

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2018</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>05/01/2018</u> and ending <u>04/30/2019</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>NATIONAL FROZEN FOODS CORPORATION EMPLOYEES' PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1985</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>07/01/1985</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>07/01/1985</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NATIONAL FROZEN FOODS CORPORATION</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>P.O. BOX 9366</u> <u>SEATTLE, WA 98109</u> </div> <div style="width: 45%;"> <u>1600 FAIRVIEW AVENUE EAST</u> <u>SEATTLE, WA 98109</u> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>91-0332400</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>206-322-8900</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>311400</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>91-0332400</u>	2c Plan Sponsor's telephone number <u>206-322-8900</u>	2d Business code (see instructions) <u>311400</u>	
2b Employer Identification Number (EIN) <u>91-0332400</u>					
2c Plan Sponsor's telephone number <u>206-322-8900</u>					
2d Business code (see instructions) <u>311400</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/22/2020	DANIEL CLEMENTS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 582
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 232 6a(2) 203 6b 141 6c 229 6d 573 6e 0 6f 573 6g 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: 1B 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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 05/01/2018 and ending 04/30/2019

▶ **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 <u>NATIONAL FROZEN FOODS CORPORATION EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NATIONAL FROZEN FOODS CORPORATION</u>	D Employer Identification Number (EIN) <u>91-0332400</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>05</u> Day <u>01</u> Year <u>2018</u>	
2 Assets:	
a Market value.....	2a <u>31968712</u>
b Actuarial value	2b <u>31968712</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>129</u> (2) Vested Funding Target <u>9911479</u> (3) Total Funding Target <u>9911479</u>
b For terminated vested participants	<u>221</u> <u>5505422</u> <u>5505422</u>
c For active participants	<u>232</u> <u>18080861</u> <u>18081731</u>
d Total	<u>582</u> <u>33497762</u> <u>33498632</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
a Funding target disregarding prescribed at-risk assumptions	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 <u>5.81 %</u>
6 Target normal cost	6 <u>776497</u>

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	
<u>ROBERT V. ANTHONY</u>	<u>01/15/2020</u>
Signature of actuary	Date
<u>NORTHWEST PLAN SERVICES</u>	<u>17-04924</u>
Type or print name of actuary	Most recent enrollment number
<u>15130 MAIN STREET, SUITE 300</u>	<u>425-742-0177</u>
MILL CREEK, WA 98012	Telephone number (including area code)
<u></u>	
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	3598907
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1400419
9 Amount remaining (line 7 minus line 8)	0	2198488
10 Interest on line 9 using prior year's actual return of <u>7.28</u> %	0	160050
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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 <u>6.00</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	538595
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	1819943

Part III Funding Percentages

14 Funding target attainment percentage	14	90.00%
15 Adjusted funding target attainment percentage	15	90.00%
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	90.00%
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
Totals ▶			18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21	Discount rate:			
a	Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%
		<input type="checkbox"/> N/A, full yield curve used		
b	Applicable month (enter code)	21b	0	
22	Weighted average retirement age	22	62	
23	Mortality table(s) (see instructions)	Prior regulation:	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate
		Current regulation:	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate
			<input type="checkbox"/> Substitute	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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	776497
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	3349863	808667
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	1585164
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	1585164
36	Additional cash requirement (line 34 minus line 35)	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
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	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010
		<input type="checkbox"/> 2011		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning **05/01/2018** and ending **04/30/2019**

A Name of plan NATIONAL FROZEN FOODS CORPORATION EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL FROZEN FOODS CORPORATION	D Employer Identification Number (EIN) 91-0332400	

Part I	Service Provider Information (see instructions)
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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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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)

CHARLES SCHWAB

42-1558009

(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?
18	NONE	5676	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 05/01/2018 and ending 04/30/2019		
A Name of plan NATIONAL FROZEN FOODS CORPORATION EMPLOYEES' PENSION PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL FROZEN FOODS CORPORATION		D Employer Identification Number (EIN) 91-0332400

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	7451	3643
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	253513	176189
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	1409429	1695007
(5) Partnership/joint venture interests	1c(5)	5755281	4451217
(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)	24543038	25290105
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	31968712 31616161
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	31968712 31616161

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(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)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1197
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	1197
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	1252640
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1252640
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6977266
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6920030
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	57236
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-565112
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-565112

		(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		13604
d Total income. Add all income amounts in column (b) and enter total	2d		759565

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1106441	
(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)		1106441
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)	5675	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5675
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1112116

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-352551
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: EIDE BAILLY

(2) EIN: 45-0250958

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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 4192541 (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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 05/01/2018 and ending 04/30/2019

A Name of plan <u>NATIONAL FROZEN FOODS CORPORATION EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL FROZEN FOODS CORPORATION</u>	D Employer Identification Number (EIN) <u>91-0332400</u>

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	<u>0</u>
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): <u>33-6032427</u> <u>42-1558009</u>		
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	<u>0</u>

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)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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): _____



Financial Statements
April 30, 2019 and 2018

National Frozen Foods Corporation Employees' Pension Plan

National Frozen Foods Corporation Employees' Pension Plan

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April 30, 2019 and 2018

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Independent Auditor's Report

To the Administrative Committee
National Frozen Foods Corporation
Employees' Pension Plan
Seattle, Washington

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of National Frozen Foods Corporation Employees' Pension Plan (the Plan), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of April 30, 2019 and 2018, the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended April 30, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (the ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Charles Schwab Bank, 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 Charles Schwab Bank as of April 30, 2019 and 2018, and for the year ended April 30, 2019, that the information provided to the Plan Administrator by Charles Schwab Bank 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 – Supplementary Information

The supplemental schedule H, line 4i-schedule of assets held at end of year as of April 30, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

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

A handwritten signature in black ink that reads "Erik Sully LLP". The signature is written in a cursive, flowing style.

