notes are recorded as administrative expenses when they are incurred. If a participant defaults, the carrying amount of the note receivable from the participant is eliminated and a benefit payment is recorded at the time the participant has a distributable event.

Administrative Expenses

Plan administrative expenses may be charged directly to the Plan or paid by the Employer at the Employer's option. During the year ended December 31, 2017, the Employer paid all but \$66,206 of administrative expenses.

Payment of Benefits

Benefits are recorded when paid by the Plan.

Subsequent Events

The Plan's management has evaluated events and transactions for potential recognition and disclosure through November 30, 2018, which is the date the financial statements were available to be issued.

**3. Information
Certified by
the
Custodians**

The Plan Administrators have elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under that election, the Plan Administrators have obtained certifications from Mid Atlantic Trust Company (as of December 31, 2017, and for the period from January 1, 2017 through December 31, 2017) and Bank of America, N.A. (as of December 31, 2016 and for the period from January 1, 2016 through March 31, 2017), the custodians of the Plan, that information in the accompanying financial statements and supplemental schedule pertaining to the Plan's investments and related transactions is complete and accurate.



American Nutrition Inc 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
Continued
December 31, 2017 and 2016

**3. Information
Certified by
the
Custodians**
Continued

Mid Atlantic Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2017, and from January 1, 2017 through December 31, 2017. Bank of America, N.A. held the Plan's investment assets and notes receivable from participants and executed investment transactions related to the Plan's investment assets and notes receivable from participants as of December 31, 2016, and for the period from January 1, 2016 through March 31, 2017. Information as to the assets held by the custodians, related income, and transactions are presented solely based upon those certifications.

**4. Fair Value
Measurement**

The Plan measures the fair value of its investments according to a fair value measurement hierarchy, which includes three broad levels. This hierarchy requires the Plan's investments to be classified by level in their entirety based upon the lowest level of the input that was significant to the fair value measurement. Descriptions of the three levels of the fair value hierarchy are as follows:

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

Level 2 – Observable inputs other than Level 1 including quoted prices for similar assets or liabilities, quoted prices in less active markets, or other observable inputs that can be corroborated by observable market data.

Level 3 – Unobservable inputs supported by little or no market activity for financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.



American Nutrition Inc 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
Continued
December 31, 2017 and 2016

4. Fair Value Measurement
Continued

The following tables set forth by level within the valuation hierarchy, the Plan's investments measured at fair value as of December 31:

2017				
Description	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 26,343,897	\$ -	\$ -	\$ 26,343,897
Stable value collective trust funds, at the net asset value (NAV) practical expedient				585,582
Total investments, at fair value				<u>\$ 26,929,479</u>

2016				
Description	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 21,912,476	\$ -	\$ -	\$ 21,912,476
Interest-bearing cash	734	-	-	734
Stable value collective trust funds, at the NAV practical expedient				3,368,789
Total investments, at fair value				<u>\$ 25,281,999</u>

The Plan invests in stable value funds which are common collective trusts. The objective of the stable value funds is to provide a preservation of principal and to provide interest income reasonably obtained under prevailing market conditions and rates, consistent with seeking to maintain required liquidity.

The following table summarizes investments measured at fair value based on NAV per share as of:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
December 31, 2017				
Stable value collective trust funds	\$ 585,582	N/A	Daily	Daily
December 31, 2016				
Stable value collective trust funds	\$ 3,368,789	N/A	Daily	Daily

5. Plan Termination

Although it has not expressed any intent to do so, the Employer has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.



American Nutrition Inc 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
Continued
December 31, 2017 and 2016

6. Income Tax Status

The Plan is a non-standardized prototype plan for which the Internal Revenue Service has issued a favorable opinion letter dated April 10, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was acceptable under Section 401(a) of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter, but the Plan Administrators and the Plan's legal counsel believe the Plan and related trust are currently designed and being operated in compliance with the applicable sections of the Internal Revenue Code. Accordingly, no income taxes have been accrued in the accompanying financial statements.

Management evaluates income tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by tax authorities. Plan management has concluded that as of December 31, 2017, there are no uncertain tax positions that require either recognition or disclosure in the financial statements.

7. Party-In-Interest Transactions

Notes receivable from participants and administrative expenses paid by the Employer are considered party-in-interest transactions.

8. Subsequent Event

Subsequent to year-end, in connection with the Bipartisan Budget Act of 2018, the U.S. Department of the Treasury issued new proposed regulations that provide more flexibility for 401(k) plan participants to access their retirement accounts in the event of a financial hardship. All 401(k) plans that permit hardship distributions will be required to be amended to implement several changes. The amendment deadline will be the end of the second calendar year after the new regulations are finalized and listed on the IRS list of required qualified plan amendments.

American Nutrition Inc 401(k) Profit Sharing Plan and Trust
Employer Identification Number: 87-0293258 | Plan Number: 006
Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)
As of December 31, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Mutual funds:			
	Blackrock	Blackrock Total Return K	**	\$ 197,469
	Invesco	Invesco Diversified Dividend R6	**	352,860
	Victory	Victory Sycamore Established Value R6	**	400,467
	Oppenheimer Funds	Oppenheimer International Diversified I	**	289,267
	Blackrock	Blackrock Lifepath Index Retirement Portfolio K	**	950,503
	Blackrock	Blackrock Lifepath Index 2020 Portfolio K	**	1,917,971
	Blackrock	Blackrock Lifepath Index 2025 Portfolio K	**	3,163,022
	Blackrock	Blackrock Lifepath Index 2030 Portfolio K	**	3,931,824
	Blackrock	Blackrock Lifepath Index 2035 Portfolio K	**	5,373,814
	Blackrock	Blackrock Lifepath Index 2040 Portfolio K	**	1,686,086
	Blackrock	Blackrock Lifepath Index 2045 Portfolio K	**	1,733,311
	Blackrock	Blackrock Lifepath Index 2050 Portfolio K	**	748,870
	Blackrock	Blackrock Lifepath Index 2055 Portfolio K	**	578,319
	Blackrock	Blackrock Lifepath Index 2060 K	**	307,234
	Wells Fargo	Wells Fargo Special Small Cap Value R6	**	265,442
	Vanguard	Vanguard Mid Cap Index Fund Adml	**	212,563
	American Funds	American Funds New World R6	**	188,736
	American Funds	American Funds Capital Income Builder R6	**	355,834
	Janus Henderson	Janus Henderson Triton N	**	733,247
	iShares	iShares S&P 500 Index K	**	693,620
	Janus Henderson	Janus Henderson Enterprise N	**	559,444
	Vanguard	Vanguard Small Cap Index Adml	**	134,770
	T. Rowe Price	T. Rowe Price Blue Chip Growth I	**	809,213
	Cohen & Steers	Cohen & Steers Real Estate Securities I	**	63,370
	MFS	MFS International Diversification R4	**	263,688
	PIMCO	PIMCO Income Inst	**	432,953
	Total mutual funds			26,343,897
	Stable value collective trust funds:			
	METLIFE	METLIFE GAC SERIES 25053 0	**	585,582
	Notes receivable from participants:			
*	Participant loans	Loans with interest rates ranging from 4.75% to 10.25%, maturing May 2018 through November 2046		1,371,032
				<u>\$ 28,300,511</u>
*	Denotes a party in interest as defined by ERISA			
**	Not required as investments are participant directed			