Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE RETIREMENT PLAN FOR THE EMPLOYEES OF EVENING POST INDUSTRIES

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1955

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)
EVENING POST INDUSTRIES, INC.

134 COLUMBUS STREET
CHARLESTON, SC 29403

2b Employer Identification Number (EIN)
57-0160880

2c Plan Sponsor's telephone number
843-937-5636

2d Business code (see instructions)
511110

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.	07/15/2020	DEANNE BAUMGARTNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	1495
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	502
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	153
b	Retired or separated participants receiving benefits	**6b**	207
c	Other retired or separated participants entitled to future benefits	**6c**	612
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	972
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	17
f	Total. Add lines **6d** and **6e**.	**6f**	989
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

A Name of plan
THE RETIREMENT PLAN FOR THE EMPLOYEES OF EVENING POST INDUSTRIES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EVENING POST INDUSTRIES, INC.

D Employer Identification Number (EIN)
57-0160880

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5581829	65978	GAC586		10/01/2018	09/30/2019

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	7808
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	211364
c	Additions: (1) Contributions deposited during the year	7c(1)	3380000		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	49553		
	(4) Transferred from separate account	7c(4)	93528597		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	96958150
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	97169514
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5608967		
	(2) Administration charge made by carrier	7e(2)	79607		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ WITHDRAWALS AND RISK CHARGES	7e(4)	91473132		
	(5) Total deductions			7e(5)	97161706
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	7808

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

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

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

SCHEDULE 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 10/01/2018 and ending 09/30/2019

▶ **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
THE RETIREMENT PLAN FOR THE EMPLOYEES OF EVENING POST INDUSTRIES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
EVENING POST INDUSTRIES, INC.

D Employer Identification Number (EIN)
57-0160880

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

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

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2018

2 Assets:

a Market value	**2a**	139674760
b Actuarial value	**2b**	140117926

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	665	70335546	70335546
b For terminated vested participants	328	16792326	16792326
c For active participants	502	29374514	29403268
d Total	1495	116502386	116531140

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.68 %
6 Target normal cost	**6**	212000

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 — Date: 07/14/2020

DMITRIY F. ZHUKOVSKIY — Type or print name of actuary

20-07201 — Most recent enrollment number

AON CONSULTING, INC. — Firm name

781-906-2313 — Telephone number (including area code)

230 THIRD AVENUE
WALTHAM, MA 02451

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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 2.38 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		14517850
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.88%		853650
	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		15371500
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	120.24%
15	Adjusted funding target attainment percentage	15	120.24%
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	105.84%
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
07/13/2020	11000000	0			
			Totals ► 18(b)	11000000	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	9968996

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.92%	5.52%	6.29%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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**	212000
b Excess assets, if applicable, but not greater than line 31a	**31b**	212000

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

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**	9968996
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	9968996
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

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

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

A Name of plan
THE RETIREMENT PLAN FOR THE EMPLOYEES OF EVENING POST INDUSTRIES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EVENING POST INDUSTRIES, INC.

D Employer Identification Number (EIN)
57-0160880

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

AON CONSULTING

23-2293237

(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?
16 50	NONE	812908	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(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?
13 23 28 50 52	NONE	79607	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

A Name of plan
THE RETIREMENT PLAN FOR THE EMPLOYEES OF EVENING POST INDUSTRIES

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
EVENING POST INDUSTRIES, INC.

D Employer Identification Number (EIN)
57-0160880

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: METROPLOITAN SA 731

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5581829-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: METROPLOITAN SA 677

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5581829-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: METROPOLITAN INDEX FUND MI VIA SA11

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5581829-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: METROPOLITAN INTRNTNL EQTY SA 417

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5581829-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: METROPLOITAN SA 632

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5581829-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: METROPLOITAN SA 287

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5581829-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: METROPOLITAN INTRMDT ALLIANCE 135

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5581829-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: NON-US EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING, INC.

c EIN-PN 27-2436452-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4103328

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD PLUS BOND FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING, INC.

c EIN-PN 27-2436452-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: OFFSHOORE FUND OF HEDGE FUNDS LTD

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING, INC.

c EIN-PN 98-1090818-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YEAR U.S. TREASURY STRIPS FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING, INC.

c EIN-PN 27-2436452-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19817952

a Name of MTIA, CCT, PSA, or 103-12 IE: US LARGE CAP PASSIVE EQUITY FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING, INC.

c EIN-PN 27-2436452-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3305302

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP INDEX FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE

c EIN-PN 06-1050034-314	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 731452

a Name of MTIA, CCT, PSA, or 103-12 IE: US LONG FIXED ACTIVE FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING, INC.

c EIN-PN 27-2436452-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51582934

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

A Name of plan
THE RETIREMENT PLAN FOR THE EMPLOYEES OF EVENING POST INDUSTRIES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EVENING POST INDUSTRIES, INC.

D Employer Identification Number (EIN)
57-0160880

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	16000000	11000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	734812
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	292052	361444
(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)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	28457150	79540968
(10) Value of interest in pooled separate accounts	1c(10)	88050535	0
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	211364	7808
(15) Other	1c(15)	7292157	7412244

			(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	140303258	99057276
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	0	600000
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	600000
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	140303258	98457276

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	11000000	
	(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)		11000000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	49553	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		49553
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(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)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	69392	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		69392

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		6439271
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		5648921
(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		120087
d Total income. Add all **income** amounts in column (b) and enter total	2d		23327224
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6003577	
(2) To insurance carriers for the provision of benefits	2e(2)	58203188	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		64206765
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)	812908	
(2) Contract administrator fees	2i(2)	79607	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	73926	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		966441
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		65173206
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-41845982
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: DIXON HUGHES GOODMAN LLP **(2)** EIN: 56-0747981

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		300000
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 4211662. (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.

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

A Name of plan
THE RETIREMENT PLAN FOR THE EMPLOYEES OF EVENING POST INDUSTRIES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EVENING POST INDUSTRIES, INC.

D Employer Identification Number (EIN)
57-0160880

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 13-5581829

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** 487

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 38.0 % Investment-Grade Debt: 48.0 % High-Yield Debt: 8.0 % Real Estate: 0.0 % Other: 6.0 %

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):

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies

Financial Statements

As of September 30, 2019 (in Liquidation) and 2018
and for the Years Ended September 30, 2019 (in Liquidation) and 2018

DIXON HUGHES GOODMAN LLP

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DIXON HUGHES GOODMAN LLP

Independent Auditors' Report

Retirement Committee of
Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Charleston, South Carolina

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies (the "Plan"), which comprise the statements of net assets available for benefits as of September 30, 2019 (in Liquidation) and 2018, and the related statements of changes in net assets available for benefits for the years ended September 30, 2019 (in Liquidation) and 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by The New York Bank Mellon and Metropolitan Life Insurance and Annuity Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that The New York Bank Mellon held the Plan's investment assets and executed investment transactions from July 18, 2019 to September 30, 2019, and that Metropolitan Life Insurance and Annuity Company held the Plan's investment assets and executed investment transactions as of September 30, 2018, and for the period October 1, 2018 to July 17, 2019. The Plan administrator has obtained a certifications from the respective custodians as of September 30, 2019 and 2018, and for the year ended September 30, 2019, that the information provided to the Plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

DIXON HUGHES GOODMAN LLP

Emphasis of Matter

As described in Note 1 and Note 11 to the financial statements, the governing body of Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies approved the termination of the Plan effective September 30, 2019, that included a plan to liquidate the Plan assets by September 30, 2020. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2018 financial statements to the liquidation basis used in presenting the 2019 financial statements. Our opinion is not modified with respect to that matter.

