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 12/31/2017 and ending 12/30/2018

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ___

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FURST-MCNESS COMPANY PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1947

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)

FURST-MCNESS COMPANY

120 E. CLARK STREET
FREEPORT, IL 61032

2b Employer Identification Number (EIN)
36-1112600

2c Plan Sponsor's telephone number
815-232-9802

2d Business code (see instructions)
311110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	KELLY J. PRIEWE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	MATTHEW L. HARTMAN
	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**	332
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)**	262
a(2) Total number of active participants at the end of the plan year	**6a(2)**	254
b Retired or separated participants receiving benefits	**6b**	254
c Other retired or separated participants entitled to future benefits	**6c**	9
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	517
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	45
f Total. Add lines **6d** and **6e**.	**6f**	562
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	321
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[X]	**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)	[ ]	0	**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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 12/31/2017 and ending 12/30/2018

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
FURST-MCNESS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
FURST-MCNESS COMPANY

D Employer Identification Number (EIN)
36-1112600

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2017

2 Assets:

a Market value	**2a**	11977326
b Actuarial value	**2b**	11197794

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	260	10602883	10602883
b For terminated vested participants	9	308064	308064
c For active participants	60	2132647	2132647
d Total	329	13043594	13043594

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.74 %
6 Target normal cost	**6**	212290

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	09/19/2019 Date
BRIAN C. DONOHUE Type or print name of actuary	17-05482 Most recent enrollment number
OCTOBER THREE CONSULTING LLC Firm name	312-878-2440 Telephone number (including area code)
233 SOUTH WACKER DRIVE, SUITE 8350 CHICAGO, IL 60606 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	250000
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	71075
9	Amount remaining (line 7 minus line 8)	0	178925
10	Interest on line 9 using prior year's actual return of 20.22 %	0	36179
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		594238
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.95%		31128
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		14371
	c Total available at beginning of current plan year to add to prefunding balance		639737
	d Portion of (c) to be added to prefunding balance		639737
12	Other reductions in balances due to elections or deemed elections		554841
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	300000

Part III Funding Percentages

14	Funding target attainment percentage	14	83.54%
15	Adjusted funding target attainment percentage	15	83.54%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	82.19%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/05/2019	184628	0			
09/10/2019	100000	0			
09/12/2019	300000	0			
			Totals ► 18(b)	584628	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	531956

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segment: 6.48%	☐ N/A, full yield curve used
b Applicable month (enter code)			**21b**	4
22 Weighted average retirement age			**22**	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	212290
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2145800	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	212290

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	184163	184163

36 Additional cash requirement (line 34 minus line 35)	**36**	28127
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	531956

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	503829
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	184163
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☒ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011

42 Amount of acceleration adjustment	**42**	0
43 Excess installment acceleration amount to be carried over to future plan years	**43**	0

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

For calendar plan year 2017 or fiscal plan year beginning 12/31/2017 and ending 12/30/2018

A Name of plan
FURST-MCNESS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FURST-MCNESS COMPANY

D Employer Identification Number (EIN)
36-1112600

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

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(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)

CIBC PRIVATE WEALTH ADVISORS

120 SOUTH LASALLE STREET
CHICAGO, IL 60603

20-0822261

(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 28 51	INVESTMENT ADVISOR	78117	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

OCTOBER THREE CONSULTING SERVICES

233 S. WACKER DRIVE SUITE 8350
CHICAGO, IL 60606

27-1175487

(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?
11	ACTUARY	20076	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RELIANCE TRUSTCOMPANY

1100 ABERNATHY ROAD NE SUITE 400
ATLANTA, GA 30328-5646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21	TRUSTEE/CUSTODIAN	17706	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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 12/31/2017 and ending 12/30/2018

A Name of plan
FURST-MCNESS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FURST-MCNESS COMPANY

D Employer Identification Number (EIN)
36-1112600

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	900000	600000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16303	16148
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1021034	1115786
(2) U.S. Government securities	1c(2)	468985	360144
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1311962	1634643
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	8054421	5236030
(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)	152460	469672
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	81840	55842

			(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	12007005	9488265
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	311	170687
k	Total liabilities (add all amounts in lines 1g through1j)	1k	311	170687
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12006694	9317578

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)	600000	
	(B) Participants	2a(1)(B)		
	(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)		600000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	21472	
	(B) U.S. Government securities	2b(1)(B)	7136	
	(C) Corporate debt instruments	2b(1)(C)	39166	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		67774
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	107605	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	7437	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		115042
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-1988036	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-1988036

		(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		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-1205220
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1226207	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1226207
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	257689	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		257689
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1483896
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2689116
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WIPFLI LLP **(2)** EIN: 39-0758449

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4222690. (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 12/31/2017 and ending 12/30/2018

A Name of plan
FURST-MCNESS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FURST-MCNESS COMPANY

D Employer Identification Number (EIN)
36-1112600

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): 58-1428634

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	2

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

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

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

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

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

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b	Enter the amount contributed by the employer to the plan for this plan year	6b	
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

Furst-McNess Company Pension Plan

Financial Statements and Supplementary Information

Years Ended December 30, 2018 and 2017



WIPFLi LLP
CPAs and Consultants

WIPFLI LLP

Independent Auditor's Report

Plan Sponsor
Furst-McNess Company Pension Plan
Freeport, Illinois

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Furst-McNess Company Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 30, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 30, 2017, and the related statement of changes in accumulated benefits for the year then ended, 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; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 30, 2018 and 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Other Matter
The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 30, 2018 and Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 30, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

Wipfli LLP

Wipfli LLP

October 11, 2019
Rockford, Illinois

Furst-McNess Company Pension Plan
Statements of Net Assets Available for Benefits

December 30,	2018	2017
Assets:		
Investments, at fair value	$ 8,872,117	$ 11,090,702
Receivables:		
Employer's contribution	600,000	900,000
Interest and dividend income	16,148	16,303
Total receivables	616,148	916,303
Total assets	9,488,265	12,007,005
Liabilities:		
Due to brokers	30,380	311
Other liabilities	140,307	0
Total liabilities	170,687	311
Net assets available for benefits:	$ 9,317,578	$ 12,006,694

See accompanying notes to financial statements.

Furst-McNess Company Pension Plan
Statements of Changes in Net Assets Available for Benefits

Years Ended December 30,	2018	2017
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ (1,988,036)	$ 1,877,999
Interest and dividends	182,816	170,371
Net investment income (loss)	(1,805,220)	2,048,370
Additions:		
Employer contributions	600,000	900,000
Total additions	600,000	900,000
Deductions:		
Benefits paid to participants and beneficiaries	1,226,207	1,699,424
Administrative expenses	257,689	145,630
Total deductions	1,483,896	1,845,054
Net change	(2,689,116)	1,103,316
Net assets available for benefits:		
Beginning of year	12,006,694	10,903,378
End of year	$ 9,317,578	$ 12,006,694

See accompanying notes to financial statements.

Furst-McNess Company Pension Plan
Statement of Accumulated Plan Benefits

December 30, 2017

Actuarial present value of accumulated plan benefits (1):

Vested benefits:	
Participants currently receiving benefit payments	$ 9,614,808
Other participants	2,107,207
Total vested benefits	11,722,015
Nonvested benefits	0
Total actuarial present value of accumulated plan benefits	$ 11,722,015

(1) The actuarial present value of accumulated plan benefits measurement date was made as of December 31, 2017. Had the valuation been performed as of December 30, 2017, there would be no material differences.

See accompanying notes to financial statements.

Furst-McNess Company Pension Plan
Statement of Changes in Accumulated Plan Benefits

Year Ended December 30, 2017

Actuarial present value of accumulated plan benefits at beginning of year	$ 12,492,723
Increase (decrease) during the year attributable to:	
Benefits accumulated including changes due to plan experience	111,658
Increase for interest due to change in discount period	816,051
Benefits paid with interest	(1,698,417)
Net change	(770,708)
Actuarial present value of accumulated plan benefits at end of year (1)	$ 11,722,015

(1) The actuarial present value of accumulated plan benefits measurement date was made as of December 31, 2017. Had the valuation been performed as of December 30, 2017, there would be no material differences.

