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 11/01/2017 and ending 10/31/2018

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
REY PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1966

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)

EASTER UNLIMITED , INC.

80 VOICE ROAD
CARLE PLACE, NY 11514

2b Employer Identification Number (EIN)
13-1983343

2c Plan Sponsor's telephone number
516-873-9000

2d Business code (see instructions)
339900

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.	08/15/2019	KEVIN KURTZMAN
	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**	125
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)**	99
a(2) Total number of active participants at the end of the plan year	**6a(2)**	85
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	20
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	105
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	106
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	100
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
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 2H 2J 2A 3D 3H 2D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 11/01/2017 and ending 10/31/2018

A Name of plan
REY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTER UNLIMITED , INC.

D Employer Identification Number (EIN)
13-1983343

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

1 Coverage Information:

(a) Name of insurance carrier
METLIFE

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
54-0696644	61050	IND POL	0	01/01/2018	12/31/2018

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
METROPOLITAN LIFE INS CO
200 PARK AVENUE
NEW YORK, NY 10166

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
0			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NEW ENGLAN LIFE INS CO
200 PARK AVE
NEW YORK, NY 10166

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
0			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AVAILABLE ON REQUEST FROM METLIFE

b	Premiums paid to carrier	6b	150391
c	Premiums due but unpaid at the end of the year	6c	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 11/01/2017 and ending 10/31/2018

A Name of plan
REY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTER UNLIMITED , INC.

D Employer Identification Number (EIN)
13-1983343

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

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INS COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	15549403	0	11/01/2017	10/31/2018

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MARSH PRIVATE CLIENT LIFE INS SERVI
PO BOX 4323
WOODLAND HILLS, CA 91365

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AVAILABLE ON REQUEST FROM MASSMUTUAL

b	Premiums paid to carrier	6b	64299
c	Premiums due but unpaid at the end of the year	6c	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 11/01/2017 and ending 10/31/2018

A Name of plan
REY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTER UNLIMITED , INC.

D Employer Identification Number (EIN)
13-1983343

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

RELIANCE TRUST COMPANY
1100 ABERNATHY ROAD
ATLANTA, GA 30328

58-1428634

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

LPL FINANCIAL SERVICES
PO BOX 505
CONCORD, NH 03302

02-0275490

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

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

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

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

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

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

UBS FINANCIAL SERVICES, INC.

13-2638166

(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 65	NONE	86063	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

M & R CAPITAL MANAGEMENT

11-3174053

(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	NONE	20604	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

BNY MELLON

25-0659306

(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?
28	NONE	5844	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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 11/01/2017 and ending 10/31/2018

A Name of plan
REY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTER UNLIMITED , INC.

D Employer Identification Number (EIN)
13-1983343

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	187005	3143208
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1045967	1013865
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	17972	325205
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1194833	898211
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	80677	1119614
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	38690	36895
(B) Common	1c(4)(B)	16942246	17994681
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11574113	11398515
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	31081503	35930194
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**	9475	10004
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**	13628	7426
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	23103	17430
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	31058400	35912764

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)**	1013865	
	(B) Participants	**2a(1)(B)**	346743	
	(C) Others (including rollovers)	**2a(1)(C)**		
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		1360608
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	7284	
	(B) U.S. Government securities	**2b(1)(B)**		
	(C) Corporate debt instruments	**2b(1)(C)**		
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**		
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		7284
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**	857726	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		857726
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	3394683	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	2531761	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		862922
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	-317411	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		-317411

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		3026555
d Total income. Add all **income** amounts in column (b) and enter total	2d		5797684
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	608697	
(2) To insurance carriers for the provision of benefits	2e(2)	214690	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		823387
f Corrective distributions (see instructions)	2f		7426
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	112507	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		112507
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		943320
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4854364
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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 [X] No

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

(1) Name: MARGOLIN WINER & EVENS, LLP **(2)** EIN: 11-1558868

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 11/01/2017 and ending 10/31/2018

A Name of plan
REY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTER UNLIMITED , INC.

D Employer Identification Number (EIN)
13-1983343

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): 11-6169819 04-1590850

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):

REY PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Year Ended October 31, 2018

REY PROFIT SHARING PLAN AND TRUST

CONTENTS

Report of Independent Auditors 1 and 2

Financial Statements:

Statements of Net Assets Available for Benefits 3

Statement of Changes in Net Assets Available for Benefits 4

Notes to Financial Statements 5 - 11

Supplemental Schedules:

Report of Independent Auditors on Supplemental Schedules 12

Form 5500 - Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes 13 - 19

Form 5500 - Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year) 20

Margolin, Winer & Evens LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS

Rey Profit Sharing Plan and Trust
Carle Place, New York

Report on the Financial Statements

We have audited the accompanying financial statements of Rey Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of October 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended October 31, 2018, 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Rey Profit Sharing Plan and Trust as of October 31, 2018 and 2017, and the changes in net assets available for benefits for the year ended October 31, 2018, in accordance with accounting principles generally accepted in the United States of America.

Margolin, Winer & Evans LLP

Garden City, New York
August 14, 2019

REY PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

October 31,	**2018**	2017
ASSETS		
Investments, at fair value:		
Non-participant directed:		
Common stocks	**$ 17,994,681**	$ 16,942,246
Mutual funds	**6,606,640**	7,140,985
Corporate bonds	**1,119,614**	80,677
Preferred stocks	**36,895**	38,690
Money market funds	**479,240**	773,363
Certificates of deposit	**309,917**	321,987
	26,546,987	25,297,948
Participant directed:		
Mutual funds	**4,791,875**	4,433,128
Money market fund	**109,054**	99,483
	4,900,929	4,532,611
Total Investments	**31,447,916**	29,830,559
Cash	**3,143,208**	187,005
Accrued Interest, Dividends and Other Receivable	**325,205**	17,972
Employer Contributions Receivable	**1,013,865**	1,045,967
Total Assets	**35,930,194**	31,081,503
LIABILITIES		
Excess Contributions Payable to Participants	**7,426**	13,628
Accrued Expenses	**10,004**	9,475
Total Liabilities	**17,430**	23,103
Net Assets Available for Benefits	**$ 35,912,764**	$ 31,058,400

The accompanying notes are an integral part of these statements.

REY PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended October 31,	2018
Additions to Net Assets Attributed to:	
Investment income:	
Interest and dividends	**$ 865,010**
Gain on sale of insurance policies	**3,026,555**
Net appreciation in fair value of investments	**545,511**
	4,437,076
Contributions:	
Employees (net of $7,426 of excess contributions payable)	**339,317**
Employer (net of $2,739 of forfeitures)	**1,013,865**
Total Additions	**5,790,258**
Deductions from Net Assets Attributed to:	
Benefits paid to participants	**608,697**
Life insurance premiums	**214,690**
Administrative expenses	**112,507**
Total Deductions	**935,894**
Net Increase	**4,854,364**
Net Assets Available for Benefits - beginning of year	**31,058,400**
Net Assets Available for Benefits - end of year	**$ 35,912,764**

The accompanying notes are an integral part of this statement.

REY PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of the Rey Profit Sharing Plan and Trust (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General - The Plan is a defined contribution plan covering all eligible employees of Easter Unlimited, Inc. and its wholly owned subsidiaries, Funworld West, LLC and Funworld East, LLC effective July 1, 2015 (together, the "Company" or the "Employer"). The Plan provides for elective employee contributions under Section 401(k) of the Internal Revenue Code ("IRC") and employer discretionary profit sharing contributions and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The investment of elective employee contributions is participant directed and investments are held by Reliance Trust Company (the "Custodian"). The Custodian invests all employee contributions and allocates to each participant's account its proportionate share of all investment income. As of October 31, 2018 and 2017, participant directed investments totaled $4,900,929 and $4,532,611, respectively.

The Trustees of the Plan manage the non-participant directed portion of the Plan. Assets are invested by reputable investment advisors.

Eligibility - Individuals become eligible for purposes of elective contributions following the later of the attainment of age 21 or the completion of three months of service. For purposes of employer discretionary contributions, individuals become eligible on the entry date following the later of the attainment of age 21 or the completion of one year of service, as defined. Entry dates are November 1 and May 1. Participants who are employees on the last day of the Plan year are eligible for Company profit sharing contributions.