Boise, Idaho
January 6, 2020

National Frozen Foods Corporation Employees' Pension Plan
Statements of Net Assets Available for Benefits
April 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Assets		
Investments, at fair value	\$ 31,612,518	\$ 31,961,261
Cash - non interest bearing	<u>3,643</u>	<u>7,451</u>
Net Assets Available for Benefits	<u>\$ 31,616,161</u>	<u>\$ 31,968,712</u>

National Frozen Foods Corporation Employees' Pension Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended April 30, 2019

Additions	
Investment Income	
Interest and dividends	\$ 1,253,837
Net depreciation in fair value of investments	(507,876)
Other income	<u>13,604</u>
Total additions	<u>759,565</u>
Deductions	
Benefits paid to participants	1,106,441
Administrative expenses	<u>5,675</u>
Total deductions	<u>1,112,116</u>
Net Decrease	(352,551)
Net Assets Available for Benefits	
Beginning of Year	<u>31,968,712</u>
End of Year	<u><u>\$ 31,616,161</u></u>

National Frozen Foods Corporation Employees' Pension Plan
Statements of Accumulated Plan Benefits
April 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits		
Participants currently receiving payments	\$ 13,098,393	\$ 10,800,433
Other participants	<u>31,637,395</u>	<u>31,117,913</u>
	44,735,788	41,918,346
Nonvested benefits	<u>1,323</u>	<u>1,192</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 44,737,111</u></u>	<u><u>\$ 41,919,538</u></u>

National Frozen Foods Corporation Employees' Pension Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended April 30, 2019

Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year	<u>\$ 41,919,538</u>
Increase (decrease) during the year attributable to	
Benefits accumulated and actuarial gains	999,857
Change in actuarial assumptions (discount rate)	1,422,394
Change in actuarial assumptions (mortality)	(143,325)
Change in discount period	1,645,088
Benefits paid	<u>(1,106,441)</u>
Net increase	<u>2,817,573</u>
Actuarial Present Value of Accumulated Plan Benefits, End of Year	<u><u>\$ 44,737,111</u></u>

National Frozen Foods Corporation Employees' Pension Plan

Notes to Financial Statements

April 30, 2019 and 2018

Note 1 - Description of Plan

The following brief description of the National Frozen Foods Corporation Employees' Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

National Frozen Foods Corporation (the Company) is the Plan Sponsor.

The Plan, which is subject to the provisions of the Employee Retirement Income Security Act of 1974 (the ERISA), is a noncontributory defined benefit pension plan. The Company initiated a partial freeze of the Plan starting May 1, 2009, meaning that there is generally no new enrollment allowed into the Plan unless required by the terms of the Plan or the terms of a collective bargaining agreement. Pension benefits continued accruing after the partial freeze date.

The Plan is administered by the Investment Committee (the Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Pension Benefits

Each employee, hired prior to the partial freeze date (unless required by the terms of a collective bargaining agreement), is eligible for annual pension benefits after reaching normal retirement age (the later of age 62 or the fifth anniversary in the Plan) and completing one year of service during which 500 hours of service have been credited, as defined by the Plan. Participants who are at least 55 may be eligible for early benefit payments adjusted by a factor, as defined by the Plan. Employees may elect to receive the value of their accumulated plan benefits as a lump sum distribution upon retirement or termination, providing the lump sum value is under \$10,000 or the benefits were accrued through April 30, 1993, or they may elect to receive their benefits as an annuity payable monthly upon retirement.

Death and Disability Benefits

In the event of a death of a participant prior to retirement, the beneficiary will receive a death benefit equal to the value of the employee's accumulated pension benefits. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

National Frozen Foods Corporation Employees' Pension Plan

Notes to Financial Statements

April 30, 2019 and 2018

Vesting

The percentage of the benefit an employee is eligible to receive before retirement is based on years of credited service as follows:

<u>Participant's Years of Service</u>	<u>Non-Forfeitable Percentage</u>
Less than 5	0%
5 or more	100%

Plan Termination

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

Note 2 - Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

National Frozen Foods Corporation Employees' Pension Plan

Notes to Financial Statements

April 30, 2019 and 2018

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 depreciation includes the Plan's gains and losses on investments bought and sold as well as those held during the year.

The classification of investment earnings reported in the statement of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Expenses

The Plan's expenses are paid by either the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net depreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Subsequent Events

The Plan Sponsor has evaluated subsequent events through January 6, 2020, the date which the financial statements were available to be issued.