See accompanying notes to financial statements.

Furst-McNess Company Pension Plan
Notes to Financial Statments

Note 1: Description of Plan

The following description of the Furst-McNess Company Pension Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. The Plan has a fiscal year that starts on December 31st and ends on December 30th.

General

The Plan is a defined benefit plan covering all employees of Furst-McNess Company and its wholly-owned subsidiary Aero Group, Inc. (collectively referred to as either the "Plan Sponsor", "Company" or "Employer"), who became eligible to participate upon attaining age 21 and completing one year of continuous service. Reliance Trust Company serves at the trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 31, 2005, the Plan was frozen. No participant shall be credited with any hours of services, years of participation, or years of service attributable to any period on or after December 31, 2005, nor will any compensation earned after that date be used or considered to determine a participant's benefit. Employment for plan participants subsequent to December 31, 2005, may be used for purposes of determining eligibility for early retirement.

Pension Benefits

Participants with five years of service, as defined by the Plan, are entitled to pension benefits upon retirement. Pension benefits are provided to participants under several types of retirement options, integrated with Social Security, based upon employee earnings, covered compensation, and years of service, as defined. Retirement benefits are paid to participants or beneficiaries in various forms including joint and survivor annuities, lump-sum payments, and other optional forms of payment.

If death occurs during active employment after the participant is eligible for a deferred vested retirement, the eligible surviving spouse, if any, will receive a death benefit equal to the present value of the participant's non-forfeitable accrued benefit. The Plan provides death benefits for beneficiaries of participants who have started to receive retirement benefits. In such cases, the death benefit is based on the method by which the participant elected to receive retirement benefits.

The Plan provides for normal retirement at the later of age 65 or on the fifth anniversary of vesting service. The Plan provides for early retirement benefits, which may commence upon attaining the age 55 and after 10 years of vesting service or upon attaining the age of 60. Benefits for participants electing early retirement are actuarially reduced. The Plan provides for deferred retirement benefits for participants who continue employment past the normal retirement date. Benefits for participants electing deferred retirement are actuarially increased.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States (GAAP).

Use of Estimates in Preparation of Financial Statements

The preparation of financial statements in accordance with GAAP requires management and the actuary to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein. Actual results may differ from these estimates.

Investment Valuation and Income Recognition

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Services provided by the actuary and trustee are paid by the Plan and included in administrative expenses. Investment-related expenses are included in net investment income (loss).

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered through December 31, 2005, the effective freeze date of the Plan. Accumulated benefits include benefits expected to be paid to:

a) Retired or terminated participants or their beneficiaries
b) Beneficiaries of participants who have died.
c) Present employees or their beneficiaries.

Note 2: Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

Benefits under the Plan are based on employees' years of benefit service earned as of the valuation date multiplied by the monthly benefit amount prior to December 31, 2005. Benefits payable under all circumstances: retirement, death, disability, and the termination of employment are included to the extent they are deemed attributable to employee service rendered as of the valuation date, which is December 31, 2017.

The actuarial present value of accumulated plan benefits has been calculated by October Three Consulting LLC using the projected unit credit cost method and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 30, 2017, are as follows:

a) Life expectancy (mortality) - IRS Optional Combined Static Mortality Table
b) Retirement age - normal retirement age of 65
c) Investment rate of return of 6%

The actuarial assumptions were based on the assumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuarial present value of accumulated plan benefits measurement date was made as of December 31, 2017. Had the valuation been performed as of December 30, 2017, there would be no material differences.

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2019, which is the date the financial statements were available to be issued.

Note 3: Fair Value Measurements

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority level. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 30, 2018 and 2017.

Note 3: Fair Value Measurements (Continued)

Short-term investments, common stocks, foreign stocks, sundry assets: Valued at the daily closing price as reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Certificates of deposit, U.S. government obligations, mortgage backed securities, collateralized mortgage obligations, corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issues with similar credit ratings.

The methods above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 30, 2018 and 2017. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	Fair Value Measurements at December 30, 2018			
	Level 1	Level 2	Level 3	Total
Short-term investments	$ 894,160			$ 894,160
Certificates of deposit	221,626			221,626
U.S. government obligations	360,144			360,144
Mortgage backed securities	334,173			334,173
Collateralized mortgage obligations	133,303			133,303
Corporate bonds	1,167,167			1,167,167
Common stocks	4,011,071			4,011,071
Foreign stocks	1,224,959			1,224,959
Mutual funds	469,672			469,672
Sundry assets	55,842			55,842
Investments, at fair value	$ 8,872,117	$ 0	$ 0	$ 8,872,117

Note 3: Fair Value Measurements (Continued)

	Fair Value Measurements at December 30, 2017			
	Level 1	Level 2	Level 3	Total
Short-term investments	$ 652,124			$ 652,124
Certificates of deposit	368,910			368,910
U.S. government obligations	468,985			468,985
Mortgage backed securities	164,488			164,488
Collateralized mortgage obligations	128,918			128,918
Corporate bonds	1,018,556			1,018,556
Common stocks	6,078,315			6,078,315
Foreign stocks	1,976,106			1,976,106
Mutual funds	152,460			152,460
Sundry assets	81,840			81,840
Total investment assets at fair value	$ 11,090,702	$ 0	$ 0	$ 11,090,702

Note 4: Information Prepared and Certified by the Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 30, 2018 and 2017, net appreciation (depreciation) in fair value of investments and interest and dividends for the years ended December 30, 2018 and 2017, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Reliance Trust Company, the trustee of the Plan.

Note 5: Party-In-Interest Transactions

Certain plan investments are managed by Reliance Trust Company. Additionally, Reliance Trust Company is the trustee, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Note 6: Funding Policy

The Plan Sponsor’s funding policy is to make necessary contributions to provide for current service and for any unfunded projected benefit obligation over a reasonable period. To the extent these requirements are covered by assets in the Plan, the Plan Sponsor may elect not to make any contribution in a particular year. The Plan Sponsor contributed $600,000 and $900,000 for the years ended December 30, 2018 and 2017, respectively. At December 30, 2018 and 2017, the minimum contribution required totaled $0 and $48,577, respectively.

Note 7: Plan Termination

Although it has not expressed the intention to do so, the Plan has the right to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a) Annuity benefits to former employees (or their beneficiaries) who have been receiving benefits or those employees eligible to retire (based on plan provisions in effect five years prior to termination) for that three-year period who would have been receiving benefits if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

b) Other vested benefits insured by Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to applicable limitations.

c) All other vested benefits (that is, vested benefits not insured by PBGC).

d) All nonvested benefits

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Note 8: Tax Status

The IRS has determined and informed the Plan by a letter dated August 1, 2012, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

Note 9: Risks and Uncertainties

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

Note 9: Risks and Uncertainties (Continued)

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

Furst-McNess Company Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN 36-1112600 Plan #001