Contributions - Participants may elect to defer up to a maximum of 75% of their annual compensation, as defined, subject to statutory limitations under the IRC. Additionally, participants who have reached the age of 50 are permitted to make additional catch-up contributions in amounts pursuant to the IRC. The Plan also permits rollover contributions from other qualified plans.

Each year the Employer may make a discretionary profit sharing contribution to the Plan in such amount as it may in its sole discretion determine, subject to limitations as provided by the IRC. For the year ended October 31, 2018, the Employer contributed 15% of the plan year eligible compensation of all eligible employees. Forfeitures of terminated participants' nonvested accounts are used to reduce the Employer contribution. In 2018, the Employer contribution was reduced by $2,739 of forfeitures.

Vesting - Participants are immediately fully vested in their elective deferral account and any rollover accounts. Vesting in Employer profit sharing contribution accounts is based upon years of service as follows:

Years of Service	Vested Interest
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Participant accounts - Each participant's funds are recorded in their own separate elective deferral and profit sharing contribution accounts. Each participant's elective deferral account is credited with the participant's contribution and their share of investment income.

Each participant's profit sharing account is credited with an allocation of (a) the Employer's contribution, if any, which is net of forfeitures of terminated employees' nonvested accounts, and (b) Plan earnings, and charged with an allocation of administrative expenses. Employer profit sharing contributions, if any, are allocated to eligible participants' profit sharing contribution accounts in the ratio each participant's eligible compensation bears to total eligible compensation of all eligible participants. Net investment gains or losses and administrative expenses are allocated to each participant's account in proportion to account balances, as defined.

Payment of benefits - In general, the Plan does not permit in-service distributions except in the case of extreme financial necessity, or a participant attaining the age of 59½. Upon termination of service, participants are entitled to a lump sum distribution of the vested value of their accounts. Participants with a vested account balance of less than $5,000 upon termination may receive a distribution of their account balance without their consent.

Administrative expenses - Administrative expenses representing investment advisory fees were $112,507 for the year ended October 31, 2018. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

Life insurance policies - The Plan allows for premiums on insurance contracts to be paid by the Plan. The Plan held two life insurance policies on behalf of certain participants and paid $214,690 in annual premiums for the years ended October 31, 2018 and October 31, 2017. Premiums on life insurance policies are paid from the participants' plan assets. The life insurance policies are considered allocated insurance contracts, and as such, the cash surrender values related to them are excluded from Plan assets. Under generally accepted accounting principles allocated contracts are excluded from the Plan's financial statements as the purchase of the contract transfers the obligation to pay the benefit and the related risk to the insurance company. As of October 31, 2017, the cash surrender value of the Plan's life insurance contracts was $270,413. On October 10, 2018, the Plan sold all rights, title and interest

held in both insurance policies to related parties of the insured participants for a total price of $3,026,555, which was recorded as a gain on sale of insurance policies (see Note 7).

Loans - Under the provisions of the Plan, loans to participants are not permitted.

2. PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, participants will become 100% vested in their accounts.

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of presentation - The accompanying financial statements of the Plan have been prepared on an accrual basis and present the net assets available for benefits and changes in those net assets.

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 5 for a discussion of fair value measurements.

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

Benefits - Benefits are recorded when paid. Amounts allocated to accounts of participants who have elected to withdraw from the Plan are recorded as distributions when paid.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and the accompanying notes. Actual results could differ from those estimates.

Subsequent events - The Plan has evaluated events and transactions for potential recognition or disclosure through August 14, 2019, the date the financial statements were available to be issued.

4. INVESTMENTS

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

NOTES TO FINANCIAL STATEMENTS

During the year ended October 31, 2018, the Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value by $545,511 (including realized gains of $862,922) as follows:

Common stocks	$	874,875
Mutual funds - non-participant directed		(95,068)
Mutual funds - participant directed		(215,714)
Corporate bonds		(4,718)
Preferred stocks		(1,794)
Certificates of deposit		(12,070)
Net appreciation in fair value	$	545,511

Information about the net assets and significant components of the changes in net assets relating to non-participant directed investments is as follows:

Non-particpant Directed Net Assets - November 1, 2017	$	26,539,345
Changes in Non-participant Directed Net Assets:		
Interest and dividends		614,068
Net appreciation in fair value of investments		761,225
Gain on sale of insurance policies		3,026,555
Employer contributions		1,013,865
Benefits paid to participants		(608,697)
Life insurance premiums		(214,690)
Administrative expenses		(112,507)
Total Change in Non-participant Directed Net Assets		4,479,819
Non-participant Directed Net Assets - October 31, 2018	$	31,019,164

5. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, "Fair Value Measurement," establishes a framework for measuring fair value that 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are summarized as follows:

Level 1 - Valuations based on unadjusted quoted prices in active markets for identical assets or liabilities that the Plan can access. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these securities does not entail a significant degree of judgment. Level 1 investments of the Plan consist of money market funds, mutual funds and common and preferred stocks. Common and preferred stocks are valued at the closing price reported on the active market on which the individual security is traded and registered investment companies (mutual funds) are valued at the net asset value ("NAV") of shares held by the Plan at year end where NAV is publicly available.

Level 2 - Valuations based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active or inputs other than quoted prices that are observable, either directly or indirectly. Level 2 investments of the Plan consist of corporate bonds and certificates of deposit which are valued based on a model pricing matrix maintained by the broker. This model uses quoted prices of the same or similar securities taking into account the level of trading activity associated with such quoted prices and differences in interest rates, credit ratings, maturity dates, call dates and other market conditions between similar securities for which quoted prices are available and the securities held by the Plan.

Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement that reflect the assumptions that market participants would use.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes, the level in the fair value hierarchy within which the fair value measurement falls in its entirety is determined by the lowest level input that is significant to the fair value measurement. Although the degree of judgment exercised by the Plan in determining fair value is greatest for investments categorized in Level 3, the inputs or methodology used for valuing investments are not necessarily an indication of the risk associated with those investments.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of October 31, 2018 and 2017:

	Investments at Fair Value as of October 31, 2018			
	Level 1	Level 2	Level 3	Total
Certificates of Deposit	$ -	$ 309,917	$ -	$ 309,917
Money Market Funds	588,294	-	-	588,294
Corporate Bonds	-	1,119,614	-	1,119,614
Preferred Stocks	36,895	-	-	36,895
Common Stocks	17,994,681	-	-	17,994,681
Mutual Funds	11,398,515	-	-	11,398,515
Total Investments at Fair Value	$ 30,018,385	$ 1,429,531	$ -	$ 31,447,916

	Investments at Fair Value as of October 31, 2017			
	Level 1	Level 2	Level 3	Total
Certificates of Deposit	$ -	$ 321,987	$ -	$ 321,987
Money Market Funds	872,846	-	-	872,846
Corporate Bonds	-	80,677	-	80,677
Preferred Stocks	38,690	-	-	38,690
Common Stocks	16,942,246	-	-	16,942,246
Mutual Funds	11,574,113	-	-	11,574,113
Total Investments at Fair Value	$ 29,427,895	$ 402,664	$ -	$ 29,830,559

6. TAX STATUS

The plan administrator adopted a Volume Submitter Plan that received a favorable determination letter from the Internal Revenue Service ("IRS") dated March 31, 2014. The Plan has been amended since receiving the determination letter. However, the trustees of the Plan believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The

Plan's management has analyzed the tax positions taken by the Plan and has concluded that as of October 31, 2018, there are no uncertain positions taken or expected to be taken by the Plan that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's management believes the Plan is no longer subject to income tax examinations for years prior to October 31, 2015.