Other Matter

The supplemental schedules as of and for the year ended September 30, 2019 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and are presented for the purpose of additional analysis, and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Bank of New York Mellon and Metropolitan Life Insurance and Annuity Company, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Dixon Hughes Goodman LLP

Charleston, South Carolina
July 14, 2020

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Statements of Net Assets Available for Benefits
September 30, 2019 (in Liquidation) and 2018

	2019	2018
ASSETS		
Investments at fair value	**$ 87,322,464**	$ 124,303,258
Receivables:		
Employer contributions	**11,000,000**	16,000,000
Other	**734,812**	-
Total receivables	**11,734,812**	16,000,000
LIABILITIES		
Accrued expenses	**600,000**	-
Net assets available for benefits	**$ 98,457,276**	$ 140,303,258

See accompanying notes.

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Statements of Changes in Net Assets Available for Benefits
Years Ended September 30, 2019 (in Liquidation) and 2018

	2019	2018
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	**$ 10,282,651**	$ 1,889,633
Interest and dividends	**2,044,573**	2,124,439
	12,327,224	4,014,072
Contributions:		
Employer	**11,000,000**	16,000,000
Total additions	**23,327,224**	20,014,072
Deductions to net assets attributed to:		
Benefits paid to participants	**6,003,577**	6,922,166
Transfer of assets under annuity contract	**58,203,188**	-
Administrative expenses	**966,441**	1,397,447
Total deductions	**65,173,206**	8,319,613
Net change	**(41,845,982)**	11,694,459
Net assets available for benefits:		
Beginning of year	**140,303,258**	128,608,799
End of year	**$ 98,457,276**	$ 140,303,258

See accompanying notes.

Notes to Financial Statements

1. Description of Plan

The following description of the Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan covering eligible employees of Evening Post Industries, Inc. (the "Company"). The Retirement Committee of the Company controls and manages the operation and administration of the Plan. As of September 30, 2019, Bank of New York Mellon serve as the custodian of the Plan. Previously, Metropolitan Life Insurance and Annuity Company served as custodian of the Plan (hereinafter referred to as the "Custodians"). The Custodians together with several investment managers, manage the Plan's investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective December 31, 2008, the Plan was frozen and eligibility into the Plan was closed to any new participants.

Plan Termination

The Retirement Committee of the Company approved the termination of the Plan effective September 30, 2019, that included a plan to liquidate the Plan assets by September 30, 2020. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2018 financial statements to the liquidation basis used in presenting the 2019 financial statements.

Pension Benefits

Participants with five years of continuous service, as defined by the Plan, are entitled to pension benefits upon retirement. If employees terminate before rendering five years of continuous service, they forfeit the right to receive pension benefits upon retirement. Pension benefits are provided to participants under several types of retirement options based upon years of continuous service and age. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, including a lump-sum payment option.

Death and Disability Benefits

In the event of a vested employee's death, his or her designated beneficiary will be entitled to receive a survivor benefit equal to fifty percent of the participant's accrued benefit according to the Plan provisions. The survivor benefit commences on the earliest date that the deceased participant could have elected to receive retirement benefits. If a participant with 15 or more years of service becomes disabled, he or she may elect disability retirement which commences when the benefits under the Plan Sponsor's disability insurance expire.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

The financial statements of the Plan are prepared on the liquidation basis of accounting, consistent with terminated plans, as of and for the year ended September 30, 2019 and on the ongoing basis of accounting as of ended September 30, 2018, in accordance with U.S. GAAP.

The effect of the liquidation basis of accounting is included in the statement of net assets available for benefits as of September 30, 2019 (in Liquidation) as accrued expenses. Accrued expenses represent administrative, consulting, and actuarial expenses expected to be incurred and recognized as of September 30, 2019 under the liquidation basis of accounting. All participant balances are expected to be distributed by September 30, 2020.

Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits, and changes therein, disclosure 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 and assumptions.

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. Plan management determines the Plan's valuation policies utilizing information provided by the Custodians. See Note 6 for a discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded upon distribution.

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan document. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Accrued expenses reported in the accompanying statement of net assets available for benefits, as of September 30, 2019, reflect Management's best estimate of the costs to be incurred and paid from assets of the Plan in connection with the Plan termination.

Subsequent Events

The Plan has evaluated subsequent events through July 14, 2020, the date the financial statements were available to be issued.

3. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in the amount as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended September 30, 2019 and 2018.

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation for the highest five years of consecutive calendar years of pensionable pay during the ten year period ending on the earlier of the participant's termination date or December 31, 2008, the date the Plan was frozen. 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.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in the valuations as of September 30, 2018 and September 30, 2019 were:

Actuarial cost method	Standard unit credit cost method
Discount rate	4.31%
Assumed return on investments	5.25%
Mortality rate	Pri-2012 base table with generational improvements projected with scale MP-2019 as of September 30, 2019 Aggregate 2006 base rates from the RP-2014 mortality study projected generationally from 2006 using Scale MP-2017 as of September 30, 2018
Retirement age	Age 65 or age on actuarial value date, if greater

The actuarial present value of accumulated plan benefits was as follows:

	September 30, 2019	September 30, 2018
Vested benefits:		
Participants currently receiving benefits	**$ 40,341,470**	$ 79,945,022
Other participants	**66,003,560**	66,239,781
Total vested benefits	**106,345,030**	146,184,803
Non-vested benefits	**-**	43,627
Total actuarial present value of accumulated plan benefits	**$ 106,345,030**	$ 146,228,430

The actuarial present value of accumulated plan benefits increased as follows:

Actuarial present value of accumulated plan benefits, as of September 30, 2018	$ 146,228,430
Increase (decrease) attributable to:	
Interest accumulation	6,514,605
Benefits paid	(6,561,418)
Retiree annuity buy-out	(57,689,717)
Change in actuarial assumptions	15,451,830
Other changes	2,401,300
Actuarial present value of accumulated plan benefits, as of September 30, 2019	$ 106,354,030

5. Unaudited Information Certified by Custodians

Both of the Plan's Custodians, the Bank of New York Mellon and Metropolitan Life Insurance and Annuity Company, manage the Plan assets and are authorized to execute investment transactions for the Plan. All of the financial information disclosed in the accompanying financial statements and supplemental schedules related to investments and investment-related activity was supplied and certified as complete and accurate to the best of its knowledge and belief by the Bank of New York Mellon and the Metropolitan Life Insurance and Annuity Company.