December 30, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par of Maturity Value	(d) Cost	(e) Current Value
Short-term investments:				
	FIDELITY	CASH RESERVES	$ 894,160	$ 894,160
Certificates of deposit:				
	AMERICAN EXPRESS CENTRN	CD DTD 05/28/2015 2.05% 05/28/2020	$ 125,000	$ 123,081
	CAPITAL ONE BANK USA NA	CD DTD 06/24/2015 2.2% 06/24/2020	100,000	98,545
	Total certificates of deposit		$ 225,000	$ 221,626
U.S government obligations:				
	U.S. TREASURY	NOTE DTD 01/31/2018 2.375% 01/31/2023	$ 58,920	$ 58,880
	U.S. TREASURY	NOTE DTD 08/31/2018 2.75% 08/31/2023	174,940	176,246
	U.S. TREASURY	NOTE DTD 02/15/2010 3.625% 02/15/2020	120	12,115
	U.S. TREASURY	NOTE DTD 04/30/2016 1.625% 04/30/2023	57,090	56,935
	U.S. TREASURY	NOTE DTD 08/15/2011 2.125% 08/15/2021	180	17,668
	U.S. TREASURY	NOTE DTD 05/15/2012 1.75% 05/15/2022	150	14,462
	U.S. TREASURY	NOTE DTD 05/15/2013 1.75% 05/15/2023	250	23,838
	Total U.S. government obligations		$ 291,650	$ 360,144
Mortgage backed securities:				
	FEDERAL HOME LOAN MORTGAGE CORPORATION	PC GOLD COMB POOL #G1-6483 DTD 05/01/2018 3% 04/01/2033 OFV 140000	$ 129,406	$ 128,020
	FEDERAL NATIONAL MORTGAGE ASSN.	PASS THRU INT DTD 01/01/2012 3% 02/01/2027 OFV 50000	14,018	13,340
	FEDERAL NATIONAL MORTGAGE ASSN.	PASS THRU INT POOL #AU6039 DTD 08/01/2013 3% 09/01/2028 OFV 20000	8,651	8,192
	FEDERAL NATIONAL MORTGAGE ASSN.	POOL #MA3364 DTD 04/01/2018 3.5% 05/01/2033 OFV 200000	183,512	184,621
	Total mortgage backed securities		$ 335,587	$ 334,173
Collateralized mortgage obligations:				
	HONDA	AUTO RECV DTD 05/31/2016 CMO 1.39% 04/15/2020	$ 31,115	$ 31,035
	TOYOTA	AUTO RECV OWN SER 2017-C CL A-3 DTD 08/02/2017 1.78% 11/15/2021 OFV 104000	102,229	102,268
	Total collateralized mortgage obligations		$ 133,344	$ 133,303

Furst-McNess Company Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

EIN 36-1112600 Plan #001

December 30, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par of Maturity Value	(d) Cost	(e) Current Value
Corporate bonds:				
	ALLSTATE CORP	SR UNSECURED DTD 05/13/2009 7.45% 05/16/2019	$ 9,652	$ 8,125
	BANK OF AMERICA CORP	MTN FR DTD 04/21/2015 2.25% 04/21/2020	128,541	128,440
	BLACKROCK INC	SR NT DTD 03/18/2014 3.5% 03/18/2024	69,796	70,564
	CAPITAL ONE FINANCIAL CORP	SR GLBL NT DTD 02/05/2015 3.2% 02/05/2025-2025	53,492	51,217
	COMCAST CORP	DTD 10/05/2018 4.15% 10/15/2028-2028	59,649	59,464
	COSTCO WHOLESALE CORP	SR NT DTD 12/07/2012 1.7% 12/15/2019	129,870	128,337
	WALT DISNEY CO	MTN DTD 06/02/2014 1.85% 05/30/2019	10,077	9,961
	EXXON MOBIL CORP	SR GLBL NT DTD 03/03/2016 3.043% 03/01/2026-2025	53,678	53,532
	JPMORGAN CHASE & CO	SR NT DTD 07/21/2016 2.95% 10/01/2026-2026	105,138	105,710
	MICROSOFT CORP	SR GLBL NT DTD 02/06/2017 3.3% 02/06/2027-2026	44,062	43,812
	ORACLE CORP	SR NT DTD 07/08/2014 2.8% 07/08/2021	132,547	129,204
	PEPSICO INC	SR NT DTD 03/05/2012 2.75% 03/05/2022	131,772	128,539
	VERIZON COMMUNICATIONS INC	SR NT DTD 10/29/2014 3.5% 11/01/2024-2024	110,146	108,271
	VISA INC	SR NT DTD 12/14/2015 3.15% 12/14/2025-2025	139,399	141,991
	Total corporate bonds		$ 1,177,819	$ 1,167,167
Common stocks:				
	ABIOMED INC	COMMON STOCK	$ 16,131	$ 27,044
	ADOBE SYSTEMS INC	COMMON STOCK	61,203	86,128
	ALIGN TECHNOLOGY INC	COMMON STOCK	2,961	9,790
	ALPHABET INC CAP STK CL C	COMMON STOCK	121,927	110,968
	ALPHABET INC CAP STK CL A	COMMON STOCK	37,853	34,540
	AMAZON COM INC SR	COMMON STOCK	207,752	243,873
	AMERICAN TOWER CORP COM	COMMON STOCK	26,608	44,949
	ANALOG DEVICES INC	COMMON STOCK	26,751	27,433
	ANTHEM INC	COMMON STOCK	35,135	40,157
	APPLE INC	COMMON STOCK	52,294	64,054
	AUTOMATIC DATA PROCESSING INC	COMMON STOCK	55,546	48,074
	AXOGEN INC COM	COMMON STOCK	14,329	6,876
	BECTON DICKINSON & CO	COMMON STOCK	14,787	13,319
	BLACKROCK INC	COMMON STOCK	46,076	38,047
	BOEING CO	COMMON STOCK	53,254	43,977

Furst-McNess Company Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

EIN 36-1112600 Plan #001

December 30, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par of Maturity Value	(d) Cost	(e) Current Value
Common stocks (continued):				
	BRIGHT HORIZONS FAM SOL IN DEL COM	COMMON STOCK	$ 31,950	$ 48,455
	BURLINGTON STORES INC COM	COMMON STOCK	27,426	32,433
	CIGNA CORP NEW COM	COMMON STOCK	74,631	70,922
	CVS HEALTH CORPORATION	COMMON STOCK	30,989	29,205
	CAPITAL ONE FINANCIAL CORP	COMMON STOCK	36,367	28,221
	CENTENE CORP	COMMON STOCK	27,769	25,380
	CHEVRON CORP	COMMON STOCK	46,016	40,092
	CISCO SYSTEMS INC	COMMON STOCK	72,439	65,395
	CITIGROUP INC	COMMON STOCK	69,155	49,601
	COMCAST CORP	COMMON STOCK	39,214	46,819
	COSTAR GROUP INC COM	COMMON STOCK	22,602	19,220
	DANAHER CORP	COMMON STOCK	70,158	67,921
	DOLLAR GENERAL CORP	COMMON STOCK	31,581	32,228
	DOWDUPONT INC COM	COMMON STOCK	50,761	42,681
	EOG RESOURCES INC	COMMON STOCK	46,798	31,595
	ECOLAB INC	COMMON STOCK	29,107	31,761
	EDWARDS LIFESCIENCES CORP	COMMON STOCK	16,722	36,098
	EURONET WORLDWIDE INC COM	COMMON STOCK	21,768	32,378
	EXACT SCIENCES CORP	COMMON STOCK	16,966	20,499
	EXPEDIA GROUP INC	COMMON STOCK	42,914	39,765
	FIDELITY NATIONAL INFORMATION SERVICES INC	COMMON STOCK	66,523	62,905
	FISERV INC	COMMON STOCK	56,427	51,437
	FIVE BELOW INC	COMMON STOCK	13,105	17,323
	FLEETCOR TECHNOLOGIES INC	COMMON STOCK	19,707	23,854
	FORTIVE CORP COM	COMMON STOCK	39,453	31,616
	GARTNER INC	COMMON STOCK	25,766	37,084
	GUIDEWIRE SOFTWARE INC	COMMON STOCK	26,267	27,393
	HOME DEPOT INC	COMMON STOCK	27,330	41,534
	HONEYWELL INTERNATIONAL INC	COMMON STOCK	64,393	64,595
	IDEXX LABORATORIES INC	COMMON STOCK	15,221	40,894
	INTERCONTINENTAL EXCHANGE INC COM	COMMON STOCK	104,083	101,178
	INTUITIVE SURGICAL INC	COMMON STOCK	27,387	49,476
	JPMORGAN CHASE & CO COM	COMMON STOCK	48,243	70,299
	JOHNSON & JOHNSON	COMMON STOCK	69,406	63,508
	KINDER MORGAN INC	COMMON STOCK	29,032	24,372
	LAS VEGAS SANDS CORP	COMMON STOCK	21,692	18,062
	LIVE NATION ENTERTAINMENT INC	COMMON STOCK	34,557	32,803
	MARKETAXESS HOLDINGS INC	COMMON STOCK	7,374	15,566