7. PARTY-IN-INTEREST TRANSACTIONS

On October 10, 2018, the Plan entered into agreements to sell 100% of its interests in two life insurance policies held on behalf of two participants (at a purchase price equal to the fair market value of the policies) to related parties of the participants. The purchase price was agreed upon by all parties based upon the interpolated terminal reserve (determination of life insurance policy value between anniversaries) reported on Form 712 "Statement of Life Insurance" to be filed with the Internal Revenue Service by the issuer of each insurance policy. The Plan recorded a gain on the sale of insurance policies totaling $3,026,555 for the year ended October 31, 2018, of which $2,732,489 was received in cash during the 2018 plan year, with the remaining $294,066 included in accrued interest, dividends and other receivable as of October 31, 2018. The remaining amounts were received in January 2019.

Certain administrative costs of the Plan are paid by the Company.

Margolin, Winer & Evens LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

Rey Profit Sharing Plan and Trust
Carle Place, New York

We have audited the financial statements of Rey Profit Sharing Plan and Trust (the "Plan") as of October 31, 2018 and 2017, and for the year ended October 31, 2018, and have issued our report thereon dated August 14, 2019, which contained an unmodified opinion on those financial statements. Our audits were performed for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held for Investment Purposes and Schedule of Assets (Acquired and Disposed of Within Year) as of and for the year ended October 31, 2018, are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Margolin, Winer & Evens LLP

Garden City, New York
August 14, 2019

REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2018

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Corporate Bonds:					
Allergan, Plc	2.800%	3/15/2023	50,000	$ 44,508	$ 47,473
Bank of America Corp.	7.625%	6/1/2019	50,000	51,432	51,304
Bank of Nova Scotia	1.650%	6/14/2019	95,000	94,491	94,243
Barclays Bk PLC	6.750%	5/22/2019	100,000	102,093	101,989
Lowes	1.150%	4/15/2019	100,000	99,405	99,222
Morgan Stanley	5.000%	5/17/2023	30,000	30,248	29,850
Oracle Corp.	5.000%	7/8/2019	11,000	11,177	11,161
Shell Intl Fin B V	1.375%	5/10/2019	75,000	74,602	74,422
Texas Instruments	1.650%	8/3/2019	20,000	19,861	19,805
Toyota Motor Credit Corp	2.125%	7/18/2019	53,000	52,857	52,745
United States Treasury	0.000%	10/10/2019	500,000	487,634	487,705
Wellpoint Inc.	2.250%	8/15/2019	50,000	49,854	49,695
Total Corporate Bonds				1,118,162	1,119,614
Common Stock:					
21St Cent Fox Cl A	N/A	N/A	400	9,776	18,208
3M Company	N/A	N/A	1,500	145,126	285,390
Abbott Labs	N/A	N/A	450	8,996	31,023
Abbvie Inc	N/A	N/A	400	7,554	31,140
Adobe Systems Inc	N/A	N/A	754	57,772	185,303
Aflac Inc	N/A	N/A	800	19,243	34,456
Akamai Technologies Inc	N/A	N/A	2,097	95,890	151,508
Alexion Pharmaceuticals Inc	N/A	N/A	886	115,034	99,294
Alibaba Group Hldg Ltd	N/A	N/A	470	78,953	66,872
Align Technology Inc	N/A	N/A	16	2,457	3,539
Allergan Plc	N/A	N/A	38	7,688	6,004
Altria Group Inc	N/A	N/A	3,500	124,591	227,640
Amazon Com	N/A	N/A	244	33,221	389,914
American Express Company Axp	N/A	N/A	2,025	93,290	208,028
American Tower Corp	N/A	N/A	66	8,177	10,283
Anadarko Petroleum Corp	N/A	N/A	150	10,107	7,980
Anheuser Busch Inbev Spon Adr	N/A	N/A	1,434	122,541	106,087
Apple Computer Inc Com	N/A	N/A	1,562	156,207	341,859
AT&T Inc	N/A	N/A	5,080	66,135	155,854
Atlassian Corporation Plc	N/A	N/A	60	3,430	4,555
Australia & New Zealand Bkg Sponsored Adr	N/A	N/A	400	1,692	7,358
Automatic Data Processing Inc	N/A	N/A	250	7,826	36,020
Bank America Corp	N/A	N/A	4,450	89,995	122,375
Bank Of NY Mellon Cp New	N/A	N/A	1,875	56,550	88,744
Baxter International Inc	N/A	N/A	300	17,724	18,753
Berkshire Hathaway B New class B	N/A	N/A	600	54,474	123,168
Biogen Idec Inc	N/A	N/A	435	40,369	132,357
Biomarin Pharmaceutical Inc	N/A	N/A	741	66,437	68,298
Blackrock Inc	N/A	N/A	270	50,781	111,083

See report of independent auditors on supplementary schedules.
The accompanying notes are an integral part of this schedule.

REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2018

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
Boeing Co	N/A	N/A	16	$ 5,647	$ 5,678
Boston Scientific	N/A	N/A	80	3,003	2,891
BP P L C Sponsored Adr	N/A	N/A	500	23,013	21,685
Bristol-Myers Squibb Company	N/A	N/A	70	3,833	3,538
C S X Corp	N/A	N/A	750	20,363	51,645
Canadian Pac Railw ay F	N/A	N/A	100	6,367	20,500
Caterpillar Inc	N/A	N/A	1,640	185,847	198,965
CDK Global Inc	N/A	N/A	166	2,207	9,502
Celanese Corp Series A	N/A	N/A	80	3,535	7,755
Celgene Corp	N/A	N/A	1,594	76,229	114,130
Chemours Company	N/A	N/A	800	7,764	26,408
Chevron Corp New	N/A	N/A	112	7,148	7,704
Chipotle Mexican Grill Inc Cl A	N/A	N/A	167	64,141	76,875
Cisco Systems Inc	N/A	N/A	3,200	145,749	146,400
Citizens Finl Group	N/A	N/A	1,000	25,113	37,350
Coca Cola Co	N/A	N/A	1,786	69,217	85,514
Colgate Palmolive Co	N/A	N/A	1,100	14,017	65,505
Comcast Corp New Cl A	N/A	N/A	9,141	101,887	348,638
Comerica Inc	N/A	N/A	50	4,912	4,078
Conagra Foods Inc Cag	N/A	N/A	2,000	50,581	71,200
Conocophillips	N/A	N/A	2,000	118,457	139,800
Constellation Brands Inc Cl A	N/A	N/A	36	5,828	7,172
Corning Inc Glw	N/A	N/A	3,210	51,908	102,560
Costco Whsl Corp New	N/A	N/A	446	70,323	101,969
Cvs Health Corporation	N/A	N/A	4,870	61,450	352,539
Deere & Co	N/A	N/A	51	6,580	6,907
Dentsply International Inc New	N/A	N/A	900	4,391	31,167
Disney Walt Co	N/A	N/A	2,719	134,113	312,222
Dow dupont Inc	N/A	N/A	7,928	296,169	427,478
Duke Energy Corp Com	N/A	N/A	1,000	71,627	82,630
Dxc Technology Company	N/A	N/A	171	7,568	12,454
East West Bancorp	N/A	N/A	400	14,239	20,976
Eaton Corp Plc	N/A	N/A	70	5,486	5,017
Ecolab Inc	N/A	N/A	1,019	92,906	156,060
Electronic Arts Inc	N/A	N/A	78	6,600	7,096
Enbridge Inc	N/A	N/A	984	20,733	30,612
Equinix Inc	N/A	N/A	293	123,266	110,971
Evergy Inc	N/A	N/A	1,000	26,439	55,990
Exact Sciences Corp	N/A	N/A	40	2,061	2,842
Exelon Corp	N/A	N/A	3,170	108,644	138,878
Express Scripts Holding Co	N/A	N/A	500	27,639	48,485
Exxon Mobil Corp	N/A	N/A	341	12,088	27,171
Facebook Inc Cl A	N/A	N/A	1,595	133,110	242,105
Fastenal Co	N/A	N/A	600	24,920	30,846