Note 3 - 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. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on specific rates and hours of service completed subsequent to April 30, 1993, the effective date the regular plan and seasonal plan were merged and the Plan was restated entirely, plus cumulative benefits earned as of April 30, 1993. This cumulative benefit is based on employees' annual compensation during the two years of credited service prior to April 30, 1993, using the highest calendar year compensation of that two-year period. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

National Frozen Foods Corporation Employees' Pension Plan

Notes to Financial Statements

April 30, 2019 and 2018

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount which 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 following is a summary of the more significant actuarial assumptions underlying the actuarial computations as of April 30, 2019 and 2018:

Life expectancy of participants	RP-2014 Combined Mortality Table
Retirement age	Age 62, or the fifth anniversary of the date a Participant commences participation in the Plan, whichever is later
Discount rate	3.75% - 2019; 3.97% - 2018
Expense of administration	Paid by Plan Sponsor

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

The computations of the actuarial present value of accumulated Plan benefits were made as of May 1, 2019, and 2018. Had the valuations been performed as of April 30, there would be no material differences.

Note 4 - Funding Policy

The Plan's funding policy is for the Company to make annual contributions to the Plan in amounts that are estimated amounts necessary to fund the benefits provided, as determined by the Plan actuary, in an amount that will meet or exceed the annual ERISA minimum funding requirement. To the extent that these requirements are fully covered by assets in the trust, the Company may elect not to make any contributions in a particular year. The Plan met the minimum funding requirements of the ERISA for the year ended April 30, 2019.

Note 5 - Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by the ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have received for at least three years, or that employees eligible to retire for that three-year period would have been receiving 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 the Plan provisions in effect at any time during the five years preceding the Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. governmental agency) up to the applicable limitations.
3. All other vested benefits not insured by the PBGC.
4. All non-vested 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 survivors' 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 at the date of the Plan's termination.

Whether all participants receive their benefits, should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Note 6 - Fair Value Measurements

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

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

National Frozen Foods Corporation Employees' Pension Plan

Notes to Financial Statements

April 30, 2019 and 2018

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2019 and 2018.

Mutual funds (including money market mutual funds) – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the 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.

Money market deposit accounts – Valued at carrying value, which approximates fair value, based on the amount of net contributions plus any investment earnings allocated to the account.

Common stocks – Valued at the closing price reported on the active market on which the individual securities are traded.

Hedge funds – Valued at fair value based on the NAV of the fund as reported by the general partners to the trustee. Fair values in this category have been calculated using the practical expedient provided by the fund managers. NAV is based upon the fair value of the underlying investments using pricing models maximizing the use of observable inputs.

The Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and other third parties.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

National Frozen Foods Corporation Employees' Pension Plan

Notes to Financial Statements

April 30, 2019 and 2018

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2019 and 2018.

	2019			
	Level 1	Level 2	Level 3	Total
Money Market Deposit Account	\$ -	\$ 153,452	\$ -	\$ 153,452
Money Market Mutual Funds	22,737	-	-	22,737
Common Stocks	1,695,007	-	-	1,695,007
Mutual Funds	25,290,105	-	-	25,290,105
Investments in the fair value hierarchy	<u>\$ 27,007,849</u>	<u>\$ 153,452</u>	<u>\$ -</u>	27,161,301
Investments at net asset value (a)				<u>4,451,217</u>
Total investments at fair value				<u>\$ 31,612,518</u>

	2018			
	Level 1	Level 2	Level 3	Total
Money Market Deposit Account	\$ -	\$ 219,188	\$ -	\$ 219,188
Money Market Mutual Funds	34,325	-	-	34,325
Common Stocks	1,409,429	-	-	1,409,429
Mutual Funds	24,543,038	-	-	24,543,038
Investments in the fair value hierarchy	<u>\$ 25,986,792</u>	<u>\$ 219,188</u>	<u>\$ -</u>	26,205,980
Investments at net asset value (a)				<u>5,755,281</u>
Total investments at fair value				<u>\$ 31,961,261</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Gains and losses (realized and unrealized) included in changes in net assets for the period are reported in net depreciation in fair value of investments in the statement of changes in net assets available for benefits.

Transfers Between Levels

For the years ended April 30, 2019 and 2018, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of April 30, 2019 and 2018.

National Frozen Foods Corporation Employees' Pension Plan

Notes to Financial Statements

April 30, 2019 and 2018

	Fair Value April 30, 2019	Fair Value April 30, 2018	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Hedge Funds					
Berens Global Value Fund (Qp), Lp	\$ -	\$ 1,480,317	\$ -	Annual	90 day
Castine Offshore Fd Ltd CI A Srs 1	839,557	873,836	-	Quarterly	45 day
Castine Offshore Fd Ltd C-A Srs-02/19	300,900	-	-	Quarterly	45 day
Concourse Cap Prtnrs Ofs Fd Ltd A-12	-	189,750	-	Monthly	30 day
Concourse Cap Prtnrs Ofs Fd Ltd A-20	-	86,330	-	Monthly	30 day
Concourse Cap Prtnrs Ofs Fd Ltd A-7	-	275,802	-	Monthly	30 day
Mudrick Distressed Opp FD B2/2014-07	-	810,124	-	Annual	90 day
Mudrick Distressed Opp FD B2/2015-01	-	542,946	-	Annual	90 day
Mudrick Distressed Opp FD B2/2015-10	-	195,928	-	Annual	90 day
Mudrick Dist Opp Fd Ofs B2 Initial	1,267,527	-	-	Annual	90 day
Rimrock Structured Prod CI B Sr I	837,694	816,892	-	Annual	120 day
Rimrock Structured Prod CI B/Jan2019	755,695	-	-	Annual	120 day
Trf Feeder Fund (Cayman), Lp	449,844	483,356	-	Quarterly	45 day
	<u>\$ 4,451,217</u>	<u>\$ 5,755,281</u>	<u>\$ -</u>		

Note 7 - Information Certified by the Plan Trustee

The Plan administrator has elected the method of compliance permitted by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Accordingly, as permitted under such election, the plan administrator instructed the plan's independent auditors not to perform any auditing procedures with respect to the information certified as complete and accurate by Charles Schwab Bank, the trustee, except for comparing such information certified by the trustee with information included in the plan's financial statements and supplemental schedule H, line 4i-schedule of assets held at end of year.