Furst-McNess Company Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

EIN 36-1112600 Plan #001

December 30, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par of Maturity Value	(d) Cost	(e) Current Value
Common stocks (continued):				
	MASTERCARD INC	COMMON STOCK	$ 44,945	$ 90,288
	MERCADOLIBRE INC	COMMON STOCK	11,623	21,907
	MERCK & CO INC	COMMON STOCK	22,660	30,073
	MICROSOFT CORP	COMMON STOCK	104,963	163,736
	NEXTERA ENERGY INC	COMMON STOCK	31,164	30,917
	OCCIDENTAL PETROLEUM CORP	COMMON STOCK	33,001	25,035
	ORACLE CORP	COMMON STOCK	48,936	44,641
	PAYPAL HLDGS INC COM	COMMON STOCK	55,595	52,454
	PEPSICO INC	COMMON STOCK	42,117	43,040
	PIONEER NATURAL RESOURCES CO	COMMON STOCK	35,992	25,971
	PRUDENTIAL FINANCIAL INC	COMMON STOCK	46,500	35,543
	QUALCOMM INC	COMMON STOCK	58,530	46,982
	RAYTHEON CO	COMMON STOCK	44,265	41,747
	ROPER TECHNOLOGIES INC	COMMON STOCK	75,309	67,802
	S&P GLOBAL INC COM	COMMON STOCK	28,266	47,124
	SS&C TECHNOLOGIES HLDGS INC	COMMON STOCK	28,071	33,428
	SALESFORCE COM INC	COMMON STOCK	20,742	29,630
	CHARLES SCHWAB CORP	COMMON STOCK	30,686	27,921
	SHERWIN-WILLIAMS CO	COMMON STOCK	28,358	38,958
	STRYKER CORP	COMMON STOCK	32,936	29,257
	TJX COS INC	COMMON STOCK	35,526	28,214
	T-MOBILE US INC COM	COMMON STOCK	45,169	42,371
	THERMO FISHER SCIENTIFIC INC	COMMON STOCK	81,860	84,309
	TYLER TECHNOLOGIES INC	COMMON STOCK	19,164	27,227
	US BANCORP	COMMON STOCK	50,397	42,362
	UNION PACIFIC CORP	COMMON STOCK	48,426	44,317
	UNITED TECHNOLOGIES CORP	COMMON STOCK	71,379	54,250
	UNITEDHEALTH GROUP INC	COMMON STOCK	89,278	82,490
	VF CORP	COMMON STOCK	34,186	26,252
	VISA INC CLASS A SHARES	COMMON STOCK	103,021	95,586
	WELLS FARGO & CO	COMMON STOCK	67,263	57,545
	YUM CHINA HLDGS INC COM	COMMON STOCK	22,722	23,067
	ZOETIS INC CL A	COMMON STOCK	76,770	72,830
	Total common stocks		$ 3,843,726	$ 4,011,071

Furst-McNess Company Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

EIN 36-1112600 Plan #001

December 30, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par of Maturity Value	(d) Cost	(e) Current Value
Foreign stocks:				
	AIA GROUP LTD SPONSORED ADR	FOREIGN STOCK	$ 24,347	$ 34,410
	AIR LIQUIDE ADR	FOREIGN STOCK	22,122	25,100
	ALIBABA GROUP HLDG LTD SPONSORED ADS	FOREIGN STOCK	27,270	38,945
	AMADEUS IT GROUP S.A.	FOREIGN STOCK	14,079	24,859
	ASSA ABLOY AB UNSP ADR	FOREIGN STOCK	24,147	22,052
	BAE SYSTEMS PLC ADR	FOREIGN STOCK	25,197	19,351
	BANCO SANTANDER SA ADR	FOREIGN STOCK	29,737	21,379
	BHP GROUP LIMITED	FOREIGN STOCK	14,391	24,918
	BROOKFIELD ASSET MANAGEMENT INC	FOREIGN STOCK	12,876	13,486
	CANADIAN NATIONAL RAILWAY CO	FOREIGN STOCK	14,673	17,365
	CONTINENTAL AG SPONS ADR	FOREIGN STOCK	29,885	17,052
	DBS GROUP HOLDINGS LTD ADR	FOREIGN STOCK	25,623	23,772
	DAIKIN INDS LTD ADR	FOREIGN STOCK	23,141	25,207
	DEUTSCHE BOERSE AG -UNSPN ADR	FOREIGN STOCK	10,108	14,101
	DIAGEO PLC SPONSORED ADR NEW	FOREIGN STOCK	23,963	31,763
	FANUC CORPORATION ADR	FOREIGN STOCK	25,480	19,475
	FOMENTO ECONOMICO MEXICANO SAB DE CV ADR	FOREIGN STOCK	22,722	21,285
	GLENCORE PLC ADR	FOREIGN STOCK	10,480	9,491
	GRIFOLS S A SPONSORED ADR SP ADR REP B NVT	FOREIGN STOCK	28,230	31,154
	HDFC BANK LTD ADR	FOREIGN STOCK	20,912	37,130
	HSBC HOLDINGS PLC ADR	FOREIGN STOCK	30,223	26,285
	INTERCONTINENTAL HOTELS GROUP	FOREIGN STOCK	22,350	22,776
	JULIUS BAER GROUP LTD ADR	FOREIGN STOCK	24,706	18,849
	LVMH MOET HENNESSY LOUIS VUITTON SA ADR	FOREIGN STOCK	14,323	26,010
	LONDON STK EXCHANGE GROUP ADR	FOREIGN STOCK	20,120	21,781
	LUXOTTICA GROUP SPA ADR	FOREIGN STOCK	26,973	23,942
	NTT DOCOMO INC SPONSORED ADR	FOREIGN STOCK	19,721	17,354
	NEW ORIENTAL EDUCATION & TECHNOLOGY GROUP ADR	FOREIGN STOCK	26,323	24,138
	NIDEC CORP ADR	FOREIGN STOCK	23,861	26,691
	NOVARTIS AG ADR	FOREIGN STOCK	31,724	32,825
	RITCHIE BROS AUCTIONEERS INC COM	FOREIGN STOCK	20,604	24,863
	ROYAL DUTCH SHELL PLC ADR	FOREIGN STOCK	23,618	24,089
	SCHLUMBERGER LTD	FOREIGN STOCK	33,014	16,909
	SEVEN & I HOLDINGS CO LTD ADR	FOREIGN STOCK	17,471	17,760
	SIEMENS AG ADR	FOREIGN STOCK	18,153	13,919
	SMITH & NEPHEW PLC ADR	FOREIGN STOCK	18,519	21,041
	SUNCOR ENERGY INC	FOREIGN STOCK	22,188	17,590
	SYMRISE AG - UNSPONSORED ADR	FOREIGN STOCK	20,366	21,019

Furst-McNess Company Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

EIN 36-1112600 Plan #001

December 30, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par of Maturity Value	(d) Cost	(e) Current Value
Foreign stocks (continued):				
	TAIWAN SEMICONDUCTOR MANUFACTURING CO LTD ADR	FOREIGN STOCK	$ 19,113	$ 23,770
	TENCENT HOLDINGS LIMITED UNS ADR	FOREIGN STOCK	34,299	45,332
	TOKIO MARINE HOLDINGS INC ADR	FOREIGN STOCK	6,583	7,824
	ALLERGAN PLC SHS	FOREIGN STOCK	42,100	29,614
	ICON PLC COM SHS	FOREIGN STOCK	15,361	28,609
	IHS MARKIT LTD SHS	FOREIGN STOCK	37,247	39,039
	LINDE PLC	FOREIGN STOCK	47,096	44,861
	MEDTRONIC PLC SHS	FOREIGN STOCK	73,558	68,462
	CHUBB LIMITED COM	FOREIGN STOCK	22,981	25,945
	ASML HOLDING NV N Y REGISTRY SHS ADR	FOREIGN STOCK	16,172	22,488
	INTERXION HOLDING N V	FOREIGN STOCK	10,476	18,879
	Total foreign stocks		$ 1,168,626	$ 1,224,959
Mutual funds:				
	ISHARES	ISHARES FLOATING RATE BOND (MKT)	$ 175,131	$ 173,456
	BARCLAYS	SPDR BLOOMBERG BARCLAYS INVESTMENT GRADE FLOATING ETF	299,971	296,216
	Total mutual funds		$ 475,102	$ 469,672
Sundry assets:				
	HATTERAS	CORE ALTERNATIVES TEI	$ 55,842	$ 55,842

This schedule has been dervied from information certified as complete and accurate by Reliance Trust Company

See Independent Auditor's Report.