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2018

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
Fedex	N/A	N/A	400	$ 50,625	$ 88,136
Garrett Motion Inc	N/A	N/A	1	6	14
Gilead Sciences Inc	N/A	N/A	70	4,997	4,773
Google Inc Class A	N/A	N/A	143	41,115	155,953
Google Inc Class C	N/A	N/A	298	151,853	320,878
Grainger W W Inc	N/A	N/A	473	115,053	134,318
Hartford Finl Svcs	N/A	N/A	100	4,185	4,542
Heineken N V	N/A	N/A	1,000	26,314	45,095
Henry Schein Inc	N/A	N/A	700	12,203	58,100
Home Depot Inc	N/A	N/A	739	10,741	129,975
Honeyw ell Intl Inc	N/A	N/A	941	113,453	136,275
Ihs Markit Ltd	N/A	N/A	250	12,688	13,133
Illinois Tool Works Inc	N/A	N/A	60	5,843	7,654
Illumina Inc	N/A	N/A	21	6,702	6,534
Ingersoll Rand Plc	N/A	N/A	3,110	95,693	298,373
Intercontinentalexchange Group, Inc	N/A	N/A	100	4,961	7,704
International Paper Co LP	N/A	N/A	3,000	137,488	136,080
Johnson & Johnson	N/A	N/A	5,666	162,582	793,184
JP Morgan Chase & Co	N/A	N/A	1,856	49,391	202,341
Kraneshares CSI China Internet ETF	N/A	N/A	400	22,669	16,688
Lam Resh Corp	N/A	N/A	18	3,166	2,551
Liberty Global Cl Cf	N/A	N/A	200	2,172	5,008
Liberty Global Inc Cl A Class A Tndr Ofr Exp	N/A	N/A	200	2,258	5,126
Liberty Global Plc Flilac Shs Cl A	N/A	N/A	34	442	611
Liberty Global Plc Cl Cflilac Shs Cl C	N/A	N/A	34	435	612
Liberty Media Corp Series C Liberty Siriusxm	N/A	N/A	500	21,881	20,635
Linde Plc Euro	N/A	N/A	574	93,823	94,980
Low es Companies Inc	N/A	N/A	600	46,923	57,132
M G M Mirage	N/A	N/A	230	7,546	6,136
Marathon Petroleum Corp	N/A	N/A	90	7,524	6,341
Marvell Technology Group Ltd	N/A	N/A	310	6,642	5,087
Mccormick & Co Inc Com Non Vtg	N/A	N/A	1,882	89,076	271,008
Medtronic Inc	N/A	N/A	1,490	112,841	133,832
Merck & Co Inc	N/A	N/A	110	6,666	8,097
Meredith Corp	N/A	N/A	1,600	12,669	82,496
Microsoft Corp	N/A	N/A	3,316	76,650	354,182
Mondelez International	N/A	N/A	230	9,742	9,655
Monster Beverage Corporation	N/A	N/A	134	4,376	7,082
Nestle S A	N/A	N/A	7,500	46,142	634,658
Netflix Com Inc	N/A	N/A	11	3,977	3,320
Nextera Energy Inc	N/A	N/A	47	7,770	8,108
Nike Inc Cl B	N/A	N/A	124	8,066	9,305
Norfolk Southern Corp	N/A	N/A	3,000	63,890	503,490
Nucor Corp	N/A	N/A	40	1,889	2,365

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2018

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
Nutanix Inc Cl A	N/A	N/A	1,344	$ 54,594	$ 55,790
Nvidia Corp	N/A	N/A	36	2,539	7,590
Occidental Pete Corp	N/A	N/A	2,000	26,186	134,140
Oracle Corp	N/A	N/A	2,875	139,664	140,415
Palo Alto Networks Inc	N/A	N/A	545	66,871	99,757
Paypal Holdings	N/A	N/A	1,612	39,532	135,714
Pepsico Inc	N/A	N/A	600	17,471	67,428
Pfizer Inc	N/A	N/A	17,220	105,791	741,493
Philip Morris International Inc	N/A	N/A	114	9,148	10,040
Pioneer Natural Resources Company	N/A	N/A	442	75,369	65,093
Procter & Gamble Co	N/A	N/A	1,400	107,752	124,152
Qualcomm Inc	N/A	N/A	1,931	107,214	121,441
Red Hat Inc	N/A	N/A	1,026	50,314	176,103
Regeneron Pharmaceuticls Inc	N/A	N/A	216	73,971	73,276
Resideo Technologies, Inc.	N/A	N/A	157	3,524	3,301
Royal Dutch Shell Plc	N/A	N/A	1,275	85,569	80,567
Salesforce.Com Inc	N/A	N/A	42	2,739	5,764
Schlumberger Ltd	N/A	N/A	2,269	155,193	116,422
Schwab Charles Corp	N/A	N/A	2,460	38,356	113,750
Southern Company The So	N/A	N/A	2,300	49,833	103,569
Southwest Airlines Co Luv	N/A	N/A	7,593	41,877	372,816
Spdr Gold Trust Spdr Gold Shares	N/A	N/A	400	48,029	46,060
Splunk Inc.	N/A	N/A	1,001	59,577	99,940
State Street Corp	N/A	N/A	470	25,753	32,313
SVB Financial Group Com	N/A	N/A	23	4,107	5,456
Synchrony Financial	N/A	N/A	230	6,573	6,642
T-Mobile Us, Inc.	N/A	N/A	70	4,670	4,799
Terex Corp New	N/A	N/A	2,000	86,031	66,780
Texas Instruments Inc	N/A	N/A	1,061	38,247	98,493
Thermo Electron Corp Tmo	N/A	N/A	619	39,879	144,629
Thermo Fisher Corp Tmo	N/A	N/A	1,000	29,937	233,650
Toronto Dominion Bank	N/A	N/A	1,700	82,907	94,282
Travelers Cos Inc (The)	N/A	N/A	1,000	37,085	125,130
U S Bancorp Del	N/A	N/A	1,500	50,110	78,405
United Parcel Service Inc Cl B	N/A	N/A	946	80,908	100,787
Unitedhealth Group Inc	N/A	N/A	850	54,633	222,148
Unum Group	N/A	N/A	2,000	44,177	72,520
Valero Energy Corp New	N/A	N/A	53	2,638	4,828
Vanguard Emerging Markets	N/A	N/A	800	32,956	30,288
Vanguard Short Term Corp	N/A	N/A	6,000	470,859	467,580
Verizon Communications Inc	N/A	N/A	3,160	109,647	180,404
Viacom Inc New Class B	N/A	N/A	1,356	35,064	43,365

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2018

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
Visa Inc Cl A	N/A	N/A	1,825	$ 40,314	$ 251,576
Vmware Inc	N/A	N/A	449	36,800	63,484
Vodafone Group Plc New Sponsored Adr	N/A	N/A	2,000	74,206	37,860
Voya Financial Inc	N/A	N/A	130	4,218	5,689
Wabco Holdings Inc	N/A	N/A	999	10,723	107,343
Walgreens Boots Alliance Inc	N/A	N/A	500	17,628	39,885
Wal-Mart Stores Inc	N/A	N/A	4,000	26,541	401,120
Wells Fargo & Co New Com	N/A	N/A	700	36,007	37,261
Worldpay Inc.	N/A	N/A	90	5,654	8,266
Yum China Holdings Inc	N/A	N/A	2,670	73,001	96,334
Yum! Brands Inc	N/A	N/A	100	5,047	9,041
Zoetis Inc	N/A	N/A	4,494	159,551	405,134
Total Common Stock				8,551,266	17,994,681
Preferred Stock:					
Public Storage	5.400%	N/A	500	12,554	11,855
Wells Fargo & Co.	5.700%	N/A	1,000	26,025	25,040
Total Preferred Stock				38,579	36,895
Mutual Funds - Participant Directed:					
Blackrock Global Allocation Cl R	N/A	N/A	5,455	N/A	96,878
Blackrock Lifepath Ret Port Cl A	N/A	N/A	1,562	N/A	14,467
Deutsche Equity 500 Index Fund Cl S	N/A	N/A	1,877	N/A	412,494
Goldman Sachs Growth Opp	N/A	N/A	7,859	N/A	160,878
JPMorgan Smart Retirement 2020 Cl R2	N/A	N/A	17,641	N/A	330,585
JPMorgan Smart Retirement 2030 Cl R2	N/A	N/A	10,467	N/A	211,538
JPMorgan Smart Retirement 2040 Cl R2	N/A	N/A	16,664	N/A	352,443
JPMorgan Smart Retirement 2050 Cl R2	N/A	N/A	134	N/A	2,693
Mass Investors Growth Stk Fd Cl R2	N/A	N/A	1,994	N/A	57,059
Massachusetts Investors Trust Cl R2	N/A	N/A	3,426	N/A	105,391
MFS Aggressive Growth Alloc Cl R2	N/A	N/A	9,235	N/A	205,940
MFS Conservative Allocation Cl R2	N/A	N/A	9,096	N/A	133,530
MFS Global Growth Fund Cl R2	N/A	N/A	3,701	N/A	145,211
MFS Government Securities Fd Cl R2	N/A	N/A	5,613	N/A	52,426
MFS Growth Allocation Fund Cl R2	N/A	N/A	34,778	N/A	688,607
MFS Moderate Allocation Fund Cl R2	N/A	N/A	14,568	N/A	247,516
MFS New Discovery Fund Cl R2	N/A	N/A	9,894	N/A	269,211
MFS Research International Fd Cl R2	N/A	N/A	9,272	N/A	157,164
MFS Total Return Bond Cl R2	N/A	N/A	10,639	N/A	108,413
MFS Total Return Fund Cl R2	N/A	N/A	13,832	N/A	253,949
MFS Value Fund Cl R2	N/A	N/A	6,170	N/A	237,128
Pimco Total Return Fund Cl R	N/A	N/A	9,590	N/A	94,554
Victory Small Company Oppor Fund Cl R	N/A	N/A	3,747	N/A	161,621
Victory Sycamore Est Value Fund Cl R	N/A	N/A	7,486	N/A	292,179
Total Mutual Funds - Participant Directed					4,791,875