Charles Schwab Bank has certified its statement of accounts as of April 30, 2019 and 2018 and for the year ended April 30, 2019. The statement of accounts includes beginning and ending balances of investments held and detail of all transactions during the period, including investment earnings.

Note 8 - Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated August 1, 2017, that the Plan was designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). Subsequent to this issuance of the determination letter, the Plan was amended. However, the Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt.

National Frozen Foods Corporation Employees' Pension Plan

Notes to Financial Statements

April 30, 2019 and 2018

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9 - Related Party and Party-in-Interest Transactions

Certain Plan investments are managed by Charles Schwab Bank, the trustee as defined by the Plan. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under the ERISA.

Note 10 - Risks and Uncertainties

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

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.



Supplementary Information
April 30, 2019

National Frozen Foods Corporation Employees' Pension Plan

National Frozen Foods Corporation Employees' Pension Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

April 30, 2019

EIN: 91-0332400

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current value	
* Schwab Bank Sweep for EE Benefit Plan	MM Deposit Account	\$ 153,452	\$ 153,452	
* Schwab Government Money Fund	MM Mutual Fund	22,737	22,737	
Adobe Systems Inc	Common Stock	22,095	69,420	
Alibaba Group HLDG A	Common Stock	33,962	34,887	
Align Technology Inc	Common Stock	10,389	34,741	
Alphabet Inc	Common Stock	53,447	92,701	
Amazon Com Inc	Common Stock	12,914	123,297	
Autodesk	Common Stock	55,770	73,957	
Burlington Stores Inc	Common Stock	50,311	57,260	
Dexcom Inc	Common Stock	24,265	20,461	
Edwards Lifesciences Cp	Common Stock	29,254	48,595	
Facebook Inc Class A	Common Stock	9,432	47,383	
Illumina Inc	Common Stock	36,274	55,848	
Intuitive Surgical	Common Stock	51,886	51,063	
Mastercard Inc	Common Stock	17,278	115,933	
Microsoft Corp	Common Stock	82,885	112,708	
Nvidia Corp	Common Stock	36,627	39,639	
Paypal Hldgs Inc	Common Stock	31,459	72,511	
S & P Global Inc	Common Stock	24,334	31,775	
Salesforce Com	Common Stock	26,048	115,580	
Service Now Inc	Common Stock	44,131	88,784	
Splunk Inc	Common Stock	13,247	42,792	
Square Inc	Common Stock	25,373	35,536	
Transunion	Common Stock	18,475	28,208	
Ulta Salon Cosm & Frag	Common Stock	25,781	55,488	
Veeva Systems Inc	Common Stock	27,937	69,376	
Vertex Pharmaceuticals	Common Stock	19,171	21,123	
Visa Inc CL A	Common Stock	20,014	113,786	
Workday Inc	Common Stock	15,621	42,155	

National Frozen Foods Corporation Employees' Pension Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

April 30, 2019

EIN: 91-0332400

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current value
	Castine Offshore Fd Ltd Cl A Srs 1	Hedge Fund	648,033	839,557
	Castine Offshore Fd Ltd Cl A Srs 2	Hedge Fund	300,000	300,900
	Mudrick Dist Opp Fd OFS B2 Initial	Hedge Fund	1,171,783	1,267,527
	Rimrock Structured Prod Cl B Sr I	Hedge Fund	784,307	837,694
	Rimrock Structured Prod Cl B/Jan2019	Hedge Fund	750,000	755,695
	Trf Feeder Fund (Cayman), Lp	Hedge Fund	486,677	449,844
	Amg Timessquare Mid Cap Gwth Fd Inst	Mutual Fund	679,105	774,557
	Artisan International Value Fund	Mutual Fund	1,661,007	2,078,403
	Artisan Midcap Value Fund	Mutual Fund	1,078,958	1,034,821
	Artisan Small Cap Investor Fund	Mutual Fund	530,150	699,715
	Becker Value Equity Fund Inst	Mutual Fund	2,040,467	2,343,784
	Brandywineglobal Blbl Uncnd Bd Fd I	Mutual Fund	1,464,020	1,369,446
	Carillon Reams Uncond Nd Fd Cl I	Mutual Fund	1,607,029	1,627,617
	Dodge & Cox Income Fd	Mutual Fund	1,278,684	1,284,154
	Grandeur Peak Emrg M	Mutual Fund	1,000,637	1,078,373
	Jo Hambro Intl Select Fund Cl I	Mutual Fund	2,230,877	2,432,673
	Metropolitan West Total Return I	Mutual Fund	1,914,344	1,916,379
	Pimco All Asset Fund Instl	Mutual Fund	1,211,739	1,145,405
	Pimco Global Unhedged Fd Instl Cl	Mutual Fund	1,234,089	1,195,497
	Seafarer Overseas Growth & Inc Fd	Mutual Fund	1,110,860	1,145,389
	Silk Invest New Horizons Frontier Inc	Mutual Fund	879,334	792,201
	Vanguard Health Care Fd Admiral Shs	Mutual Fund	1,305,907	1,093,044
	Vanguard Short Term Bd Index Fd Adm	Mutual Fund	1,969,854	1,973,879
	Westwood Smallcap Fd I	Mutual Fund	658,324	949,307
	Whg Income Oppty Fd Instl	Mutual Fund	295,001	355,461
	Total assets held at end of year		\$ 29,285,755	\$ 31,612,518