Furst-McNess Company Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #36-1112600 Plan #001

Year Ended December 30, 2018

(a) Identity of Party Involved	(b) Description	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction	(i) Net Gain
Series of transactions with same security:						
	Fidelity Cash Reserves	$ 7,863,866	N/A	$ 7,863,866	$ 7,863,866	N/A
	Fidelity Cash Reserves	N/A	$ 7,621,584	$ 7,621,584	$ 7,621,584	$ 0

This schedule was derived from information certified as complete and accurate by Reliance Trust Company.

See Independent Auditor's Report.

Furst-McNess Company Pension Plan
EIN / PN 36-1112600 / 001
Schedule SB, Line 26 - Schedule of Active Participant Data

Attained age	Completed years of credited service as of December 31, 2017								
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 & over	Total
Under 25	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	1	-	-	-	1
35 to 39	-	-	-	1	1	-	-	-	2
40 to 44	-	-	-	3	1	2	-	-	6
45 to 49	-	-	-	1	2	4	-	-	7
50 to 54	-	-	-	3	3	2	8	3	19
55 to 59	-	-	-	1	5	1	2	3	12
60 to 64	-	-	-	-	4	5	-	2	11
65 to 69	-	-	-	1	1	-	-	-	2
70 & over	-	-	-	-	-	-	-	-	-
Total	-	-	-	10	18	14	10	8	60

Furst-McNess Company Pension Plan
EIN / PN 36-1112600 / 001
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Sponsor Elections

Yield curve election: The plan sponsor did not elect to use the full yield curve under IRC section 430(h)(2)(D)(ii).

Applicable month: The plan sponsor elected to base the segment rates on the rates published in the August immediately preceding the valuation year.

Economic Assumptions

First segment rate (years 0 to 4):	4.16%
Second segment rate (years 5 to 19):	5.72%
Third segment rate (years 20 and after):	6.48%
Effective interest rate (current year):	5.74%
First segment rate (years 0 to 4), without stabilization:	1.73%
Second segment rate (years 5 to 19), without stabilization:	3.78%
Third segment rate (years 20 and after), without stabilization:	4.69%
Effective interest rate, without stabilization (current year):	3.62%

The interest rates listed above are compounded annually.

Demographic Assumptions

Retirement

All participants are assumed to retire at the later of age 65 and their current age.

Withdrawal

The withdrawal decrement assumptions are summarized in Exhibit A.

Disability

None.

Mortality and mortality improvement

The mortality follows the IRS Optional Combined Static Mortality Table for 2017 for small plans.

Marital status

80% of employees are assumed to be married; husbands are assumed to be three years older than wives.

Decrement timing

Decrements are assumed to occur as of the beginning of the year.

Furst-McNess Company Pension Plan
EIN / PN 36-1112600 / 001
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Other Assumptions

Expenses

Assumed expenses are $212,290 for 2017, based on actual historical plan experience. In accordance with our understanding of the available guidance, the expense assumption reflects administrative expenses and does not include investment-related expenses or any other non-administrative expense.

Actuarial Methods

Valuation date

The valuation date is December 31, 2017.

Actuarial value of assets

The actuarial value of assets is determined by recognizing asset gains and losses over a period of three years. Asset gains and losses are defined as the difference between the expected return on the market value of assets, using a return assumption not to exceed the third segment rate, and the actual return on the market value of assets. This gain or loss is recognized over a period of three years at 33% per year, beginning in the current year. The actuarial value of assets must be within 10% of the market value of assets.

Minimum funding method

The funding target and target normal cost for minimum funding calculations are determined using the traditional unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the ERISA funding target. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.

Furst-McNess Company Pension Plan
EIN / PN 36-1112600 / 001
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Exhibit A - Retirement Rates

Age	Rate	Age	Rate
20	5.50%	50	0.65%
21	5.47%	51	0.72%
22	5.40%	52	0.79%
23	5.29%	53	0.87%
24	5.25%	54	0.96%
25	4.97%	55	1.04%
26	4.77%	56	1.13%
27	4.55%	57	1.23%
28	4.31%	58	1.33%
29	4.06%	59	1.44%
30	3.80%	60	1.56%
31	3.54%	61	1.69%
32	3.27%	62	1.84%
33	3.01%	63	2.01%
34	2.74%	64	2.21%
35	2.49%	65	2.44%
36	2.24%	66	2.72%
37	1.99%	67	3.01%
38	1.76%	68	3.30%
39	1.54%	69	3.59%
40	1.33%	70	3.93%
41	1.14%	71	4.32%
42	0.97%	72	4.75%
43	0.83%	73	5.21%
44	0.71%	74	5.71%
45	0.62%	75+	6.24%
46	0.57%		
47	0.54%		
48	0.55%		
49	0.58%		

Furst-McNess Company Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #36-1112600 Plan #001

Year Ended December 30, 2018

(a) Identity of Party Involved	(b) Description	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction	(i) Net Gain
Series of transactions with same security:						
	Fidelity Cash Reserves	$ 7,863,866	N/A	$ 7,863,866	$ 7,863,866	N/A
	Fidelity Cash Reserves	N/A	$ 7,621,584	$ 7,621,584	$ 7,621,584	$ 0

This schedule was derived from information certified as complete and accurate by Reliance Trust Company.

See Independent Auditor's Report.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 12/31/2017 and ending 12/30/2018

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
Furst-McNess Company Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Furst-McNess Company

D Employer Identification Number (EIN)
36-1112600

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2017

2 Assets:

a Market value	**2a**	11,977,326
b Actuarial value	**2b**	11,197,794

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	260	10,602,883	10,602,883
b For terminated vested participants	9	308,064	308,064
c For active participants	60	2,132,647	2,132,647
d Total	329	13,043,594	13,043,594

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.74%
6 Target normal cost	**6**	212,290

Statement by Enrolled Actuary

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

SIGN HERE

Brian C. Donohue BCD
Signature of actuary

19 Sept 2019
Date

Brian C. Donohue
Type or print name of actuary

1705482
Most recent enrollment number

October Three Consulting LLC
Firm name

312-878-2440
Telephone number (including area code)

233 South Wacker Drive, Suite 8350
Chicago IL 60606
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	250,000
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	71,075
9	Amount remaining (line 7 minus line 8)	0	178,925
10	Interest on line 9 using prior year's actual return of 20.22%	0	36,179
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		594,238
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.95%		31,128
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		14,371
	c Total available at beginning of current plan year to add to prefunding balance		639,737
	d Portion of (c) to be added to prefunding balance		639,737
12	Other reductions in balances due to elections or deemed elections		554,841
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	300,000

Part III Funding Percentages

14	Funding target attainment percentage	14	83.54%
15	Adjusted funding target attainment percentage	15	83.54%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	82.19%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/05/2019	184,628	0			
09/10/2019	100,000	0			
09/12/2019	300,000	0			
			Totals ▶ 18(b)	584,628	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	531,956
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?		[X] Yes [ ] No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		[X] Yes [ ] No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.16 %	5.72 %	6.48%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	**31a**	212,290
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2,145,800	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	212,290

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	184,163	184,163

36 Additional cash requirement (line 34 minus line 35)	**36**	28,127
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	531,956
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	503,829
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	184,163
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☒ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011

42 Amount of acceleration adjustment	**42**	0
43 Excess installment acceleration amount to be carried over to future plan years	**43**	0

Furst-McNess Company Pension Plan
EIN / PN 36-1112600 / 001
Schedule SB, Line 19 - Discounted Employer Contributions

Year applied for contributions: 2017

Date	Amount	Interest Rate	Interest Adjusted Contribution
9/5/2019	$184,628	5.74%	$168,108
9/10/2019	100,000	5.74%	90,983
9/12/2019	300,000	5.74%	272,865
Total	$584,628		$531,956

Furst-McNess Company Pension Plan
EIN / PN 36-1112600 / 001
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Description of weighted average retirement age

All participants are assumed to retire at the later of age 65 and their current age. The average retirement age for the population during the current year, rounded to the nearest whole number, is 65.