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2018

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Mutual Funds - Non-participant Directed:					
Advantage Dynamic Total Return Fund Fund	N/A	N/A	3,384	$ 53,000	$ 52,560
BNY Mellon Intermediate Bond Fd *	N/A	N/A	11,085	142,887	134,905
BNY Mellon Corporate Bond Fund *	N/A	N/A	10,888	141,000	134,248
BNY Mellon Emerging Markets Fund *	N/A	N/A	10,395	100,893	99,899
BNY Mellon Income Stock Fund *	N/A	N/A	14,510	123,000	133,348
BNY Mellon Mid Cap Stock Fund *	N/A	N/A	13,358	184,000	230,156
BNY Mellon Small Cap Stock Fund *	N/A	N/A	5,398	82,391	108,610
Capital Income Builder Fund	N/A	N/A	6,735	388,742	390,687
Dreyfus Alt Diversifier Strategies Fund	N/A	N/A	4,741	59,500	58,459
Dreyfus Diversified International Fund	N/A	N/A	17,281	190,000	209,277
Dreyfus Floating Rate Income Fund	N/A	N/A	7,079	86,000	84,950
Dreyfus Growth & Income	N/A	N/A	27,556	466,572	603,202
Dreyfus High Yield Fund	N/A	N/A	3,296	20,985	19,774
Dreyfus International Small Cap Fund	N/A	N/A	3,203	42,000	47,625
Franklin Custodian Fds Income Fund A1	N/A	N/A	126,331	297,075	284,245
Ishares Nasdaq Biotechnology ETF	N/A	N/A	300	27,975	31,221
Ishares FTSE/Xinhau HK China 25 Index	N/A	N/A	300	5,714	11,787
Ishares MSCI EAFE Index Fund	N/A	N/A	300	19,831	18,738
Ishares Russell 1000 Growth Index	N/A	N/A	7,596	544,321	1,079,240
Ishares Russell 1000 Value Index	N/A	N/A	6,867	624,160	824,658
Ishares Russell Midcap Growth Index	N/A	N/A	3,494	272,427	426,792
Ishares Russell Midcap Value Index	N/A	N/A	3,073	235,718	257,241
Ishares Russell 2000 Growth Index	N/A	N/A	1,099	160,485	206,491
Managed Futures Strategy Fund	N/A	N/A	5,695	59,000	51,365
Proshares S&P 500 Divid Aristocrats ETF	N/A	N/A	1,779	94,808	112,362
Spdr S&P Dividend ETF	N/A	N/A	810	66,535	75,516
Technology Select Sectorspdr ETF	N/A	N/A	500	31,860	34,650
Voya Ser Fd Inc Global Target Payment Fd Cl A	N/A	N/A	35,432	291,428	273,184
Wisdomtree Intl Hedged Quality Divid Growth Fund ETF	N/A	N/A	12,309	351,067	369,393
Wisdomtree Japan Total Dividend Fund	N/A	N/A	180	9,909	9,466
Wisdomtree Trust Europe Hedged Equity Fd ET	N/A	N/A	3,896	239,532	232,591
Total Mutual Funds - Non-participant Directed				5,412,815	6,606,640

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2018

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Certificates of Deposit:					
Barclays Bk Del Wilmington	0.000%	9/30/2020	200,000	$ 200,000	$ 184,970
HSBC Bk USA N.A. MC LEAN VA7	0.000%	2/27/2024	145,000	145,000	124,947
Total Certificates of Deposit				345,000	309,917
Money Market Funds - Non-participant Directed:					
CRA BNY Mellon *	0.700%	N/A	43,626	43,626	43,626
Schwab Bank Sweep for Benefit Plans MM *	0.680%	N/A	224,195	224,195	224,195
Money Market Obligations Tr Federated Treas	1.020%	N/A	22,086	22,086	22,086
UBS Liquid Assets Government Fund *	1.020%	N/A	106,089	106,089	106,089
UBS ETF Liquid Assets Government Fund *	-	N/A	83,244	83,244	83,244
Total Money Market Funds - Non-participant Directed				479,240	479,240
Money Market Funds - Participant Directed -					
JP Morgan US Gov Money Market	0.520%	N/A	109,054	109,054	109,054
Total Money Market Funds - Participant Directed				109,054	109,054
Total Investments					31,447,916
Less Participant Directed Investments					4,900,929
Non-participant Directed Investments					$ 26,546,987

* Party-in-interest

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
EIN: 13-1983343 - PLAN 001

October 31, 2018

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost of Acquisitions	Proceeds of Dispositions
Alexion Pharmaceuticals Inc.	Common Stock	$ 689	$ 3,018
Apple Computer Inc. Com	Common Stock	54,972	5,040
Atlassian Corporation Plc	Common Stock	6,288	2,920
BNY Mellon Small Cap Stock Fund	Common Stock	10,000	20,109
Broadcom Inc.	Common Stock	1,870	8,747
Chipotle Mexican Grill Inc. Cl A	Common Stock	11,672	16,951
Colgate Palmolive Co.	Common Stock	6,801	6,801
Comcast Corp. New Cl A	Common Stock	5,338	1,412
Constellation Brands Inc. Cl A	Common Stock	2,192	1,912
Corning Inc.	Common Stock	1,609	1,211
Costco Whsl Corp.	Common Stock	709	2,127
Dentsply International Inc. New	Common Stock	10,252	102,155
Electronic Arts Inc.	Common Stock	1,009	958
Exact Sciences Corp.	Common Stock	3,606	1,593
Exxon Mobil Corp.	Common Stock	1,644	8,964
Gilead Sciences Inc.	Common Stock	5,711	714
Google Inc Class A	Common Stock	2,423	5,529
Grainger W W Inc.	Common Stock	23,575	13,605
Home Depot Inc.	Common Stock	1,180	193
Invesco Ltd.	Common Stock	1,803	7,745
Lam Resh Corp.	Common Stock	1,668	4,225
Marvell Technology Group Ltd.	Common Stock	7,982	1,397
Micron Technology Inc.	Common Stock	3,830	5,398
Mondelez International	Common Stock	4,995	1,628
Netflix Com Inc.	Common Stock	6,508	2,488
Sempra Energy	Common Stock	6,018	6,018
Starbucks Corp.	Common Stock	1,728	8,379
Stryker Corp.	Common Stock	6,044	6,044
Synchrony Financial	Common Stock	1,468	560
T - Mobile US, Inc.	Common Stock	1,400	2,628
Taiwan Semiconductor Mfg Co Ltd Sponsored Adr	Common Stock	1,266	5,134
Ishares Edge MSCI Min Vol Emerging Markets	Mutual Fund	75,740	75,740
Ishares Factorselect MSCI Emerging	Mutual Fund	75,796	75,796
Proshares S&P 500 Divid Aristocrats ETF	Mutual Fund	2,839	476
Wisdomtree Trust Europe Hedged Equity Fd ETF	Mutual Fund	129,200	147,959