As of September 30, 2018, Metropolitan Life Insurance and Annuity Company, had custody of the majority of the Plan's assets except for the investments of $36,041,359, which are held by Bank of New York Mellon. All of the financial information disclosed in the accompanying financial statements and supplemental schedules related to investments and investment-related activity was supplied and certified as complete and accurate to the best of its knowledge and belief by the Metropolitan Life Insurance and Annuity Company, except for the Plan assets held by Bank of New York Mellon as of and for the year ended September 30, 2018.

The accompanying financial statements include the following unaudited information as of and for the year ended September 30, 2019 (in Liquidation) and September 30, 2018, which was obtained from data prepared and certified to be complete and accurate by the Bank of New York Mellon or the Metropolitan Life Insurance and Annuity Company:

	2019	2018
Investments	**$ 87,322,464**	$ 88,261,899
Interest and dividend income	**$ 2,044,573**	$ 2,124,439
Net appreciation in fair value of investments	**$ 10,162,564**	$ 1,953,876

6. Fair Value Measurements

Fair value, as defined under GAAP, is an exit price representing 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. GAAP establishes a three-tier fair value hierarchy which prioritizes the inputs used in measuring fair value. These tiers include:

Level 1: Observable inputs such as quoted prices in active markets.

Level 2: Inputs other than quoted prices in active markets that are either directly or indirectly observable.

Level 3: Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

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

Pooled separate accounts
The Plan invests in pooled separate accounts for which quoted prices are not available in active markets for identical instruments. The Plan utilizes the net asset value ("NAV") per share, as determined by MetLife, as the estimated fair value. Because quoted prices in active markets for identical assets are not available, these prices are determined using observable market information such as quotes from less active markets and/or quoted prices of securities with similar characteristics.

Common collective trust funds
These funds are valued at the NAV of units of the collective fund. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the funds will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 15 business days' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

Hedge funds
These funds are valued at the NAV per share of the investment fund as provided by the investment manager. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the funds will sell the investment for an amount different from the reported NAV.

Participant purchases may occur monthly and participant sales may occur quarterly. Following a twelve-month holding period for each series of shares, if the Plan initiates a full redemption of a series of shares, the issuer reserves the right to require 65 to 90 days' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

Non-benefit-responsive investment contract

The fair value of the non-benefit-responsive investment contract is estimated by MetLife, as the contract value, which approximates fair value (see Note 7). Since the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, management evaluates a variety of factors including review of existing contracts, economic and market developments, and credit ratings of the insurance company. Disclosure of unobservable inputs to fair value measurement has not been included for the non-benefit-responsive investment contract because quantitative unobservable inputs are not developed by the Plan when measuring fair value and have not been made available to the Plan by MetLife.

The following tables set forth by level within the fair value hierarchy the Plan's assets accounted for at fair value on a recurring basis as of September 30, 2019 and 2018:

	Assets at Fair Value as of September 30, 2019			
	Level 1	**Level 2**	**Level 3**	**Total**
Interest-bearing cash	**$ 361,444**	**$ -**	**$ -**	**$ 361,444**
Non-benefit-responsive investment contract	**-**	**-**	**7,808**	**7,808**
Total assets in the fair value hierarchy	**$ 361,444**	**$ -**	**$ 7,808**	**369,252**
Investments measured at NAV *(a)*				**86,953,212**
Investments at fair value				**$ 87,322,464**

	Assets at Fair Value as of September 30, 2018			
	Level 1	**Level 2**	**Level 3**	**Total**
Interest-bearing cash	$ 292,052	$ -	$ -	$ 292,052
Non-benefit-responsive investment contract	-	-	211,364	211,364
Total assets in the fair value hierarchy	$ 292,052	$ -	$ 211,364	503,416
Investments measured at NAV *(a)*				123,799,842
Investments at fair value				$124,303,258

(a) In accordance with Topic 820, certain investments that were measured at NAV 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.

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of September 30, 2019 and 2018. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value at September 30, 2019	Fair Value at September 30, 2018	Unfunded Commitments	Other Redemption Restrictions	Redemption Notice Period
Pooled separate accounts *(b)*	**$ -**	$ 88,050,535	None	Daily	1 month
Common collective trust funds	**$ 79,540,968**	$ 28,457,150	None	Daily	15 days
Hedge funds *(c)*	**$ 7,412,244**	$ 7,292,157	None	Quarterly	65-90 days

(b) The pooled separate accounts' underlying investments are various publicly-traded equity and fixed-income securities, including common shares, preferred shares, securities convertible into equities, corporate bonds, mortgages and cash equivalents. The funds may also invest in exchange-traded futures and options for hedging and risk reduction purposes and as a tool for duration management. For pooled separate accounts for which the underlying investments are equity securities, the investments' principal strategies are to provide long-term growth of capital by investing in diversified portfolios of the equity securities of various companies with above average growth prospects. For pooled separate accounts for which the underlying investments are fixed-income securities, the investments' principal strategies are to provide attractive total returns, current income and capital gains, with volatility approximately that of broad market indices. Amounts may be transferred among the pooled separate accounts, although certain restrictions may apply. Withdrawals may be made in cash not later than 31 days after the date notice of withdrawal is received to the extent permitted under the terms of the MetLife contract.

(c) The fund's investment objective is to achieve superior risk-adjusted total returns by investing primarily in public and private non-investment grade and nonrated debt securities. The fund pursues its investment objective by investing all or substantially all of its assets in GoldenTree Select Offshore Intermediate Fund, L.P., a Cayman Islands exempted limited partnership, which, in turn, invests a material portion of its assets in GoldenTree Master Fund, Ltd., a Cayman Islands exempted company. The fund does not intend to invest more than 15% of the fund's NAV in securities of any one issuer, whether held directly or indirectly.

The Plan recognizes transfers between the levels as of the actual date of the event or change in circumstances that caused the transfer. There were no gross transfers for the year ended September 30, 2019.

The following table illustrates the activity of Level 3 assets measured at fair value on a recurring basis for the years ended September 30, 2019 and 2018:

	September 30, 2019	September 30, 2018
Fair value, beginning of year	**$ 211,364**	$ 1,295,795
Purchases	**3,380,000**	11,000,000
Sales	**(97,065,504)**	(14,222,166)
Issuances	**96,908,596**	14,300,000
Settlements	**(3,426,648)**	(12,162,265)
Fair value, end of year	**$ 7,808**	$ 211,364

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

7. Non-benefit-responsive Investment Contract with Insurance Company

The Plan maintains an Immediate Participation Guarantee contract with MetLife. The investment is reported at contract value, which approximates fair value. The contract value represents contributions made by the Company under contract plus interest at the per annum contract rate less benefits paid to participants, contract administration fees and other direct expenses. Funds are invested with MetLife in pooled separate accounts. The funds are used to pay monthly benefits to retired participants, who have been issued a guaranteed annuity by MetLife at the time of retirement. Funds are not withdrawn to purchase the annuity, rather funds remain in the pooled separate accounts and MetLife requires the Company to maintain a minimum balance requirement to meet the contract liabilities created by the annuity guarantees.