Assumed retirement age	Percent assumed to retire
55	0%
56	0%
57	0%
58	0%
59	0%
60	0%
61	0%
62	0%
63	0%
64	0%
65	100%

Furst-McNess Company Pension Plan
EIN / PN 36-1112600 / 001
Schedule SB, Part V - Summary of Plan Provisions

Effective date

The effective date of the plan was January 1, 1947. The plan was last restated effective December 2009. The plan was last amended effective May 2017.

Eligibility

Any employee who has attained age 21 and completed one year of Continuous Service. All benefit accruals were frozen as of December 31, 2005.

Definitions

Plan year

December 31 to December 30.

Year of vesting service

A Plan Year in which the employee completes 1,000 hours or service.

Credited Service

Prior to 2006, the number of Plan Years during which an employee is a participant and works at least 1,000 hours. An employee who becomes a participant on July 1 is credited with 1/2 year, provided 1,000 hours of service are completed. Regardless of the number of hours worked, one full year of service is credited in the plan year in which a participant retires, provided the participant is age 65 or older at retirement.

Compensation

Prior to 2006, total cash compensation paid to the employee not to exceed the IRC Section 401(a)(17) limit.

Final monthly compensation

The average of the Compensation paid to a participant during the highest 60 consecutive months within the 120 months preceding retirement by three months.

Covered compensation

The average of the Social Security taxable Wage Bases for the 35-year period ending when the participant reaches Social Security Normal Retirement Age rounded to the nearest $3,000.

Social Security normal retirement date

Age 65 for those born before 1938, age 66 for those born between 1938 and 1954 inclusive, and age 67 if born after 1954.

Normal Retirement

Benefit Eligibility

Termination of employment after both the attainment of age 65 and after the fifth anniversary of plan participation (the participant's normal retirement date).

Benefit Amount

The normal retirement benefit shall be an annuity, payable monthly. The gross monthly benefit is equal to the product of (a) and (b), plus the product of (c) and (d), plus the product of (e) and (f):

(a) 1.00% of Final Monthly Compensation
(b) Credited Service limited to 35 years

(c) 0.75%* of Final Monthly Compensation in excess of Covered Compensation
(d) Credited Service limited to 35 years

(e) 1.33% of Final Monthly Compensation
(f) Credited Service in excess of 35 years but less than 40 years

* 0.75% is the factor for an individual with Social Security Normal Retirement Age 65 who retires at age 65. For individuals with Social Security Normal Retirement Age 66 or 67 or for individuals that retire at an age other than 65, this factor is replaced by the percentage found in IRS Regulation §1.401(l)-3(e)(3) corresponding to the individual's SSNRA and age at commencement.

Benefit Commencement

The last day of the month following the participant's early retirement date.

Deferred Vested Pension

Benefit Eligibility

Termination of employment after completing at least 5 years of vesting service, and before reaching eligibility for normal or early retirement.

Benefit Amount

The benefit is computed on the same basis as a normal retirement pension, considering service and compensation to the date of termination. If the participant completed at least 10 years of vesting service at termination, he/she can elect to commence benefits between his/her early retirement date and normal retirement date. The benefit will be reduced according to the early retirement factors described above.

Benefit Commencement

The last day of the month following electing retirement.

Preretirement Death Benefit

Benefit Eligibility

Surviving spouse of an active participant who has completed at least 5 years of vesting service or attained age 60.

Benefit Amount

66 2/3% of the reduced monthly benefit to which the participant would have been entitled had he/she retired on the day preceding his/her death, but not earlier than the participant's early retirement date, and elected a 66 2/3% Joint and Survivor Annuity. In no case will the death benefit be less than the participant's prior plan employee contributions with interest.

Benefit Commencement

The last day of the month coincident with or next following the participant's early retirement date, or the participant's date of death, if later.

Disability Benefit

Benefit Eligibility

Eligibility for disability benefits under the Company's long-term disability insurance plan due to total and permanent disability.

Benefit Amount

The disability benefit is computed on the same basis as a normal retirement pension, considering service and compensation projected to age 65. Compensation is assumed to remain the same after date of disability.

Benefit Commencement

The last day of the month following the month of the participant's normal retirement date had the participant remained employed until that time.

Forms of Payment

The normal form of payment for a participant who has been married at the benefit commencement date is an actuarially reduced qualified joint and survivor annuity, with 66 2/3% of the benefit continuing to the surviving spouse upon the earlier death. The normal form of benefits with respect to all other participants is a single life annuity. Optional forms of payment include a period certain and life annuity with either 60 or 120 guaranteed monthly payments, a joint and survivor annuity with a beneficiary other than the participant's spouse, and a lump sum.

Furst-McNess Company Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN 36-1112600 Plan #001

December 30, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par of Maturity Value	(d) Cost	(e) Current Value
Short-term investments:				
	FIDELITY	CASH RESERVES	$ 894,160	$ 894,160
Certificates of deposit:				
	AMERICAN EXPRESS CENTRN	CD DTD 05/28/2015 2.05% 05/28/2020	$ 125,000	$ 123,081
	CAPITAL ONE BANK USA NA	CD DTD 06/24/2015 2.2% 06/24/2020	100,000	98,545
	Total certificates of deposit		$ 225,000	$ 221,626
U.S government obligations:				
	U.S. TREASURY	NOTE DTD 01/31/2018 2.375% 01/31/2023	$ 58,920	$ 58,880
	U.S. TREASURY	NOTE DTD 08/31/2018 2.75% 08/31/2023	174,940	176,246
	U.S. TREASURY	NOTE DTD 02/15/2010 3.625% 02/15/2020	120	12,115
	U.S. TREASURY	NOTE DTD 04/30/2016 1.625% 04/30/2023	57,090	56,935
	U.S. TREASURY	NOTE DTD 08/15/2011 2.125% 08/15/2021	180	17,668
	U.S. TREASURY	NOTE DTD 05/15/2012 1.75% 05/15/2022	150	14,462
	U.S. TREASURY	NOTE DTD 05/15/2013 1.75% 05/15/2023	250	23,838
	Total U.S. government obligations		$ 291,650	$ 360,144
Mortgage backed securities:				
	FEDERAL HOME LOAN MORTGAGE CORPORATION	PC GOLD COMB POOL #G1-6483 DTD 05/01/2018 3% 04/01/2033 OFV 140000	$ 129,406	$ 128,020
	FEDERAL NATIONAL MORTGAGE ASSN.	PASS THRU INT DTD 01/01/2012 3% 02/01/2027 OFV 50000	14,018	13,340
	FEDERAL NATIONAL MORTGAGE ASSN.	PASS THRU INT POOL #AU6039 DTD 08/01/2013 3% 09/01/2028 OFV 20000	8,651	8,192
	FEDERAL NATIONAL MORTGAGE ASSN.	POOL #MA3364 DTD 04/01/2018 3.5% 05/01/2033 OFV 200000	183,512	184,621
	Total mortgage backed securities		$ 335,587	$ 334,173
Collateralized mortgage obligations:				
	HONDA	AUTO RECV DTD 05/31/2016 CMO 1.39% 04/15/2020	$ 31,115	$ 31,035
	TOYOTA	AUTO RECV OWN SER 2017-C CL A-3 DTD 08/02/2017 1.78% 11/15/2021 OFV 104000	102,229	102,268
	Total collateralized mortgage obligations		$ 133,344	$ 133,303