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2018

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Corporate Bonds:					
Allergan, Plc	2.800%	3/15/2023	50,000	$ 44,508	$ 47,473
Bank of America Corp.	7.625%	6/1/2019	50,000	51,432	51,304
Bank of Nova Scotia	1.650%	6/14/2019	95,000	94,491	94,243
Barclays Bk PLC	6.750%	5/22/2019	100,000	102,093	101,989
Lowes	1.150%	4/15/2019	100,000	99,405	99,222
Morgan Stanley	5.000%	5/17/2023	30,000	30,248	29,850
Oracle Corp.	5.000%	7/8/2019	11,000	11,177	11,161
Shell Intl Fin B V	1.375%	5/10/2019	75,000	74,602	74,422
Texas Instruments	1.650%	8/3/2019	20,000	19,861	19,805
Toyota Motor Credit Corp	2.125%	7/18/2019	53,000	52,857	52,745
United States Treasury	0.000%	10/10/2019	500,000	487,634	487,705
Wellpoint Inc.	2.250%	8/15/2019	50,000	49,854	49,695
Total Corporate Bonds				1,118,162	1,119,614
Common Stock:					
21St Cent Fox Cl A	N/A	N/A	400	9,776	18,208
3M Company	N/A	N/A	1,500	145,126	285,390
Abbott Labs	N/A	N/A	450	8,996	31,023
Abbvie Inc	N/A	N/A	400	7,554	31,140
Adobe Systems Inc	N/A	N/A	754	57,772	185,303
Aflac Inc	N/A	N/A	800	19,243	34,456
Akamai Technologies Inc	N/A	N/A	2,097	95,890	151,508
Alexion Pharmaceuticals Inc	N/A	N/A	886	115,034	99,294
Alibaba Group Hldg Ltd	N/A	N/A	470	78,953	66,872
Align Technology Inc	N/A	N/A	16	2,457	3,539
Allergan Plc	N/A	N/A	38	7,688	6,004
Altria Group Inc	N/A	N/A	3,500	124,591	227,640
Amazon Com	N/A	N/A	244	33,221	389,914
American Express Company Axp	N/A	N/A	2,025	93,290	208,028
American Tower Corp	N/A	N/A	66	8,177	10,283
Anadarko Petroleum Corp	N/A	N/A	150	10,107	7,980
Anheuser Busch Inbev Spon Adr	N/A	N/A	1,434	122,541	106,087
Apple Computer Inc Com	N/A	N/A	1,562	156,207	341,859
AT&T Inc	N/A	N/A	5,080	66,135	155,854
Atlassian Corporation Plc	N/A	N/A	60	3,430	4,555
Australia & New Zealand Bkg Sponsored Adr	N/A	N/A	400	1,692	7,358
Automatic Data Processing Inc	N/A	N/A	250	7,826	36,020
Bank America Corp	N/A	N/A	4,450	89,995	122,375
Bank Of NY Mellon Cp New	N/A	N/A	1,875	56,550	88,744
Baxter International Inc	N/A	N/A	300	17,724	18,753
Berkshire Hathaway B New class B	N/A	N/A	600	54,474	123,168
Biogen Idec Inc	N/A	N/A	435	40,369	132,357
Biomarin Pharmaceutical Inc	N/A	N/A	741	66,437	68,298
Blackrock Inc	N/A	N/A	270	50,781	111,083

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2018

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
Boeing Co	N/A	N/A	16	$ 5,647	$ 5,678
Boston Scientific	N/A	N/A	80	3,003	2,891
BP P L C Sponsored Adr	N/A	N/A	500	23,013	21,685
Bristol-Myers Squibb Company	N/A	N/A	70	3,833	3,538
C S X Corp	N/A	N/A	750	20,363	51,645
Canadian Pac Railw ay F	N/A	N/A	100	6,367	20,500
Caterpillar Inc	N/A	N/A	1,640	185,847	198,965
CDK Global Inc	N/A	N/A	166	2,207	9,502
Celanese Corp Series A	N/A	N/A	80	3,535	7,755
Celgene Corp	N/A	N/A	1,594	76,229	114,130
Chemours Company	N/A	N/A	800	7,764	26,408
Chevron Corp New	N/A	N/A	112	7,148	7,704
Chipotle Mexican Grill Inc Cl A	N/A	N/A	167	64,141	76,875
Cisco Systems Inc	N/A	N/A	3,200	145,749	146,400
Citizens Finl Group	N/A	N/A	1,000	25,113	37,350
Coca Cola Co	N/A	N/A	1,786	69,217	85,514
Colgate Palmolive Co	N/A	N/A	1,100	14,017	65,505
Comcast Corp New Cl A	N/A	N/A	9,141	101,887	348,638
Comerica Inc	N/A	N/A	50	4,912	4,078
Conagra Foods Inc Cag	N/A	N/A	2,000	50,581	71,200
Conocophillips	N/A	N/A	2,000	118,457	139,800
Constellation Brands Inc Cl A	N/A	N/A	36	5,828	7,172
Corning Inc Glw	N/A	N/A	3,210	51,908	102,560
Costco Whsl Corp New	N/A	N/A	446	70,323	101,969
Cvs Health Corporation	N/A	N/A	4,870	61,450	352,539
Deere & Co	N/A	N/A	51	6,580	6,907
Dentsply International Inc New	N/A	N/A	900	4,391	31,167
Disney Walt Co	N/A	N/A	2,719	134,113	312,222
Dow dupont Inc	N/A	N/A	7,928	296,169	427,478
Duke Energy Corp Com	N/A	N/A	1,000	71,627	82,630
Dxc Technology Company	N/A	N/A	171	7,568	12,454
East West Bancorp	N/A	N/A	400	14,239	20,976
Eaton Corp Plc	N/A	N/A	70	5,486	5,017
Ecolab Inc	N/A	N/A	1,019	92,906	156,060
Electronic Arts Inc	N/A	N/A	78	6,600	7,096
Enbridge Inc	N/A	N/A	984	20,733	30,612
Equinix Inc	N/A	N/A	293	123,266	110,971
Evergy Inc	N/A	N/A	1,000	26,439	55,990
Exact Sciences Corp	N/A	N/A	40	2,061	2,842
Exelon Corp	N/A	N/A	3,170	108,644	138,878
Express Scripts Holding Co	N/A	N/A	500	27,639	48,485
Exxon Mobil Corp	N/A	N/A	341	12,088	27,171
Facebook Inc Cl A	N/A	N/A	1,595	133,110	242,105
Fastenal Co	N/A	N/A	600	24,920	30,846