8. Exempt Party-In-Interest Transactions

Certain Plan investments are managed by the custodians of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for administrative services were $292,515 and $361,432 for the years ended September 30, 2019 and 2018, respectively. The Plan paid premiums to the Pension Benefit Guaranty Corporation (the "PBGC") of $73,926 and $1,036,015 for the years ended September 30, 2019 and 2018. The Plan also accrued for $600,000 in anticipated fees expected to be incurred with the custodians as Management's best estimate of the costs to be incurred and paid from assets of the Plan in connection with the termination.

9. Tax Status

The Internal Revenue Service (the "IRS") has determined and informed the Company by a letter dated December 3, 2012, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (the "IRC"). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, 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.

11. Plan Termination

The Retirement Committee of the Company terminated the Plan effective September 30, 2019 (the "Plan Termination Date"), subject to approval by the Pension Benefit Guaranty Corporation ("PBGC"). The Plan has received a determination letter from the Internal Revenue Service ("IRS") stating the Plan termination does not impact the Plan's qualified tax status. If the Plan termination is not approved by the PBGC, the Company may cancel the termination.

The Plan has been closed to new participants since 2008 and will remain closed to new participants following the Plan Termination Date. Each participant's accrued benefit became fully vested as of the Plan Termination Date. Under the provisions of the Plan document and related amendments in connection with the Plan termination, and in accordance with ERISA and applicable regulations, the accrued benefit obligation to participants shall be distributed as soon as administratively practicable following receipt of all necessary regulatory approvals. Except for participants who elect to receive a lump sum payment of their accrued benefit, the Plan shall distribute each participant's accrued benefit in the form of an irrevocable commitment from an insurance company or in another permitted form subject to the requirements of the IRS and ERISA.

12. Transfer of Plan Assets Under Annuity Contract

On May 2, 2019, the Company entered into a contract with Metropolitan Life Insurance Company where in exchange for a consideration payment of approximately $58,200,000, Metropolitan Life Insurance Company will provide a non-participating single premium annuity contract for future annuity payments to certain retired participants and beneficiaries under the terms and provisions set forth in the contract. Non-guaranteed benefit payments and the related obligation for other participants will continue to be administered by the Plan.

13. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the changes per the accompanying financial statements for the years ended of September 30, 2019 and 2018, to Schedule H of Form 5500:

	September 30,	
	2019	**2018**
Change in net assets per the financial statements	**$ (41,845,982)**	$ 11,694,459
Add prior year employer contribution receivable	**-**	10,000,000
Net (loss) income per the Form 5500	**$ (41,845,982)**	$ 21,694,459

14. Subsequent Event

Subsequent to the balance sheet date, the outbreak and spread of the COVID-19 virus was classified as a pandemic by the World Health Organization. The spread of the virus across the globe is impacting worldwide economic activity and financial markets. The financial statements do not reflect any adjustments as a result of the subsequent increase in economic uncertainty.

Supplementary Information

Schedule SB Attachment (Form 5500)—2018 Plan Year
Retirement Plan for the Employees of Evening Post Industries, Inc.
EIN: 57-0160880 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of October 1, 2018

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		17								
35-39		29	12							
40-44		14	28	12	1					
45-49		21	29	13	12	2				
50-54		12	25	15	23	8	1			
55-59		16	24	22	14	20	11	2		
60-64		15	23	18	6	14	9	8	1	
65-69		4	8	4	3	2	2			
70+			1			1				

N-502

Schedule SB Attachment (Form 5500)—2018 Plan Year
Retirement Plan for the Employees of Evening Post Industries, Inc.
EIN: 57-0160880 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of June 2018), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of June 2018), without regard to interest rate stabilization
1st Segment Rate	2.07%
2nd Segment Rate	3.70%
3rd Segment Rate	4.43%
Optional Payment Form Election Percentage	50% life annuity 30% joint and 50% 20% joint and 100%
Optional Payment Form Conversion Interest Rate	7.00% for annuities
Optional Payment Form Conversion Mortality	1971 GAM for Males
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62 with 10 years of service or age 65 if not eligible for early commencement. Current deferred vested participants are assumed to meet service requirements
Mortality Rates	
Healthy and Disabled	2018 static mortality table (with new basis adoption deferred to 2019) for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

Surviving Spouse Benefit	It is assumed that 60% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $220,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2016 Plan Year	5.50%
2017 Plan Year	5.50%
2018 Plan Year	5.25%
Trust Expenses Included in Target Normal Cost	$212,000
Actuarial Method	Standard unit credit cost method
Valuation Date	October 1, 2018

Table 1

Retirement Rates

Age	Rate
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	2.00%
61	5.00%
62	20.00%
63	15.00%
64	15.00%
65	40.00%
66	40.00%
67	30.00%
68	30.00%
69	30.00%
70+	100.00%

Table 2—Page 1 of 2

Withdrawal Rates

	Years of Service				
Age	**0**	**1**	**2**	**3-4**	**5+**
20	0.00%	0.00%	0.00%	0.00%	0.00%
21	30.90%	29.60%	25.60%	24.30%	29.20%
22	30.40%	29.10%	25.10%	23.70%	28.20%
23	29.90%	28.50%	24.50%	23.20%	27.20%
24	29.30%	28.00%	24.00%	22.70%	26.00%
25	28.80%	27.50%	23.50%	22.20%	25.00%
26	28.30%	26.90%	23.00%	21.60%	24.00%
27	27.70%	26.40%	22.40%	21.10%	22.80%
28	27.20%	25.90%	21.90%	20.60%	21.80%
29	26.70%	25.30%	21.40%	20.00%	20.80%
30	24.80%	23.50%	19.80%	18.50%	18.60%
31	24.30%	23.00%	19.30%	18.00%	17.60%
32	23.80%	22.50%	18.80%	17.50%	16.60%
33	23.50%	22.30%	18.50%	17.30%	16.00%
34	23.00%	21.80%	18.00%	16.80%	15.00%
35	22.50%	21.30%	17.50%	16.30%	14.00%
36	22.30%	21.00%	17.30%	16.00%	13.60%
37	21.80%	20.50%	16.80%	15.50%	12.60%
38	21.50%	20.30%	16.50%	15.30%	12.00%
39	21.30%	20.00%	16.30%	15.00%	11.60%
40	19.60%	18.40%	15.00%	13.80%	10.20%
41	19.30%	18.20%	14.70%	13.60%	9.60%
42	19.30%	18.20%	14.70%	13.60%	9.60%
43	19.10%	18.00%	14.50%	13.40%	9.20%
44	18.80%	17.70%	14.30%	13.10%	8.80%