Furst-McNess Company Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

EIN 36-1112600 Plan #001

December 30, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par of Maturity Value	(d) Cost	(e) Current Value
Corporate bonds:				
	ALLSTATE CORP	SR UNSECURED DTD 05/13/2009 7.45% 05/16/2019	$ 9,652	$ 8,125
	BANK OF AMERICA CORP	MTN FR DTD 04/21/2015 2.25% 04/21/2020	128,541	128,440
	BLACKROCK INC	SR NT DTD 03/18/2014 3.5% 03/18/2024	69,796	70,564
	CAPITAL ONE FINANCIAL CORP	SR GLBL NT DTD 02/05/2015 3.2% 02/05/2025-2025	53,492	51,217
	COMCAST CORP	DTD 10/05/2018 4.15% 10/15/2028-2028	59,649	59,464
	COSTCO WHOLESALE CORP	SR NT DTD 12/07/2012 1.7% 12/15/2019	129,870	128,337
	WALT DISNEY CO	MTN DTD 06/02/2014 1.85% 05/30/2019	10,077	9,961
	EXXON MOBIL CORP	SR GLBL NT DTD 03/03/2016 3.043% 03/01/2026-2025	53,678	53,532
	JPMORGAN CHASE & CO	SR NT DTD 07/21/2016 2.95% 10/01/2026-2026	105,138	105,710
	MICROSOFT CORP	SR GLBL NT DTD 02/06/2017 3.3% 02/06/2027-2026	44,062	43,812
	ORACLE CORP	SR NT DTD 07/08/2014 2.8% 07/08/2021	132,547	129,204
	PEPSICO INC	SR NT DTD 03/05/2012 2.75% 03/05/2022	131,772	128,539
	VERIZON COMMUNICATIONS INC	SR NT DTD 10/29/2014 3.5% 11/01/2024-2024	110,146	108,271
	VISA INC	SR NT DTD 12/14/2015 3.15% 12/14/2025-2025	139,399	141,991
	Total corporate bonds		$ 1,177,819	$ 1,167,167
Common stocks:				
	ABIOMED INC	COMMON STOCK	$ 16,131	$ 27,044
	ADOBE SYSTEMS INC	COMMON STOCK	61,203	86,128
	ALIGN TECHNOLOGY INC	COMMON STOCK	2,961	9,790
	ALPHABET INC CAP STK CL C	COMMON STOCK	121,927	110,968
	ALPHABET INC CAP STK CL A	COMMON STOCK	37,853	34,540
	AMAZON COM INC SR	COMMON STOCK	207,752	243,873
	AMERICAN TOWER CORP COM	COMMON STOCK	26,608	44,949
	ANALOG DEVICES INC	COMMON STOCK	26,751	27,433
	ANTHEM INC	COMMON STOCK	35,135	40,157
	APPLE INC	COMMON STOCK	52,294	64,054
	AUTOMATIC DATA PROCESSING INC	COMMON STOCK	55,546	48,074
	AXOGEN INC COM	COMMON STOCK	14,329	6,876
	BECTON DICKINSON & CO	COMMON STOCK	14,787	13,319
	BLACKROCK INC	COMMON STOCK	46,076	38,047
	BOEING CO	COMMON STOCK	53,254	43,977

Furst-McNess Company Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

EIN 36-1112600 Plan #001

December 30, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par of Maturity Value	(d) Cost	(e) Current Value
Common stocks (continued):				
	BRIGHT HORIZONS FAM SOL IN DEL COM	COMMON STOCK	$ 31,950	$ 48,455
	BURLINGTON STORES INC COM	COMMON STOCK	27,426	32,433
	CIGNA CORP NEW COM	COMMON STOCK	74,631	70,922
	CVS HEALTH CORPORATION	COMMON STOCK	30,989	29,205
	CAPITAL ONE FINANCIAL CORP	COMMON STOCK	36,367	28,221
	CENTENE CORP	COMMON STOCK	27,769	25,380
	CHEVRON CORP	COMMON STOCK	46,016	40,092
	CISCO SYSTEMS INC	COMMON STOCK	72,439	65,395
	CITIGROUP INC	COMMON STOCK	69,155	49,601
	COMCAST CORP	COMMON STOCK	39,214	46,819
	COSTAR GROUP INC COM	COMMON STOCK	22,602	19,220
	DANAHER CORP	COMMON STOCK	70,158	67,921
	DOLLAR GENERAL CORP	COMMON STOCK	31,581	32,228
	DOWDUPONT INC COM	COMMON STOCK	50,761	42,681
	EOG RESOURCES INC	COMMON STOCK	46,798	31,595
	ECOLAB INC	COMMON STOCK	29,107	31,761
	EDWARDS LIFESCIENCES CORP	COMMON STOCK	16,722	36,098
	EURONET WORLDWIDE INC COM	COMMON STOCK	21,768	32,378
	EXACT SCIENCES CORP	COMMON STOCK	16,966	20,499
	EXPEDIA GROUP INC	COMMON STOCK	42,914	39,765
	FIDELITY NATIONAL INFORMATION SERVICES INC	COMMON STOCK	66,523	62,905
	FISERV INC	COMMON STOCK	56,427	51,437
	FIVE BELOW INC	COMMON STOCK	13,105	17,323
	FLEETCOR TECHNOLOGIES INC	COMMON STOCK	19,707	23,854
	FORTIVE CORP COM	COMMON STOCK	39,453	31,616
	GARTNER INC	COMMON STOCK	25,766	37,084
	GUIDEWIRE SOFTWARE INC	COMMON STOCK	26,267	27,393
	HOME DEPOT INC	COMMON STOCK	27,330	41,534
	HONEYWELL INTERNATIONAL INC	COMMON STOCK	64,393	64,595
	IDEXX LABORATORIES INC	COMMON STOCK	15,221	40,894
	INTERCONTINENTAL EXCHANGE INC COM	COMMON STOCK	104,083	101,178
	INTUITIVE SURGICAL INC	COMMON STOCK	27,387	49,476
	JPMORGAN CHASE & CO COM	COMMON STOCK	48,243	70,299
	JOHNSON & JOHNSON	COMMON STOCK	69,406	63,508
	KINDER MORGAN INC	COMMON STOCK	29,032	24,372
	LAS VEGAS SANDS CORP	COMMON STOCK	21,692	18,062
	LIVE NATION ENTERTAINMENT INC	COMMON STOCK	34,557	32,803
	MARKETAXESS HOLDINGS INC	COMMON STOCK	7,374	15,566

Furst-McNess Company Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

EIN 36-1112600 Plan #001

December 30, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par of Maturity Value	(d) Cost	(e) Current Value
Common stocks (continued):				
	MASTERCARD INC	COMMON STOCK	$ 44,945	$ 90,288
	MERCADOLIBRE INC	COMMON STOCK	11,623	21,907
	MERCK & CO INC	COMMON STOCK	22,660	30,073
	MICROSOFT CORP	COMMON STOCK	104,963	163,736
	NEXTERA ENERGY INC	COMMON STOCK	31,164	30,917
	OCCIDENTAL PETROLEUM CORP	COMMON STOCK	33,001	25,035
	ORACLE CORP	COMMON STOCK	48,936	44,641
	PAYPAL HLDGS INC COM	COMMON STOCK	55,595	52,454
	PEPSICO INC	COMMON STOCK	42,117	43,040
	PIONEER NATURAL RESOURCES CO	COMMON STOCK	35,992	25,971
	PRUDENTIAL FINANCIAL INC	COMMON STOCK	46,500	35,543
	QUALCOMM INC	COMMON STOCK	58,530	46,982
	RAYTHEON CO	COMMON STOCK	44,265	41,747
	ROPER TECHNOLOGIES INC	COMMON STOCK	75,309	67,802
	S&P GLOBAL INC COM	COMMON STOCK	28,266	47,124
	SS&C TECHNOLOGIES HLDGS INC	COMMON STOCK	28,071	33,428
	SALESFORCE COM INC	COMMON STOCK	20,742	29,630
	CHARLES SCHWAB CORP	COMMON STOCK	30,686	27,921
	SHERWIN-WILLIAMS CO	COMMON STOCK	28,358	38,958
	STRYKER CORP	COMMON STOCK	32,936	29,257
	TJX COS INC	COMMON STOCK	35,526	28,214
	T-MOBILE US INC COM	COMMON STOCK	45,169	42,371
	THERMO FISHER SCIENTIFIC INC	COMMON STOCK	81,860	84,309
	TYLER TECHNOLOGIES INC	COMMON STOCK	19,164	27,227
	US BANCORP	COMMON STOCK	50,397	42,362
	UNION PACIFIC CORP	COMMON STOCK	48,426	44,317
	UNITED TECHNOLOGIES CORP	COMMON STOCK	71,379	54,250
	UNITEDHEALTH GROUP INC	COMMON STOCK	89,278	82,490
	VF CORP	COMMON STOCK	34,186	26,252
	VISA INC CLASS A SHARES	COMMON STOCK	103,021	95,586
	WELLS FARGO & CO	COMMON STOCK	67,263	57,545
	YUM CHINA HLDGS INC COM	COMMON STOCK	22,722	23,067
	ZOETIS INC CL A	COMMON STOCK	76,770	72,830
	Total common stocks		$ 3,843,726	$ 4,011,071

