

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning <u>12/01/2018</u> and ending <u>11/30/2019</u>
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information		
1a Name of plan <u>RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.</u>	1b Three-digit plan number (PN) ▶	<u>005</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ALFRED NICKLES BAKERY, INC.</u> <u>26 N. MAIN STREET</u> <u>NAVARRE, OH 44662-1158</u>	1c Effective date of plan <u>12/31/1953</u>	2b Employer Identification Number (EIN) <u>34-0428345</u>	
	2c Plan Sponsor's telephone number <u>330-879-5635</u>	2d Business code (see instructions) <u>311800</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>09/14/2020</u>	<u>MARK T. SPONSELLER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 514
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 92 6a(2) 75 6b 271 6c 112 6d 458 6e 48 6f 506 6g 6h 2
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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
--	---

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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 12/01/2018 and ending 11/30/2019	
A Name of plan RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 ALFRED NICKLES BAKERY, INC.	D Employer Identification Number (EIN) 34-0428345

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 AETNA LIFE INSURANCE CO.
--

(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
06-6033492	60054	000759	506	12/01/2018	11/30/2019

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** 5629734**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**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. **6d**
Specify nature of costs ▶**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** 6844211**c** Additions: (1) Contributions deposited during the year **7c(1)** 656158(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 533563(4) Transferred from separate account **7c(4)** 1500000(5) Other (specify below) **7c(5)** 0(6) Total additions **7c(6)** 2689721**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 9533932**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 3883767(2) Administration charge made by carrier **7e(2)** 20431(3) Transferred to separate account **7e(3)** 0(4) Other (specify below) **7e(4)** 0(5) Total deductions **7e(5)** 3904198**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 5629734

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	10b	

Specify nature of costs.

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 12/01/2018 and ending 11/30/2019

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ALFRED NICKLES BAKERY, INC.</u>	D Employer Identification Number (EIN) <u>34-0428345</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2018</u>	
2 Assets:	
a Market value.....	2a <u>51404609</u>
b Actuarial value	2b <u>51794481</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>307</u> (2) Vested Funding Target <u>37225425</u> (3) Total Funding Target <u>37225425</u>
b For terminated vested participants	<u>115</u> <u>4187934</u> <u>4187934</u>
c For active participants	<u>92</u> <u>12260657</u> <u>12875860</u>
d Total	<u>514</u> <u>53674016</u> <u>54289219</u>
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 <u>5.61 %</u>
6 Target normal cost	6 <u>18816</u>

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

SIGN HERE	
Signature of actuary <u>JAMES W. BUDAI, FSA, EA, MAAA</u>	<u>09/02/2020</u> Date
Type or print name of actuary <u>CBIZ RETIREMENT PLAN SERVICES</u>	<u>20-07634</u> Most recent enrollment number
Firm name <u>6050 OAK TREE BLVD. SOUTH SUITE 500 CLEVELAND, OH 44131</u>	<u>614-793-2577</u> Telephone number (including area code)
Address of the firm	

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	122191
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	122191
10 Interest on line 9 using prior year's actual return of <u>0.81</u> %	0	990
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.81</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		1
d Portion of (c) to be added to prefunding balance		1
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	123182

Part III Funding Percentages

14 Funding target attainment percentage	14	95.17%
15 Adjusted funding target attainment percentage	15	95.17%
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	94.77%
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
03/15/2019	129195	0			
06/14/2019	129195	0			
09/13/2019	123422	0			
12/13/2019	123422	0			
08/12/2020	66894	0			
Totals ▶			18(b)	572128	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	548570

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	18816	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	2617920		529726
b Waiver amortization installment			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	548542	
	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	548542	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	548570	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	28	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 12/01/2018 and ending 11/30/2019		
A Name of plan RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 ALFRED NICKLES BAKERY, INC.	D Employer Identification Number (EIN) 34-0428345	

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

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

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

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

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

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

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

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

(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)

BNY MELLON, NA

ONE WALL STREET
NEW YORK, NY 10286

25-0659306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	182458	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AETNA LIFE INSURANCE COMPANY

151 FARMINGTON AVENUE
HARTFORD, CT 06156-9260

06-6033492

(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?
23	NONE	54917	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 12/01/2018 and ending 11/30/2019	
A Name of plan RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.	B Three-digit plan number (PN) ► 005
C Plan sponsor's name as shown on line 2a of Form 5500 ALFRED NICKLES BAKERY, INC.	D Employer Identification Number (EIN) 34-0428345

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	274346	190316
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	145651	135162
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	50319	564891
(2) U.S. Government securities	1c(2)	1142	949
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	11801340	12169456
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	19020501	21274858
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	12674283	13133209
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6844211	5629734
(15) Other	1c(15)	600153	427442

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	51411946	53526017

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	51411946	53526017
---	-----------	----------	----------

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)	572128	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		572128
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	251015	
(B) U.S. Government securities	2b(1)(B)	62	
(C) Corporate debt instruments	2b(1)(C)	418335	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	20999	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		690411
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	350209	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	239780	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		589989
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	18201028	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	18242029	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-41001
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	3353571	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3353571

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		671823
c Other income.....	2c		418722
d Total income. Add all income amounts in column (b) and enter total	2d		6255643

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3883767	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3883767
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	20431	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	237374	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		257805
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4141572

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2114071
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: MALONEY AND NOVOTNY LLC

(2) EIN: 34-0677006

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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 4221434. (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 12/01/2018 and ending 11/30/2019

A Name of plan <u>RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALFRED NICKLES BAKERY, INC.</u>	D Employer Identification Number (EIN) <u>34-0428345</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>06-6033492</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ 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