Table 2—Page 2 of 2

Withdrawal Rates

	Years of Service				
Age	**0**	**1**	**2**	**3-4**	**5+**
45	16.60%	15.60%	12.60%	11.60%	7.20%
46	16.40%	15.40%	12.40%	11.40%	6.80%
47	16.20%	15.20%	12.20%	11.20%	6.40%
48	16.00%	15.00%	12.00%	11.00%	6.00%
49	15.80%	14.80%	11.80%	10.80%	5.80%
50	15.60%	14.60%	11.60%	10.60%	5.60%
51	15.40%	14.40%	11.40%	10.40%	5.40%
52	15.20%	14.20%	11.30%	10.20%	5.20%
53	15.00%	14.00%	11.00%	10.00%	5.00%
54	14.00%	13.80%	10.80%	9.80%	3.60%
55	14.00%	13.80%	10.80%	9.80%	3.60%
56	14.00%	13.80%	10.80%	9.80%	3.60%
57	14.00%	13.80%	10.80%	9.80%	3.60%
58	14.00%	13.80%	10.80%	9.80%	3.60%
59	14.00%	13.80%	10.80%	9.80%	3.60%
60	14.00%	13.80%	10.80%	9.80%	3.60%
61	14.00%	13.80%	10.80%	9.80%	3.60%
62	14.00%	13.80%	10.80%	9.80%	3.60%
63	14.00%	13.80%	10.80%	9.80%	3.60%
64	14.00%	13.80%	10.80%	9.80%	3.60%
65+	0.00%	0.00%	0.00%	0.00%	0.00%

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
The Retirement Plan for the Employees of Evening Post Industries

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1955

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)

Evening Post Industries, Inc.

134 Columbus Street

Charleston SC 29403

2b Employer Identification Number (EIN) 57-0160880

2c Plan Sponsor's telephone number 843-937-5636

2d Business code (see instructions) 511110

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	DeAnne D. Baumgartner	07.15.20	DeAnne Baumgartner
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	1,495
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1)**, **6a(2)**, **6b**, **6c**, and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	502
a(2) Total number of active participants at the end of the plan year	**6a(2)**	153
b Retired or separated participants receiving benefits	**6b**	207
c Other retired or separated participants entitled to future benefits	**6c**	612
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	972
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	17
f Total. Add lines **6d** and **6e**	**6f**	989
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	(1)	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	(2)	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	(3)	[X] Trust
(4)	[ ] General assets of the sponsor	(4)	[ ] General assets of the sponsor

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [X] 1 **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **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_____

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Schedule of Reportable Transactions
Schedule H, Line 4j
EIN: 57-0160880 Plan: 001
For the Year Ended September 30, 2019

(a) Identity of party involved (b) Description of Security	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Tranaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series In Same Security							
Sales:							
MetLife- Insurance Contract	*	$ 97,161,706	$ -	$ -	*	$ 97,161,706	*
MetLife - Pooled Separate 586-005	*	$ 18,844,369	$ -	$ -	*	$ 18,844,369	*
MetLife - Pooled Separate 586-019	*	$ 7,056,921	$ -	$ -	*	$ 7,056,921	*
MetLife - Pooled Separate 586-023	*	$ 55,181,994	$ -	$ -	*	$ 55,181,994	*
MetLife - Pooled Separate 586-026	*	$ 32,150,003	$ -	$ -	*	$ 32,150,003	*
Aon Group Trust High Yield Plus Bond	*	$ 9,798,440	$ -	$ -	$ 9,400,000	$ 9,798,440	$ 398,440
Aon Hewitt Non-US Equity ACWI-EX US Passive Equity	*	$ 14,190,000	$ -	$ -	$ 13,722,110	$ 14,190,000	$ 467,890
BNY Mellon Cash Reserve	*	$ 35,518,211	$ -	$ -	$ 35,518,211	$ 35,518,211	$ -
Aon Hewitt Temporary Investment Fund	*	$ 24,808,766	$ -	$ -	$ 24,808,766	$ 24,808,766	$ -
Purchases:							
Metlife- Insurance Contract	$ 96,958,150	$ -	$ -	$ -	*	$ 96,958,150	$ -
BNY Mellon Cash Reserve	$ 35,518,211	$ -	$ -	$ -	*	$ 35,518,211	*
Aon Hewitt 20+ Year U.S. Treasury Strips Fund	$ 17,200,000	$ -	$ -	$ -	*	$ 17,200,000	*
Aon Hewitt US Long Fixed Active Fund	$ 47,800,000	$ -	$ -	$ -	*	$ 47,800,000	*
Aon Hewitt Temporary Investment Fund	$ 24,878,157	$ -	$ -	$ -	*	$ 24,878,157	*
Single Transactions							
Sales:							
Metlife- Insurance Contract	$ -	$ 58,938,000	$ -	$ -	*	$ 58,938,000	*
Metlife- Insurance Contract	$ -	$ 32,518,537	$ -	$ -	*	$ 32,518,537	*
MetLife - Pooled Separate 586-005	$ -	$ 8,400,000	$ -	$ -	*	$ 8,400,000	*
MetLife - Pooled Separate 586-019	$ -	$ 6,556,921	$ -	$ -	*	$ 6,556,921	*
MetLife - Pooled Separate 586-023	$ -	$ 30,000,000	$ -	$ -	*	$ 30,000,000	*
MetLife - Pooled Separate 586-023	$ -	$ 25,181,994	$ -	$ -	*	$ 25,181,994	*
MetLife - Pooled Separate 586-026	$ -	$ 8,000,000	$ -	$ -	*	$ 8,000,000	*
MetLife - Pooled Separate 586-026	$ -	$ 18,750,003	$ -	$ -	*	$ 18,750,003	*
BNY Mellon Cash Reserve	$ -	$ 32,518,537	$ -	$ -	$ 32,518,537	$ 32,518,537	$ -
Aon Hewitt Temporary Investment Fund	$ -	$ 16,000,000	$ -	$ -	$ 16,000,000	$ 16,000,000	$ -
Aon Hewitt Non-US Equity ACWI-EX US Passive Equity	$ -	$ 8,200,000	$ -	$ -	$ 7,776,613	$ 8,200,000	$ 423,387
Purchases:							
Metlife- Insurance Contract	$ 59,250,003	$ -	$ -	$ -	*	$ 59,250,003	$ -
Metlife- Insurance Contract	$ 32,518,537	$ -	$ -	$ -	*	$ 32,518,537	$ -
MetLife - Pooled Separate 586-023	$ 7,500,000	$ -	$ -	$ -	*	$ 7,500,000	$ -
MetLife - Pooled Separate 586-023	$ 6,556,921	$ -	$ -	$ -	*	$ 6,556,921	$ -
MetLife - Pooled Separate 586-023	$ 13,864,237	$ -	$ -	$ -	*	$ 13,864,237	$ -
BNY Mellon Cash Reserve	$ 32,444,611	$ -	$ -	$ -	*	$ 32,444,611	$ -
Aon Hewitt Temporary Investment Fund	$ 16,000,000	$ -	$ -	$ -	*	$ 16,000,000	$ -
Aon Hewitt 20+ Year U.S. Treasury Strips Fund	$ 13,200,000	$ -	$ -	$ -	*	$ 13,200,000	$ -
Aon Hewitt US Long Fixed Active Fund	$ 11,000,000	$ -	$ -	$ -	*	$ 11,000,000	$ -
Aon Hewitt US Long Fixed Active Fund	$ 16,000,000	$ -	$ -	$ -	*	$ 16,000,000	$ -
Aon Hewitt US Long Fixed Active Fund	$ 19,000,000	$ -	$ -	$ -	*	$ 19,000,000	$ -