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2018

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
Fedex	N/A	N/A	400	$ 50,625	$ 88,136
Garrett Motion Inc	N/A	N/A	1	6	14
Gilead Sciences Inc	N/A	N/A	70	4,997	4,773
Google Inc Class A	N/A	N/A	143	41,115	155,953
Google Inc Class C	N/A	N/A	298	151,853	320,878
Grainger W W Inc	N/A	N/A	473	115,053	134,318
Hartford Finl Svcs	N/A	N/A	100	4,185	4,542
Heineken N V	N/A	N/A	1,000	26,314	45,095
Henry Schein Inc	N/A	N/A	700	12,203	58,100
Home Depot Inc	N/A	N/A	739	10,741	129,975
Honeyw ell Intl Inc	N/A	N/A	941	113,453	136,275
Ihs Markit Ltd	N/A	N/A	250	12,688	13,133
Illinois Tool Works Inc	N/A	N/A	60	5,843	7,654
Illumina Inc	N/A	N/A	21	6,702	6,534
Ingersoll Rand Plc	N/A	N/A	3,110	95,693	298,373
Intercontinentalexchange Group, Inc	N/A	N/A	100	4,961	7,704
International Paper Co LP	N/A	N/A	3,000	137,488	136,080
Johnson & Johnson	N/A	N/A	5,666	162,582	793,184
JP Morgan Chase & Co	N/A	N/A	1,856	49,391	202,341
Kraneshares CSI China Internet ETF	N/A	N/A	400	22,669	16,688
Lam Resh Corp	N/A	N/A	18	3,166	2,551
Liberty Global Cl Cf	N/A	N/A	200	2,172	5,008
Liberty Global Inc Cl A Class A Tndr Ofr Exp	N/A	N/A	200	2,258	5,126
Liberty Global Plc Flilac Shs Cl A	N/A	N/A	34	442	611
Liberty Global Plc Cl Cflilac Shs Cl C	N/A	N/A	34	435	612
Liberty Media Corp Series C Liberty Siriusxm	N/A	N/A	500	21,881	20,635
Linde Plc Euro	N/A	N/A	574	93,823	94,980
Low es Companies Inc	N/A	N/A	600	46,923	57,132
M G M Mirage	N/A	N/A	230	7,546	6,136
Marathon Petroleum Corp	N/A	N/A	90	7,524	6,341
Marvell Technology Group Ltd	N/A	N/A	310	6,642	5,087
Mccormick & Co Inc Com Non Vtg	N/A	N/A	1,882	89,076	271,008
Medtronic Inc	N/A	N/A	1,490	112,841	133,832
Merck & Co Inc	N/A	N/A	110	6,666	8,097
Meredith Corp	N/A	N/A	1,600	12,669	82,496
Microsoft Corp	N/A	N/A	3,316	76,650	354,182
Mondelez International	N/A	N/A	230	9,742	9,655
Monster Beverage Corporation	N/A	N/A	134	4,376	7,082
Nestle S A	N/A	N/A	7,500	46,142	634,658
Netflix Com Inc	N/A	N/A	11	3,977	3,320
Nextera Energy Inc	N/A	N/A	47	7,770	8,108
Nike Inc Cl B	N/A	N/A	124	8,066	9,305
Norfolk Southern Corp	N/A	N/A	3,000	63,890	503,490
Nucor Corp	N/A	N/A	40	1,889	2,365

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2018

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
Nutanix Inc Cl A	N/A	N/A	1,344	$ 54,594	$ 55,790
Nvidia Corp	N/A	N/A	36	2,539	7,590
Occidental Pete Corp	N/A	N/A	2,000	26,186	134,140
Oracle Corp	N/A	N/A	2,875	139,664	140,415
Palo Alto Networks Inc	N/A	N/A	545	66,871	99,757
Paypal Holdings	N/A	N/A	1,612	39,532	135,714
Pepsico Inc	N/A	N/A	600	17,471	67,428
Pfizer Inc	N/A	N/A	17,220	105,791	741,493
Philip Morris International Inc	N/A	N/A	114	9,148	10,040
Pioneer Natural Resources Company	N/A	N/A	442	75,369	65,093
Procter & Gamble Co	N/A	N/A	1,400	107,752	124,152
Qualcomm Inc	N/A	N/A	1,931	107,214	121,441
Red Hat Inc	N/A	N/A	1,026	50,314	176,103
Regeneron Pharmaceuticls Inc	N/A	N/A	216	73,971	73,276
Resideo Technologies, Inc.	N/A	N/A	157	3,524	3,301
Royal Dutch Shell Plc	N/A	N/A	1,275	85,569	80,567
Salesforce.Com Inc	N/A	N/A	42	2,739	5,764
Schlumberger Ltd	N/A	N/A	2,269	155,193	116,422
Schwab Charles Corp	N/A	N/A	2,460	38,356	113,750
Southern Company The So	N/A	N/A	2,300	49,833	103,569
Southwest Airlines Co Luv	N/A	N/A	7,593	41,877	372,816
Spdr Gold Trust Spdr Gold Shares	N/A	N/A	400	48,029	46,060
Splunk Inc.	N/A	N/A	1,001	59,577	99,940
State Street Corp	N/A	N/A	470	25,753	32,313
SVB Financial Group Com	N/A	N/A	23	4,107	5,456
Synchrony Financial	N/A	N/A	230	6,573	6,642
T-Mobile Us, Inc.	N/A	N/A	70	4,670	4,799
Terex Corp New	N/A	N/A	2,000	86,031	66,780
Texas Instruments Inc	N/A	N/A	1,061	38,247	98,493
Thermo Electron Corp Tmo	N/A	N/A	619	39,879	144,629
Thermo Fisher Corp Tmo	N/A	N/A	1,000	29,937	233,650
Toronto Dominion Bank	N/A	N/A	1,700	82,907	94,282
Travelers Cos Inc (The)	N/A	N/A	1,000	37,085	125,130
U S Bancorp Del	N/A	N/A	1,500	50,110	78,405
United Parcel Service Inc Cl B	N/A	N/A	946	80,908	100,787
Unitedhealth Group Inc	N/A	N/A	850	54,633	222,148
Unum Group	N/A	N/A	2,000	44,177	72,520
Valero Energy Corp New	N/A	N/A	53	2,638	4,828
Vanguard Emerging Markets	N/A	N/A	800	32,956	30,288
Vanguard Short Term Corp	N/A	N/A	6,000	470,859	467,580
Verizon Communications Inc	N/A	N/A	3,160	109,647	180,404
Viacom Inc New Class B	N/A	N/A	1,356	35,064	43,365

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2018

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Common Stock (continued):					
Visa Inc Cl A	N/A	N/A	1,825	$ 40,314	$ 251,576
Vmware Inc	N/A	N/A	449	36,800	63,484
Vodafone Group Plc New Sponsored Adr	N/A	N/A	2,000	74,206	37,860
Voya Financial Inc	N/A	N/A	130	4,218	5,689
Wabco Holdings Inc	N/A	N/A	999	10,723	107,343
Walgreens Boots Alliance Inc	N/A	N/A	500	17,628	39,885
Wal-Mart Stores Inc	N/A	N/A	4,000	26,541	401,120
Wells Fargo & Co New Com	N/A	N/A	700	36,007	37,261
Worldpay Inc.	N/A	N/A	90	5,654	8,266
Yum China Holdings Inc	N/A	N/A	2,670	73,001	96,334
Yum! Brands Inc	N/A	N/A	100	5,047	9,041
Zoetis Inc	N/A	N/A	4,494	159,551	405,134
Total Common Stock				8,551,266	17,994,681
Preferred Stock:					
Public Storage	5.400%	N/A	500	12,554	11,855
Wells Fargo & Co.	5.700%	N/A	1,000	26,025	25,040
Total Preferred Stock				38,579	36,895
Mutual Funds - Participant Directed:					
Blackrock Global Allocation Cl R	N/A	N/A	5,455	N/A	96,878
Blackrock Lifepath Ret Port Cl A	N/A	N/A	1,562	N/A	14,467
Deutsche Equity 500 Index Fund Cl S	N/A	N/A	1,877	N/A	412,494
Goldman Sachs Growth Opp	N/A	N/A	7,859	N/A	160,878
JPMorgan Smart Retirement 2020 Cl R2	N/A	N/A	17,641	N/A	330,585
JPMorgan Smart Retirement 2030 Cl R2	N/A	N/A	10,467	N/A	211,538
JPMorgan Smart Retirement 2040 Cl R2	N/A	N/A	16,664	N/A	352,443
JPMorgan Smart Retirement 2050 Cl R2	N/A	N/A	134	N/A	2,693
Mass Investors Growth Stk Fd Cl R2	N/A	N/A	1,994	N/A	57,059
Massachusetts Investors Trust Cl R2	N/A	N/A	3,426	N/A	105,391
MFS Aggressive Growth Alloc Cl R2	N/A	N/A	9,235	N/A	205,940
MFS Conservative Allocation Cl R2	N/A	N/A	9,096	N/A	133,530
MFS Global Growth Fund Cl R2	N/A	N/A	3,701	N/A	145,211
MFS Government Securities Fd Cl R2	N/A	N/A	5,613	N/A	52,426
MFS Growth Allocation Fund Cl R2	N/A	N/A	34,778	N/A	688,607
MFS Moderate Allocation Fund Cl R2	N/A	N/A	14,568	N/A	247,516
MFS New Discovery Fund Cl R2	N/A	N/A	9,894	N/A	269,211
MFS Research International Fd Cl R2	N/A	N/A	9,272	N/A	157,164
MFS Total Return Bond Cl R2	N/A	N/A	10,639	N/A	108,413
MFS Total Return Fund Cl R2	N/A	N/A	13,832	N/A	253,949
MFS Value Fund Cl R2	N/A	N/A	6,170	N/A	237,128
Pimco Total Return Fund Cl R	N/A	N/A	9,590	N/A	94,554
Victory Small Company Oppor Fund Cl R	N/A	N/A	3,747	N/A	161,621
Victory Sycamore Est Value Fund Cl R	N/A	N/A	7,486	N/A	292,179
Total Mutual Funds - Participant Directed					4,791,875