Furst-McNess Company Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

EIN 36-1112600 Plan #001

December 30, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par of Maturity Value	(d) Cost	(e) Current Value
Foreign stocks:				
	AIA GROUP LTD SPONSORED ADR	FOREIGN STOCK	$ 24,347	$ 34,410
	AIR LIQUIDE ADR	FOREIGN STOCK	22,122	25,100
	ALIBABA GROUP HLDG LTD SPONSORED ADS	FOREIGN STOCK	27,270	38,945
	AMADEUS IT GROUP S.A.	FOREIGN STOCK	14,079	24,859
	ASSA ABLOY AB UNSP ADR	FOREIGN STOCK	24,147	22,052
	BAE SYSTEMS PLC ADR	FOREIGN STOCK	25,197	19,351
	BANCO SANTANDER SA ADR	FOREIGN STOCK	29,737	21,379
	BHP GROUP LIMITED	FOREIGN STOCK	14,391	24,918
	BROOKFIELD ASSET MANAGEMENT INC	FOREIGN STOCK	12,876	13,486
	CANADIAN NATIONAL RAILWAY CO	FOREIGN STOCK	14,673	17,365
	CONTINENTAL AG SPONS ADR	FOREIGN STOCK	29,885	17,052
	DBS GROUP HOLDINGS LTD ADR	FOREIGN STOCK	25,623	23,772
	DAIKIN INDS LTD ADR	FOREIGN STOCK	23,141	25,207
	DEUTSCHE BOERSE AG -UNSPN ADR	FOREIGN STOCK	10,108	14,101
	DIAGEO PLC SPONSORED ADR NEW	FOREIGN STOCK	23,963	31,763
	FANUC CORPORATION ADR	FOREIGN STOCK	25,480	19,475
	FOMENTO ECONOMICO MEXICANO SAB DE CV ADR	FOREIGN STOCK	22,722	21,285
	GLENCORE PLC ADR	FOREIGN STOCK	10,480	9,491
	GRIFOLS S A SPONSORED ADR SP ADR REP B NVT	FOREIGN STOCK	28,230	31,154
	HDFC BANK LTD ADR	FOREIGN STOCK	20,912	37,130
	HSBC HOLDINGS PLC ADR	FOREIGN STOCK	30,223	26,285
	INTERCONTINENTAL HOTELS GROUP	FOREIGN STOCK	22,350	22,776
	JULIUS BAER GROUP LTD ADR	FOREIGN STOCK	24,706	18,849
	LVMH MOET HENNESSY LOUIS VUITTON SA ADR	FOREIGN STOCK	14,323	26,010
	LONDON STK EXCHANGE GROUP ADR	FOREIGN STOCK	20,120	21,781
	LUXOTTICA GROUP SPA ADR	FOREIGN STOCK	26,973	23,942
	NTT DOCOMO INC SPONSORED ADR	FOREIGN STOCK	19,721	17,354
	NEW ORIENTAL EDUCATION & TECHNOLOGY GROUP ADR	FOREIGN STOCK	26,323	24,138
	NIDEC CORP ADR	FOREIGN STOCK	23,861	26,691
	NOVARTIS AG ADR	FOREIGN STOCK	31,724	32,825
	RITCHIE BROS AUCTIONEERS INC COM	FOREIGN STOCK	20,604	24,863
	ROYAL DUTCH SHELL PLC ADR	FOREIGN STOCK	23,618	24,089
	SCHLUMBERGER LTD	FOREIGN STOCK	33,014	16,909
	SEVEN & I HOLDINGS CO LTD ADR	FOREIGN STOCK	17,471	17,760
	SIEMENS AG ADR	FOREIGN STOCK	18,153	13,919
	SMITH & NEPHEW PLC ADR	FOREIGN STOCK	18,519	21,041
	SUNCOR ENERGY INC	FOREIGN STOCK	22,188	17,590
	SYMRISE AG - UNSPONSORED ADR	FOREIGN STOCK	20,366	21,019

Furst-McNess Company Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

EIN 36-1112600 Plan #001

December 30, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par of Maturity Value	(d) Cost	(e) Current Value
Foreign stocks (continued):				
	TAIWAN SEMICONDUCTOR MANUFACTURING CO LTD ADR	FOREIGN STOCK	$ 19,113	$ 23,770
	TENCENT HOLDINGS LIMITED UNS ADR	FOREIGN STOCK	34,299	45,332
	TOKIO MARINE HOLDINGS INC ADR	FOREIGN STOCK	6,583	7,824
	ALLERGAN PLC SHS	FOREIGN STOCK	42,100	29,614
	ICON PLC COM SHS	FOREIGN STOCK	15,361	28,609
	IHS MARKIT LTD SHS	FOREIGN STOCK	37,247	39,039
	LINDE PLC	FOREIGN STOCK	47,096	44,861
	MEDTRONIC PLC SHS	FOREIGN STOCK	73,558	68,462
	CHUBB LIMITED COM	FOREIGN STOCK	22,981	25,945
	ASML HOLDING NV N Y REGISTRY SHS ADR	FOREIGN STOCK	16,172	22,488
	INTERXION HOLDING N V	FOREIGN STOCK	10,476	18,879
	Total foreign stocks		$ 1,168,626	$ 1,224,959
Mutual funds:				
	ISHARES	ISHARES FLOATING RATE BOND (MKT)	$ 175,131	$ 173,456
	BARCLAYS	SPDR BLOOMBERG BARCLAYS INVESTMENT GRADE FLOATING ETF	299,971	296,216
	Total mutual funds		$ 475,102	$ 469,672
Sundry assets:				
	HATTERAS	CORE ALTERNATIVES TEI	$ 55,842	$ 55,842

This schedule has been dervied from information certified as complete and accurate by Reliance Trust Company

See Independent Auditor's Report.

Furst-McNess Company Pension Plan
EIN / PN 36-1112600 / 001
Schedule SB, Line 32 - Schedule of Amortization Bases

Development of Shortfall Amortization Charge	December 31, 2017
1. Funding target	$13,043,594
2. Adjusted plan assets	
a. Actuarial value of assets for minimum required contribution	$11,197,794
b. Carryover balance	0
c. Prefunding balance	300,000
d. Adjusted plan assets, (a) - (b) - (c), not less than zero	$10,897,794
3. Funding shortfall: (1) - (2), not less than zero	$2,145,800
4. Shortfall amortization base for 2017	
a. Exemption from shortfall amortization base	
i. Shortfall funding target, (1)	$13,043,594
ii. Actuarial value of assets for minimum required contribution, less prefunding balance, if any portion of the balance is used to offset minimum required contribution	$11,197,794
iii. Exemption from new shortfall amortization base? (Yes, if (ii) greater than or equal to (i))	No
b. Funding shortfall, (3), if (a)(iii) is no	$2,145,800
c. Amount attributable to future installments	2,552,423
d. Total, (b) - (c)	($406,623)

5. Amortization charges *	Present Value of Future Installments	Years Remaining	Amortization Installments
a. Shortfall amortization installments			
i. 2010	$968,121	7	$158,977
i. 2011	2,156,788	8	318,713
ii. 2012	(392,355)	1	(392,355)
iii. 2013	193,464	2	98,703
iii. 2013	(204,906)	3	(71,104)
iv. 2014	(562,807)	4	(149,417)
v. 2015	145,043	5	31,420
vi. 2016	249,076	6	46,353
vii. 2017	(406,623)	7	(66,772)
viii. Total, not less than zero	$2,145,800		$0
b. Waiver amortization installments	$0	0	$0

* When the funding shortfall is zero, the shortfall and waiver amortization bases for all preceding years are reduced to zero.