* *Information not provided by custodian.*

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 10/01/2018 and ending 09/30/2019

▶ **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
RETIREMENT PLAN FOR THE EMPLOYEES OF EVENING POST INDUSTRIES, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
EVENING POST INDUSTRIES, INC

D Employer Identification Number (EIN)
57-0160880

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

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

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2018

2 Assets:

a Market value	**2a**	139,674,760
b Actuarial value	**2b**	140,117,926

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	665	70,335,546	70,335,546
b For terminated vested participants	328	16,792,326	16,792,326
c For active participants	502	29,374,514	29,403,268
d Total	1,495	116,502,386	116,531,140

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.68%
6 Target normal cost	**6**	212,000

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 Dmitriy Zhukovskiy (DFZ)

Signature of actuary

07/14/2020

Date

DMITRIY F. ZHUKOVSKIY

Type or print name of actuary

2007201

Most recent enrollment number

AON CONSULTING, INC.

Firm name

781-906-2313

Telephone number (including area code)

230 THIRD AVENUE

WALTHAM MA 02451

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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 2.38%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		14,517,850
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.88%		853,650
	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		15,371,500
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	120.24%
15	Adjusted funding target attainment percentage	15	120.24%
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	105.84%
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
07/13/2020	11,000,000	0			
		Totals ► 18(b)	11,000,000	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	9,968,996

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] 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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
3.92 %	5.52 %	6.29%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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**	212,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	212,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

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**	9,968,996

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

a Total (excess, if any, of line 37 over line 36)	**38a**	9,968,996
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

Schedule SB Attachment (Form 5500)—2018 Plan Year
Retirement Plan for the Employees of Evening Post Industries, Inc.
EIN: 57-0160880 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2018

Date	Amount	Days to Discount to 10/1/2018 at 5.68%	Interest Adjusted Contribution
July 13, 2020	$ 11,000,000	651	$ 9,968,996
Total Contribution	$ 11,000,000		$ 9,968,996

Schedule SB Attachment (Form 5500)—2018 Plan Year
Retirement Plan for the Employees of Evening Post Industries, Inc.
EIN: 57-0160880 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	2.00%	0.9412	1.10
59.5	2.00%	0.9224	1.10
60.5	2.00%	0.9039	1.09
61.5	5.00%	0.8858	2.72
62.5	20.00%	0.8416	10.52
63.5	15.00%	0.6732	6.41
64.5	15.00%	0.5723	5.54
65.5	40.00%	0.4864	12.74
66.5	40.00%	0.2918	7.76
67.5	30.00%	0.1751	3.55
68.5	30.00%	0.1226	2.52
69.5	30.00%	0.0858	1.79
70	100.00%	0.0601	4.20
		Weighted Average	64.36

Schedule SB Attachment (Form 5500)—2018 Plan Year
Retirement Plan for the Employees of Evening Post Industries, Inc.
EIN: 57-0160880 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of June 2018), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of June 2018), without regard to interest rate stabilization
1st Segment Rate	2.07%
2nd Segment Rate	3.70%
3rd Segment Rate	4.43%
Optional Payment Form Election Percentage	50% life annuity 30% joint and 50% 20% joint and 100%
Optional Payment Form Conversion Interest Rate	7.00% for annuities
Optional Payment Form Conversion Mortality	1971 GAM for Males
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62 with 10 years of service or age 65 if not eligible for early commencement. Current deferred vested participants are assumed to meet service requirements
Mortality Rates	
Healthy and Disabled	2018 static mortality table (with new basis adoption deferred to 2019) for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

Surviving Spouse Benefit	It is assumed that 60% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $220,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2016 Plan Year	5.50%
2017 Plan Year	5.50%
2018 Plan Year	5.25%
Trust Expenses Included in Target Normal Cost	$212,000
Actuarial Method	Standard unit credit cost method
Valuation Date	October 1, 2018

Table 1

Retirement Rates

Age	Rate
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	2.00%
61	5.00%
62	20.00%
63	15.00%
64	15.00%
65	40.00%
66	40.00%
67	30.00%
68	30.00%
69	30.00%
70+	100.00%

Table 2—Page 1 of 2

Withdrawal Rates

	Years of Service				
Age	**0**	**1**	**2**	**3-4**	**5+**
20	0.00%	0.00%	0.00%	0.00%	0.00%
21	30.90%	29.60%	25.60%	24.30%	29.20%
22	30.40%	29.10%	25.10%	23.70%	28.20%
23	29.90%	28.50%	24.50%	23.20%	27.20%
24	29.30%	28.00%	24.00%	22.70%	26.00%
25	28.80%	27.50%	23.50%	22.20%	25.00%
26	28.30%	26.90%	23.00%	21.60%	24.00%
27	27.70%	26.40%	22.40%	21.10%	22.80%
28	27.20%	25.90%	21.90%	20.60%	21.80%
29	26.70%	25.30%	21.40%	20.00%	20.80%
30	24.80%	23.50%	19.80%	18.50%	18.60%
31	24.30%	23.00%	19.30%	18.00%	17.60%
32	23.80%	22.50%	18.80%	17.50%	16.60%
33	23.50%	22.30%	18.50%	17.30%	16.00%
34	23.00%	21.80%	18.00%	16.80%	15.00%
35	22.50%	21.30%	17.50%	16.30%	14.00%
36	22.30%	21.00%	17.30%	16.00%	13.60%
37	21.80%	20.50%	16.80%	15.50%	12.60%
38	21.50%	20.30%	16.50%	15.30%	12.00%
39	21.30%	20.00%	16.30%	15.00%	11.60%
40	19.60%	18.40%	15.00%	13.80%	10.20%
41	19.30%	18.20%	14.70%	13.60%	9.60%
42	19.30%	18.20%	14.70%	13.60%	9.60%
43	19.10%	18.00%	14.50%	13.40%	9.20%
44	18.80%	17.70%	14.30%	13.10%	8.80%