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2018

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Mutual Funds - Non-participant Directed:					
Advantage Dynamic Total Return Fund Fund	N/A	N/A	3,384	$ 53,000	$ 52,560
BNY Mellon Intermediate Bond Fd *	N/A	N/A	11,085	142,887	134,905
BNY Mellon Corporate Bond Fund *	N/A	N/A	10,888	141,000	134,248
BNY Mellon Emerging Markets Fund *	N/A	N/A	10,395	100,893	99,899
BNY Mellon Income Stock Fund *	N/A	N/A	14,510	123,000	133,348
BNY Mellon Mid Cap Stock Fund *	N/A	N/A	13,358	184,000	230,156
BNY Mellon Small Cap Stock Fund *	N/A	N/A	5,398	82,391	108,610
Capital Income Builder Fund	N/A	N/A	6,735	388,742	390,687
Dreyfus Alt Diversifier Strategies Fund	N/A	N/A	4,741	59,500	58,459
Dreyfus Diversified International Fund	N/A	N/A	17,281	190,000	209,277
Dreyfus Floating Rate Income Fund	N/A	N/A	7,079	86,000	84,950
Dreyfus Growth & Income	N/A	N/A	27,556	466,572	603,202
Dreyfus High Yield Fund	N/A	N/A	3,296	20,985	19,774
Dreyfus International Small Cap Fund	N/A	N/A	3,203	42,000	47,625
Franklin Custodian Fds Income Fund A1	N/A	N/A	126,331	297,075	284,245
Ishares Nasdaq Biotechnology ETF	N/A	N/A	300	27,975	31,221
Ishares FTSE/Xinhau HK China 25 Index	N/A	N/A	300	5,714	11,787
Ishares MSCI EAFE Index Fund	N/A	N/A	300	19,831	18,738
Ishares Russell 1000 Growth Index	N/A	N/A	7,596	544,321	1,079,240
Ishares Russell 1000 Value Index	N/A	N/A	6,867	624,160	824,658
Ishares Russell Midcap Growth Index	N/A	N/A	3,494	272,427	426,792
Ishares Russell Midcap Value Index	N/A	N/A	3,073	235,718	257,241
Ishares Russell 2000 Growth Index	N/A	N/A	1,099	160,485	206,491
Managed Futures Strategy Fund	N/A	N/A	5,695	59,000	51,365
Proshares S&P 500 Divid Aristocrats ETF	N/A	N/A	1,779	94,808	112,362
Spdr S&P Dividend ETF	N/A	N/A	810	66,535	75,516
Technology Select Sectorspdr ETF	N/A	N/A	500	31,860	34,650
Voya Ser Fd Inc Global Target Payment Fd Cl A	N/A	N/A	35,432	291,428	273,184
Wisdomtree Intl Hedged Quality Divid Growth Fund ETF	N/A	N/A	12,309	351,067	369,393
Wisdomtree Japan Total Dividend Fund	N/A	N/A	180	9,909	9,466
Wisdomtree Trust Europe Hedged Equity Fd ET	N/A	N/A	3,896	239,532	232,591
Total Mutual Funds - Non-participant Directed				5,412,815	6,606,640

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 13-1983343 - PLAN 001

October 31, 2018

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES OR FACE VALUE	COST	FAIR VALUE
Certificates of Deposit:					
Barclays Bk Del Wilmington	0.000%	9/30/2020	200,000	$ 200,000	$ 184,970
HSBC Bk USA N.A. MC LEAN VA7	0.000%	2/27/2024	145,000	145,000	124,947
Total Certificates of Deposit				345,000	309,917
Money Market Funds - Non-participant Directed:					
CRA BNY Mellon *	0.700%	N/A	43,626	43,626	43,626
Schwab Bank Sweep for Benefit Plans MM *	0.680%	N/A	224,195	224,195	224,195
Money Market Obligations Tr Federated Treas	1.020%	N/A	22,086	22,086	22,086
UBS Liquid Assets Government Fund *	1.020%	N/A	106,089	106,089	106,089
UBS ETF Liquid Assets Government Fund *	-	N/A	83,244	83,244	83,244
Total Money Market Funds - Non-participant Directed				479,240	479,240
Money Market Funds - Participant Directed -					
JP Morgan US Gov Money Market	0.520%	N/A	109,054	109,054	109,054
Total Money Market Funds - Participant Directed				109,054	109,054
Total Investments					31,447,916
Less Participant Directed Investments					4,900,929
Non-participant Directed Investments					$ 26,546,987

* Party-in-interest

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REY PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
EIN: 13-1983343 - PLAN 001

October 31, 2018

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost of Acquisitions	Proceeds of Dispositions
Alexion Pharmaceuticals Inc.	Common Stock	$ 689	$ 3,018
Apple Computer Inc. Com	Common Stock	54,972	5,040
Atlassian Corporation Plc	Common Stock	6,288	2,920
BNY Mellon Small Cap Stock Fund	Common Stock	10,000	20,109
Broadcom Inc.	Common Stock	1,870	8,747
Chipotle Mexican Grill Inc. Cl A	Common Stock	11,672	16,951
Colgate Palmolive Co.	Common Stock	6,801	6,801
Comcast Corp. New Cl A	Common Stock	5,338	1,412
Constellation Brands Inc. Cl A	Common Stock	2,192	1,912
Corning Inc.	Common Stock	1,609	1,211
Costco Whsl Corp.	Common Stock	709	2,127
Dentsply International Inc. New	Common Stock	10,252	102,155
Electronic Arts Inc.	Common Stock	1,009	958
Exact Sciences Corp.	Common Stock	3,606	1,593
Exxon Mobil Corp.	Common Stock	1,644	8,964
Gilead Sciences Inc.	Common Stock	5,711	714
Google Inc Class A	Common Stock	2,423	5,529
Grainger W W Inc.	Common Stock	23,575	13,605
Home Depot Inc.	Common Stock	1,180	193
Invesco Ltd.	Common Stock	1,803	7,745
Lam Resh Corp.	Common Stock	1,668	4,225
Marvell Technology Group Ltd.	Common Stock	7,982	1,397
Micron Technology Inc.	Common Stock	3,830	5,398
Mondelez International	Common Stock	4,995	1,628
Netflix Com Inc.	Common Stock	6,508	2,488
Sempra Energy	Common Stock	6,018	6,018
Starbucks Corp.	Common Stock	1,728	8,379
Stryker Corp.	Common Stock	6,044	6,044
Synchrony Financial	Common Stock	1,468	560
T - Mobile US, Inc.	Common Stock	1,400	2,628
Taiwan Semiconductor Mfg Co Ltd Sponsored Adr	Common Stock	1,266	5,134
Ishares Edge MSCI Min Vol Emerging Markets	Mutual Fund	75,740	75,740
Ishares Factorselect MSCI Emerging	Mutual Fund	75,796	75,796
Proshares S&P 500 Divid Aristocrats ETF	Mutual Fund	2,839	476
Wisdomtree Trust Europe Hedged Equity Fd ETF	Mutual Fund	129,200	147,959

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