* Party-in-interest as defined by the ERISA

NATIONAL FROZEN FOODS CORPORATION
EMPLOYEES' PENSION PLAN

ACTIVE PARTICIPANTS AS OF MAY 1, 2018

Distribution of Considered Hours

AGE	YEARS OF VESTING SERVICE					
	Less than 2		2 - 4		5 - 9	
	NUMBER	HOURS	NUMBER	HOURS	NUMBER	HOURS
Less than 25	0	0.00	0	0.00	0	0.00
25 to 29	0	0.00	0	0.00	1	2,299.00
30 to 34	0	0.00	0	0.00	7	11,367.00
35 to 39	0	0.00	0	0.00	3	4,716.00
40 to 44	1	0.00	0	0.00	3	1,366.00
45 to 49	0	0.00	0	0.00	1	756.00
50 to 54	0	0.00	0	0.00	2	1,786.00
55 to 59	1	0.00	0	0.00	1	0.00
60 to 64	0	0.00	0	0.00	7	9,751.00
65 and over	0	0.00	0	0.00	3	1,506.00
TOTALS	2	0.00	0	0.00	28	33,547.00

AGE	YEARS OF VESTING SERVICE					
	10 - 14		15 - 19		20 - 24	
	NUMBER	HOURS	NUMBER	HOURS	NUMBER	HOURS
Less than 25	0	0.00	0	0.00	0	0.00
25 to 29	1	2,456.00	0	0.00	0	0.00
30 to 34	6	10,648.00	0	0.00	0	0.00
35 to 39	11	19,797.00	6	14,519.00	2	5,168.00
40 to 44	5	8,476.00	3	7,338.00	7	15,110.00
45 to 49	6	7,637.00	6	13,579.00	9	14,174.00
50 to 54	7	6,971.00	7	13,045.00	11	24,938.00
55 to 59	13	19,882.00	10	16,935.00	12	25,683.00
60 to 64	9	12,955.00	8	14,408.00	4	8,952.00
65 and over	13	14,164.00	6	7,424.00	4	6,399.00
TOTALS	71	102,986.00	46	87,248.00	49	100,424.00

		YEARS OF VESTING SERVICE					
AGE	More than 24		All Years				
	NUMBER	HOURS	NUMBER	HOURS			
Less than 25	0	0.00	0	0.00	<div>AVERAGES</div> <div>AGE: 52.74</div> <div>HOURS: 1,657.79</div> <div>SERVICE:</div> <div>VESTING: 17.660</div>		
25 to 29	0	0.00	2	4,755.00			
30 to 34	0	0.00	13	22,015.00			
35 to 39	0	0.00	22	44,200.00			
40 to 44	0	0.00	19	32,290.00			
45 to 49	2	4,577.00	24	40,723.00			
50 to 54	10	19,015.00	37	65,755.00			
55 to 59	11	16,580.00	48	79,080.00			
60 to 64	11	17,829.00	39	63,895.00			
65 and over	2	2,402.00	28	31,895.00			
TOTALS	36	60,403.00	232	384,608.00			

**NATIONAL FROZEN FOODS CORPORATION
EMPLOYEES' PENSION PLAN**

ACTUARIAL ASSUMPTIONS

May 1, 2018

The funding method used for this valuation is the "Unit Credit" funding method as required by the Pension Protection Act of 2006. For purposes of Exhibit 9, Pension Expense Under ASC 715, the "Projected Unit Credit" funding method was used. The requirements set forth in this report have as their basis the following valuation assumptions.

1) **INTEREST RATE**

Interest rate assumptions employed in this valuation are summarized below:

Liability Measured	Rates	Date Adopted
Minimum Funding (Exhibits 1 through 7)	3.92%/5.52%/6.29%	May 1, 2018
Minimum Funding Effective Rate	5.81%	May 1, 2018
ASC 960 (Exhibit 8)	3.97%	May 1, 2018
PBGC Premium (Appendix G) and Maximum Deductible Contribution (Exhibit 7)	2.00%/3.68%/4.44%	May 1, 2018

The *Minimum Funding Effective Rate* is used to discount receivable contributions for determining the Market Value of Assets for both Funding and PBGC Premium purposes. It is determined as the single rate that is be used to calculate the same liability amount as the required three segment rates used for funding purposes. The *ASC 960 Discount Rate* of 3.97% is the single rate that is equivalent to discounting the expected benefit payment stream for expected future payments using the annual spot rates from the April 2018 Citigroup Pension Discount Curve.