Table 2—Page 2 of 2

Withdrawal Rates

	Years of Service				
Age	**0**	**1**	**2**	**3-4**	**5+**
45	16.60%	15.60%	12.60%	11.60%	7.20%
46	16.40%	15.40%	12.40%	11.40%	6.80%
47	16.20%	15.20%	12.20%	11.20%	6.40%
48	16.00%	15.00%	12.00%	11.00%	6.00%
49	15.80%	14.80%	11.80%	10.80%	5.80%
50	15.60%	14.60%	11.60%	10.60%	5.60%
51	15.40%	14.40%	11.40%	10.40%	5.40%
52	15.20%	14.20%	11.30%	10.20%	5.20%
53	15.00%	14.00%	11.00%	10.00%	5.00%
54	14.00%	13.80%	10.80%	9.80%	3.60%
55	14.00%	13.80%	10.80%	9.80%	3.60%
56	14.00%	13.80%	10.80%	9.80%	3.60%
57	14.00%	13.80%	10.80%	9.80%	3.60%
58	14.00%	13.80%	10.80%	9.80%	3.60%
59	14.00%	13.80%	10.80%	9.80%	3.60%
60	14.00%	13.80%	10.80%	9.80%	3.60%
61	14.00%	13.80%	10.80%	9.80%	3.60%
62	14.00%	13.80%	10.80%	9.80%	3.60%
63	14.00%	13.80%	10.80%	9.80%	3.60%
64	14.00%	13.80%	10.80%	9.80%	3.60%
65+	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2018 Plan Year
Retirement Plan for the Employees of Evening Post Industries, Inc.
EIN: 57-0160880 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	The plan was originally effective January 1, 1955.
Plan Year	The Plan Year is 10/1 to 9/30.
Eligibility for Participation	All employees, excluding leased employees and those covered by a collective bargaining unit.
Employees Hired Before October 1, 1990	Eligible as of the first day of the calendar month on or immediately after (1) the completion of three consecutive months of service during which at least 83 and ⅓ hours were worked during the month, and (2) attainment of age 21.
Employees Hired On or After October 1, 1990	Eligible as of the first day of the calendar month on or immediately after (1) the completion of 1,000 hours of service during the 12-month period after hire, and (2) attainment of age 21. Effective December 31, 2008, the plan was closed to new entrants. Only eligible employees who had satisfied participation requirements as of this date shall be consider participants under the plan.
Normal Retirement	
Eligibility	Age 65 and five years of participation.
Benefit	2.00% of final average compensation per year of service not in excess of 35 years, reduced by 0.359% of final average pay per year of service not in excess of 35 years.
Early Retirement	
Eligibility	Age 55 and 10 years of vesting service.
Benefit	Benefit accrued as of the date of early retirement, reduced by 5/12 of 1% for each month that the early retirement date precedes the normal retirement date.

Vested Termination	
Eligibility	Five years of vesting service.
Benefit	Benefit accrued as of the date of termination. Participants with 10 years of vesting service at the date of termination may elect to commence payment upon attainment of age 55, reduced in the same manner as for early retirement.
Disability	
Eligibility	Fifteen years of vesting service and total and complete disablement.
Benefit	For participants covered by the long-term disability plan, benefit accrued under the assumption that the participant had remained in service until normal retirement date and continued to earn pensionable pay at the same rate as in effect at the date of disablement. Benefit becomes payable upon cessation of payments under the long-term disability plan. For participants not covered by the long-term disability plan, benefit accrued as of the date benefits cease under the short-term disability plan. Benefit becomes payable as upon the cessation of payments under the short-term disability plan.
Surviving Spouse	
Eligibility	Five years of vesting service.
Benefit	50% of the benefit accrued as of the date of death, reduced for the joint and 50% survivor pension option and for early commencement of benefit as early as the participant's fifty-fifth birthday.
Normal Form of Annuity	
Without Spouse	Life annuity.
With Spouse	Joint and 50% survivor annuity of equivalent actuarial value to the life annuity.
Optional Forms of Annuity	Joint and 75% survivor annuity; Joint and 100% survivor annuity; Life annuity with 10-year certain period; Mandatory lump sum under $5,000. A lump sum window was offered in late 2014 and in late 2016 to certain deferred vested participants with

	lump sum values not exceeding a predetermined threshold.
Actuarial Equivalence	For optional annuity forms of payment, the 1971 Group Annuity Mortality Table for males and interest at 7.00% compounded annually. For optional small amount lump sums, the applicable mortality table published for the plan year and interest at the applicable interest rate for the November immediately preceding the beginning of the plan year, both pursuant to IRC section 417(e)(3).
Definitions	
Credited Service	
Prior to January 1, 1991	Years and months of service from date of hire.
On and After January 1, 1991 and Prior to December 31, 2008	One year credited for each plan year in which at least 1,000 hours of service are completed.
On December 31, 2008	Credited service accrual ceases.
Vesting Service	
Prior to January 1, 1991	Years and months of service from date of hire, including service with a successor corporation for employees in sold divisions.
On and after January 1, 1991	One year credited for each plan year in which at least 1,000 hours of service are completed.
Pensionable Pay	
Prior to December 31, 2008	W-2 earnings, plus 401(k) deferrals.
On December 31, 2008	No additional pay to be considered for benefits purposes.
Final Average Compensation	The average of the highest five consecutive calendar years of pensionable pay during the last 10 years of credited service.
Covered Compensation	The average Social Security wage base over the 35 year period ending in the year of attainment of Social Security retirement age (or December 31, 2008, if earlier).

Final Average Pay	The lesser of (a) and (b): (a) The average of the final average compensation (excluding compensation in excess of the Social Security wage base in effect at the beginning of the plan year) for the three full consecutive plan years ending coincident with or prior to retirement, termination, or death (or December 31, 2008, if earlier). (b) Covered compensation.

Plan Changes Since the Prior Year

The funding valuations do not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the retirement age assumption for active participants from rates based on prior experience to the rates based on contemporary experience.