2) **MORTALITY**

For Funding and PBGC premium purposes, the sex-distinct RP-2014 (Combined) Mortality Table projected using the MP-2016 projection scale was used to estimate participant mortality rates (adopted on May 1, 2018). For Pension Disclosure (ASC 960) purposes, the sex-distinct RP-2014 (Blue Collar) Mortality Table (adopted on May 1, 2017) projected for all future years using the MP-2017 projection scale was used to estimate participant mortality rates (adopted on May 1, 2018).

3) **TERMINATIONS**

Voluntary termination rates were developed based on actual plan experience from 1987 through 1992 (adopted May 1, 1993):

<u>Age</u>	<u>Number Terminating Per 1,000 Covered</u>
20	300
25	225

**NATIONAL FROZEN FOODS CORPORATION
EMPLOYEES' PENSION PLAN**

APPENDIX B
(Continued)

ACTUARIAL ASSUMPTIONS

May 1, 2018

3) **TERMINATIONS (Continued)**

<u>Age</u>	<u>Number Terminating Per 1,000 Covered</u>
30	160
35	115
40	85
45	75
50	65
55	55
60	45

4) **EXPENSES**

Non-Investment expenses paid by the Trust Fund are not taken into account since the employer pays these expenses directly. However, investment expenses are assumed to be paid out of trust assets (adopted May 1, 1993).

5) **VALUATION OF ASSETS**

Plan assets are valued at fair market value (adopted May 1, 2008). Prior to May 1, 2008, plan assets were valued using a 3 year smoothing method (adopted May 1, 2001). Prior to May 1, 2001 plan assets were valued at fair market value (adopted prior to May 1, 1993).

6) **RETIREMENT AGE**

Participants are assumed to retire at their normal retirement age, age 62. Participants who are older than their normal retirement age are assumed to retire immediately (adopted prior to May 1, 1993).

CHANGES SINCE THE PRIOR YEAR AND REASONS FOR CHANGE

All actuarial assumptions described above are the same as used in the prior year's report, except for the Funding and PBGC Premium interest rate assumptions, which are mandated changes by law. The projection of mortality in the RP-2000 Combined Mortality Table was updated from 2017 to 2018 to incorporate improvements in life expectancy into liability results. Also, for Funding and PBGC Premium purposes, the mortality table was updated from the RP-2000 Mortality Table to the RP-2014 Mortality Table using the MP-2016 scale to incorporate improvements in life expectancy into liability results as required by law.

Finally, the ASC 960 Discount Rate was changed from 3.83% to 3.97% to reflect the expected benefit payment stream using the April 2018 Citigroup Pension Discount Curve spot rates.

**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

2018**This Form is Open to Public
Inspection**

For calendar plan year 2018 or fiscal plan year beginning 05/01/2018 and ending 04/30/2019

▶ **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 NATIONAL FROZEN FOODS CORPORATION EMPLOYEES' PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NATIONAL FROZEN FOODS CORPORATION		D Employer Identification Number (EIN) 91-0332400
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information

1 Enter the valuation date: Month 05 Day 01 Year 2018			
2 Assets:			
a Market value.....		2a	31,968,712
b Actuarial value.....		2b	31,968,712
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	129	9,911,479	9,911,479
b For terminated vested participants	221	5,505,422	5,505,422
c For active participants	232	18,080,861	18,081,731
d Total	582	33,497,762	33,498,632
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....		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	5.81%
6 Target normal cost		6	776,497

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

ROBERT V. ANTHONY

Type or print name of actuary

Northwest Plan Services

Firm name

15130 MAIN STREET, SUITE 300

MILL CREEK WA 98012

Address of the firm

01/15/2020

Date

1704924

Most recent enrollment number

425-742-0177

Telephone number (including area code)

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 ☐

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

Schedule SB (Form 5500) 2018
v. 171027

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	3,598,907
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,400,419
9 Amount remaining (line 7 minus line 8).....	0	2,198,488
10 Interest on line 9 using prior year's actual return of <u>7.28%</u>	0	160,050
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
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 <u>6.00%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	538,595
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	1,819,943

Part III	Funding Percentages
-----------------	----------------------------

14	Funding target attainment percentage	14	90.00%
15	Adjusted funding target attainment percentage.....	15	90.00%
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	90.00%
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
			Totals ►	18(b)	0 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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?..... ☒ Yes ☐ No

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.92 %2nd segment:
5.52 %3rd segment:
6.29 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

0

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions)

Prior regulation:

☐

Prescribed - combined

☐

Prescribed - separate

☐

Substitute

Current regulation:

☐

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**

776,497

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment.....

3,349,863

808,667

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**

1,585,164

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement.....

0

1,585,164

1,585,164

36 Additional cash requirement (line 34 minus line 35).....**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

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

**National Frozen Foods Corporation
Employees' Pension Plan
EIN: 91-0332400
Plan: 002
2018**

**Schedule SB, Line 22 -
Description of Weighted Average Retirement Age**

All participants are assumed to retire at the Plan's Normal Retirement Age of 62.

**NATIONAL FROZEN FOODS CORPORATION
EMPLOYEES' PENSION PLAN**

SUMMARY OF PLAN

May 1, 2018

1) **EFFECTIVE DATE OF PLAN**

The plan was originally effective on July 1, 1985. It was amended on May 1, 1993 to enact the merger of the Seasonal Plan with the Regular Plan and the change in benefit formula that occurred. Subsequent changes include benefit increases as bargained from time to time and the inclusion of Moses Lake and Albany hourly employees as of May 1, 1997. Effective May 1, 2009, non-union hourly employees of Moses Lake and Albany hired after April 30, 2009 are not eligible for the Plan. Effective May 1, 2010, hourly employees of Chehalis hired after April 30, 2010 are not eligible for the Plan. Effective November 1, 2010, participants rehired after October 31, 2010 are not eligible for the Plan.

2) **FUNDING**

The plan is funded by employer contributions to a trust fund.

3) **EMPLOYEES INCLUDED**

The plan covers union employees at Chehalis hired before May 1, 2010 and hourly employees at Moses Lake and Albany, hired before May 1, 2009, who complete at least 500 hours of service in a plan year. Participants rehired after October 31, 2010 are not eligible for the Plan. Employees who meet the eligibility requirements enter the plan on the May 1 or November 1 following the date on which they complete 12 months of service and meet the 500-hour requirement. The Burlington plant closed in late 2001.

4) **PLAN YEAR**

The plan year is the 12-month period from May 1 to April 30.

5) **EMPLOYER CONTRIBUTIONS**

The employer contributes amounts sufficient to maintain the trust at an adequate level.

6) **EMPLOYEE CONTRIBUTIONS**

Participants in the plan are neither required nor allowed to make any contributions.

7) **YEAR OF SERVICE**

For vesting purposes, a year of service is credited for each plan year in which an employee completes 500 hours of service. Prior to May 1, 1993, a year of vesting service was earned each plan year in which an employee had 137.5 hours of service.

**NATIONAL FROZEN FOODS CORPORATION
EMPLOYEES' PENSION PLAN**

APPENDIX A
(Continued)

SUMMARY OF PLAN

May 1, 2018

8) **RETIREMENT DATE**

The normal retirement date for any participant shall be the first day of the month coincident with or next following the attainment of age 62 but not earlier than the fifth anniversary of participation. An early retirement date is permitted provided the participant has attained age 55 and completed five years of vesting service.

9) **RETIREMENT BENEFIT**

The monthly normal retirement benefit is payable as a single life annuity and is equal to a participant's accrued benefit as of April 30, 1993 plus the accumulation of annual accruals, which are the product of: (1) a participant's hours (not to exceed 2,080) for the plan year; (2) a rate based upon accumulated vesting service as of the beginning of the plan year (.02 for service less than 20 years and .0265 otherwise); and (3) a specified rate based upon the participant's hours for each plan year as follows:

	<u>Less Than 1,000 Hours</u>	<u>1,000 or More Hours</u>
5/1/93 - 4/30/95	\$ 0.11	\$ 1.05
5/1/95 - 4/30/96	\$ 0.15	\$ 1.10
5/1/96 - 4/30/97	\$ 0.15	\$ 1.15
5/1/97 - 4/30/98	\$ 0.15	\$ 1.20
5/1/98 - 4/30/99	\$ 0.20	\$ 1.30
5/1/99 - 4/30/00	\$ 0.25	\$ 1.40
5/1/00 - Future	\$ 0.30	\$ 1.50

10) **ACCRUED BENEFIT**

A participant's accrued benefit is equal to the normal retirement benefit earned to date and is payable at the normal retirement date. The early retirement benefit is equal to the accrued benefit times a percentage given in the following table:

<u>Age</u>	<u>Percentage</u>	<u>Age</u>	<u>Percentage</u>
62	100.0	58	71.2
61	92.8	57	64.0
60	85.6	56	59.2
59	78.4	55	54.4

**NATIONAL FROZEN FOODS CORPORATION
EMPLOYEES' PENSION PLAN**

APPENDIX A
(Continued)

**SUMMARY OF PLAN
May 1, 2018**

11) **RETIREMENT BENEFIT OPTIONS**

The following forms of payment are available to retirees:

- a) Life annuity.
- b) 10-Year Certain & Life annuity.
- c) Joint and survivor annuity with continuation of 50%, 66-2/3%, or 100%.
- d) Lump Sum (with limitations).

12) **DEATH BENEFIT**

If death occurs prior to the commencement of benefit payments, a participant's spouse is entitled to receive the Actuarial Equivalent of the participant's accrued benefit, or to elect the optional Joint and Survivor Annuity form of coverage.

13) **DISABILITY BENEFIT**

A participant who becomes totally and permanently disabled shall be able to receive the actuarial equivalent of the accrued benefit.

14) **VESTED BENEFIT**

If the terminating participant has completed five or more years of Vesting Service, the participant is fully vested in the accrued benefit. For termination prior to May 1, 1993, participants vested in their benefits according to the following: 0% until 20% after 2 years of service, increasing by 20% per year, until 100% vested after 6 years of service.

Upon the attainment of normal retirement age, death, or disability, a participant will become fully vested in his or her accrued benefit. (Burlington employees who met the requirements of the stay package are also fully vested.)