This change was made to better reflect the anticipated plan experience. This assumption didn't reduce the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2018 Plan Year
Retirement Plan for the Employees of Evening Post Industries, Inc.
EIN: 57-0160880 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of October 1, 2018

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		17								
35-39		29	12							
40-44		14	28	12	1					
45-49		21	29	13	12	2				
50-54		12	25	15	23	8	1			
55-59		16	24	22	14	20	11	2		
60-64		15	23	18	6	14	9	8	1	
65-69		4	8	4	3	2	2			
70+			1			1				

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Schedule SB Attachment (Form 5500)—2018 Plan Year
Retirement Plan for the Employees of Evening Post Industries, Inc.
EIN: 57-0160880 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2018

Date	Amount	Days to Discount to 10/1/2018 at 5.68%	Interest Adjusted Contribution
July 13, 2020	$ 11,000,000	651	$ 9,968,996
Total Contribution	$ 11,000,000		$ 9,968,996

Schedule SB Attachment (Form 5500)—2018 Plan Year
Retirement Plan for the Employees of Evening Post Industries, Inc.
EIN: 57-0160880 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	2.00%	0.9412	1.10
59.5	2.00%	0.9224	1.10
60.5	2.00%	0.9039	1.09
61.5	5.00%	0.8858	2.72
62.5	20.00%	0.8416	10.52
63.5	15.00%	0.6732	6.41
64.5	15.00%	0.5723	5.54
65.5	40.00%	0.4864	12.74
66.5	40.00%	0.2918	7.76
67.5	30.00%	0.1751	3.55
68.5	30.00%	0.1226	2.52
69.5	30.00%	0.0858	1.79
70	100.00%	0.0601	4.20
		Weighted Average	64.36

Schedule SB Attachment (Form 5500)—2018 Plan Year
Retirement Plan for the Employees of Evening Post Industries, Inc.
EIN: 57-0160880 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	The plan was originally effective January 1, 1955.
Plan Year	The Plan Year is 10/1 to 9/30.
Eligibility for Participation	All employees, excluding leased employees and those covered by a collective bargaining unit.
Employees Hired Before October 1, 1990	Eligible as of the first day of the calendar month on or immediately after (1) the completion of three consecutive months of service during which at least 83 and ⅓ hours were worked during the month, and (2) attainment of age 21.
Employees Hired On or After October 1, 1990	Eligible as of the first day of the calendar month on or immediately after (1) the completion of 1,000 hours of service during the 12-month period after hire, and (2) attainment of age 21. Effective December 31, 2008, the plan was closed to new entrants. Only eligible employees who had satisfied participation requirements as of this date shall be consider participants under the plan.
Normal Retirement	
Eligibility	Age 65 and five years of participation.
Benefit	2.00% of final average compensation per year of service not in excess of 35 years, reduced by 0.359% of final average pay per year of service not in excess of 35 years.
Early Retirement	
Eligibility	Age 55 and 10 years of vesting service.
Benefit	Benefit accrued as of the date of early retirement, reduced by 5/12 of 1% for each month that the early retirement date precedes the normal retirement date.

Vested Termination	
Eligibility	Five years of vesting service.
Benefit	Benefit accrued as of the date of termination. Participants with 10 years of vesting service at the date of termination may elect to commence payment upon attainment of age 55, reduced in the same manner as for early retirement.
Disability	
Eligibility	Fifteen years of vesting service and total and complete disablement.
Benefit	For participants covered by the long-term disability plan, benefit accrued under the assumption that the participant had remained in service until normal retirement date and continued to earn pensionable pay at the same rate as in effect at the date of disablement. Benefit becomes payable upon cessation of payments under the long-term disability plan. For participants not covered by the long-term disability plan, benefit accrued as of the date benefits cease under the short-term disability plan. Benefit becomes payable as upon the cessation of payments under the short-term disability plan.
Surviving Spouse	
Eligibility	Five years of vesting service.
Benefit	50% of the benefit accrued as of the date of death, reduced for the joint and 50% survivor pension option and for early commencement of benefit as early as the participant's fifty-fifth birthday.
Normal Form of Annuity	
Without Spouse	Life annuity.
With Spouse	Joint and 50% survivor annuity of equivalent actuarial value to the life annuity.
Optional Forms of Annuity	Joint and 75% survivor annuity; Joint and 100% survivor annuity; Life annuity with 10-year certain period; Mandatory lump sum under $5,000. A lump sum window was offered in late 2014 and in late 2016 to certain deferred vested participants with

	lump sum values not exceeding a predetermined threshold.
Actuarial Equivalence	For optional annuity forms of payment, the 1971 Group Annuity Mortality Table for males and interest at 7.00% compounded annually. For optional small amount lump sums, the applicable mortality table published for the plan year and interest at the applicable interest rate for the November immediately preceding the beginning of the plan year, both pursuant to IRC section 417(e)(3).
Definitions	
Credited Service	
Prior to January 1, 1991	Years and months of service from date of hire.
On and After January 1, 1991 and Prior to December 31, 2008	One year credited for each plan year in which at least 1,000 hours of service are completed.
On December 31, 2008	Credited service accrual ceases.
Vesting Service	
Prior to January 1, 1991	Years and months of service from date of hire, including service with a successor corporation for employees in sold divisions.
On and after January 1, 1991	One year credited for each plan year in which at least 1,000 hours of service are completed.
Pensionable Pay	
Prior to December 31, 2008	W-2 earnings, plus 401(k) deferrals.
On December 31, 2008	No additional pay to be considered for benefits purposes.
Final Average Compensation	The average of the highest five consecutive calendar years of pensionable pay during the last 10 years of credited service.
Covered Compensation	The average Social Security wage base over the 35 year period ending in the year of attainment of Social Security retirement age (or December 31, 2008, if earlier).

Final Average Pay	The lesser of (a) and (b): (a) The average of the final average compensation (excluding compensation in excess of the Social Security wage base in effect at the beginning of the plan year) for the three full consecutive plan years ending coincident with or prior to retirement, termination, or death (or December 31, 2008, if earlier). (b) Covered compensation.

Plan Changes Since the Prior Year

The funding valuations do not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Schedule of Assets (Held at End of Year)
Schedule H, Line 4i
EIN: 57-0160880 Plan: 001
September 30, 2019

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost**	(e) Current Value
	Interest-bearing cash:			
*	BNY Mellon	Cash Reserve Account	$ 361,444	$ 361,444
	Common collective trust:			
*	Aon Hewitt Group Trust	Non-US Equity Index Fund	3,865,041	4,103,328
*	Aon Hewitt Group Trust	SSGA Russell Small Cap Index Fund	653,989	731,452
*	Aon Hewitt Group Trust	US Large Cap Passive Equity Fund	3,300,000	3,305,302
*	Aon Hewitt Group Trust	20+ Year U.S. Treasury Strips Fund	17,200,000	19,817,952
*	Aon Hewitt Group Trust	US Long Fixed Active Fund	47,800,000	51,582,934
	Hedge fund:			
*	GoldenTree	Class A Series 54	7,300,000	7,412,244
	Non-benefit-responsive investment contract:			
*	MetLife	Immediate Participation Guaranteed Funds Contract	**	7,808
				$ 87,322,464

* *Party in interest*
** *Information not provided by custodian.*

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the retirement age assumption for active participants from rates based on prior experience to the rates based on contemporary experience.

This change was made to better reflect the anticipated plan experience. This assumption didn't reduce the funding shortfall; as such, approval of the Commissioner is not required.