National Frozen Foods Corporation Employees' Pension Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

April 30, 2019

EIN: 91-0332400

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current value	
* Schwab Bank Sweep for EE Benefit Plan	MM Deposit Account	\$ 153,452	\$ 153,452	
* Schwab Government Money Fund	MM Mutual Fund	22,737	22,737	
Adobe Systems Inc	Common Stock	22,095	69,420	
Alibaba Group HLDG A	Common Stock	33,962	34,887	
Align Technology Inc	Common Stock	10,389	34,741	
Alphabet Inc	Common Stock	53,447	92,701	
Amazon Com Inc	Common Stock	12,914	123,297	
Autodesk	Common Stock	55,770	73,957	
Burlington Stores Inc	Common Stock	50,311	57,260	
Dexcom Inc	Common Stock	24,265	20,461	
Edwards Lifesciences Cp	Common Stock	29,254	48,595	
Facebook Inc Class A	Common Stock	9,432	47,383	
Illumina Inc	Common Stock	36,274	55,848	
Intuitive Surgical	Common Stock	51,886	51,063	
Mastercard Inc	Common Stock	17,278	115,933	
Microsoft Corp	Common Stock	82,885	112,708	
Nvidia Corp	Common Stock	36,627	39,639	
Paypal Hldgs Inc	Common Stock	31,459	72,511	
S & P Global Inc	Common Stock	24,334	31,775	
Salesforce Com	Common Stock	26,048	115,580	
Service Now Inc	Common Stock	44,131	88,784	
Splunk Inc	Common Stock	13,247	42,792	
Square Inc	Common Stock	25,373	35,536	
Transunion	Common Stock	18,475	28,208	
Ulta Salon Cosm & Frag	Common Stock	25,781	55,488	
Veeva Systems Inc	Common Stock	27,937	69,376	
Vertex Pharmaceuticals	Common Stock	19,171	21,123	
Visa Inc CL A	Common Stock	20,014	113,786	
Workday Inc	Common Stock	15,621	42,155	

National Frozen Foods Corporation Employees' Pension Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

April 30, 2019

EIN: 91-0332400

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current value
	Castine Offshore Fd Ltd Cl A Srs 1	Hedge Fund	648,033	839,557
	Castine Offshore Fd Ltd Cl A Srs 2	Hedge Fund	300,000	300,900
	Mudrick Dist Opp Fd OFS B2 Initial	Hedge Fund	1,171,783	1,267,527
	Rimrock Structured Prod Cl B Sr I	Hedge Fund	784,307	837,694
	Rimrock Structured Prod Cl B/Jan2019	Hedge Fund	750,000	755,695
	Trf Feeder Fund (Cayman), Lp	Hedge Fund	486,677	449,844
	Amg Timessquare Mid Cap Gwth Fd Inst	Mutual Fund	679,105	774,557
	Artisan International Value Fund	Mutual Fund	1,661,007	2,078,403
	Artisan Midcap Value Fund	Mutual Fund	1,078,958	1,034,821
	Artisan Small Cap Investor Fund	Mutual Fund	530,150	699,715
	Becker Value Equity Fund Inst	Mutual Fund	2,040,467	2,343,784
	Brandywineglobal Blbl Uncnd Bd Fd I	Mutual Fund	1,464,020	1,369,446
	Carillon Reams Uncond Nd Fd Cl I	Mutual Fund	1,607,029	1,627,617
	Dodge & Cox Income Fd	Mutual Fund	1,278,684	1,284,154
	Grandeur Peak Emrg M	Mutual Fund	1,000,637	1,078,373
	Jo Hambro Intl Select Fund Cl I	Mutual Fund	2,230,877	2,432,673
	Metropolitan West Total Return I	Mutual Fund	1,914,344	1,916,379
	Pimco All Asset Fund Instl	Mutual Fund	1,211,739	1,145,405
	Pimco Global Unhedged Fd Instl Cl	Mutual Fund	1,234,089	1,195,497
	Seafarer Overseas Growth & Inc Fd	Mutual Fund	1,110,860	1,145,389
	Silk Invest New Horizons Frontier Inc	Mutual Fund	879,334	792,201
	Vanguard Health Care Fd Admiral Shs	Mutual Fund	1,305,907	1,093,044
	Vanguard Short Term Bd Index Fd Adm	Mutual Fund	1,969,854	1,973,879
	Westwood Smallcap Fd I	Mutual Fund	658,324	949,307
	Whg Income Oppty Fd Instl	Mutual Fund	295,001	355,461
	Total assets held at end of year		\$ 29,285,755	\$ 31,612,518

* Party-in-interest as defined by the ERISA

**NATIONAL FROZEN FOODS CORPORATION
EMPLOYEES' PENSION PLAN**

**AMORTIZATION CHARGES FOR MINIMUM
REQUIRED CONTRIBUTION**

as of May 1, 2018

<u>Charge</u>	<u>Date Established</u>	<u>Original Balance</u>	<u>Remaining Balance</u>	<u>Remaining Years To Fund</u>	<u>Annual Payment</u>
Shortfall	5/1/2013	\$ 1,612,146	\$ 527,959	2	\$ 269,054
Shortfall	5/1/2014	(1,359,123)	(656,966)	3	(227,461)
Shortfall	5/1/2015	1,244,246	782,022	4	206,922
Shortfall	5/1/2016	3,396,048	2,601,713	5	561,107
Shortfall	5/1/2017	(848,912)	(752,927)	6	(139,401)
Shortfall	5/1/2018	848,062	848,062	7	138,446
Net Amount			\$ 3,349,863		\$ 808,667