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 0.0 % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**RETIREMENT PLAN FOR
NON-BARGAINING EMPLOYEES OF
ALFRED NICKLES BAKERY, INC.**

FINANCIAL REPORT

NOVEMBER 30, 2019 and 2018

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1-2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-13
SUPPLEMENTAL SCHEDULES	
Schedule H, line 4i – Schedule of Assets (Held at End of Year)	14-29
Schedule H, line 4j – Schedule of Reportable Transactions	30-31

Independent Auditors' Report

Plan Administrator
Retirement Plan for Non-Bargaining Employees
of Alfred Nickles Bakery, Inc.
Navarre, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Plan for Non-Bargaining Employees of Alfred Nickles Bakery, Inc. (the "Plan"), which comprise the statements of net assets available for benefits as of November 30, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States 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 audits 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 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 7, which was certified by Aetna Life Insurance Company and BNY Mellon Wealth Management, the Custodians of the Plan, except for comparing the information with the related information included in the financial statements.

We have been informed by the plan administrator that the Custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodians as of November 30, 2019 and 2018, and for the years then ended, 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.

Report on Supplementary Information

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of or for the year ended November 30, 2019 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year), as of November 30, 2019 that accompanies the Plan's financial statements does not disclose the historical cost of certain nonparticipant-directed plan assets held by the Custodians. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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 Custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Meloney + Novotny LLC

Canton, Ohio
September 14, 2020

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

November 30, 2019 and 2018

<u>ASSETS</u>	<u>2019</u>	<u>2018</u>
INVESTMENTS, AT FAIR VALUE		
Interest-bearing cash and cash equivalents	\$ 564,891	\$ 50,318
Mutual funds	13,133,209	12,674,283
Fixed income securities	12,597,847	12,402,635
Equities	21,274,858	19,020,502
Contracts with insurance company	<u>5,629,734</u>	<u>6,844,211</u>
Total investments	53,200,539	50,991,949
 CONTRIBUTIONS RECEIVABLE - EMPLOYER	 190,316	 274,346
 ACCRUED INCOME	 <u>135,162</u>	 <u>145,651</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 \$ <u>53,526,017</u>	 \$ <u>51,411,946</u>

The accompanying notes are an integral part of these financial statements.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended November 30, 2019 and 2018

INVESTMENT ACTIVITY AND CONTRIBUTIONS	<u>2019</u>	<u>2018</u>
Investment activity:		
Interest	\$ 690,411	\$ 689,807
Dividends	589,989	463,451
Net appreciation (depreciation) in fair value of investments	<u>4,403,115</u>	<u>(485,518)</u>
Total investment activity	<u>5,683,515</u>	<u>667,740</u>
Contributions - employer	<u>572,128</u>	<u>546,872</u>
Total investment activity and contributions	<u>6,255,643</u>	<u>1,214,612</u>
 DEDUCTIONS		
Benefits paid directly to participants	3,883,767	3,493,345
Administrative expenses	<u>257,805</u>	<u>269,353</u>
Total deductions	<u>4,141,572</u>	<u>3,762,698</u>
 Net increase (decrease)	 2,114,071	 (2,548,086)
 NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>51,411,946</u>	<u>53,960,032</u>
 END OF YEAR	 <u>\$ 53,526,017</u>	 <u>\$ 51,411,946</u>

The accompanying notes are an integral part of these financial statements.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following brief description of the Retirement Plan for Non-Bargaining Employees of Alfred Nickles Bakery, Inc. (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General:

The Plan is a defined benefit pension plan covering the non-bargaining employees of Alfred Nickles Bakery, Inc. (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

As of July 8, 2016 ("freeze date"), the Plan was frozen to new participation, credited service, and benefit accruals.

Plan Sponsor:

The Company operates bakeries that manufacture bread, buns, sweet rolls, and pastries which are sold to supermarkets, grocery stores, restaurants, distributors, and institutions throughout the Midwest.

Benefits:

Participants with 5 or more years of credited service are eligible to receive monthly benefit payments beginning at normal retirement age of 65. The participants will receive annual benefits in an amount equal to the greater of 2.5% of total compensation earned while a participant or \$222.86 multiplied by their total number of credited years of service. However, for individuals employed with the Company prior to October 1, 1993, their annual benefit will be the greater of \$300 multiplied by their total number of credited years of service or 1.75% of their final average five-year compensation as of November 30, 1988 times credited years of service plus 2.5% of their total compensation earned after December 1, 1988. The Plan also provides for the payment of benefits upon death.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 1. Description of the Plan (continued)

Death Benefits:

If a vested participant dies before the date on which his retirement income is to begin, the surviving spouse is entitled to the amount said spouse would have received if the participant had lived until the earliest date upon which he could have commenced receiving his retirement benefits, beginning the first day of the month following the month in which the participant died.

Custodians:

Under the terms of the custodian agreements between Aetna Life Insurance Company ("Aetna"), BNY Mellon Wealth Management ("Mellon"), and the Plan, Aetna and Mellon manage the majority of the Plan's funds and execute transactions on behalf of the Plan. Aetna and Mellon are collectively referred to as the "Custodians". Aetna has not been granted authority concerning purchases and sales of investments. Mellon has been granted discretionary authority concerning purchases and sales of investments in its portfolio. The investments, accrued investment income, and investment income of these trust funds (as disclosed in the accompanying financial statements) and the assets held for investment purposes (as disclosed in the accompanying schedules) have been reported to the Plan by Aetna and by Mellon, as have been determined through the use of current values for all assets of the trust fund.

Note 2. Summary of Significant Accounting Policies

The following are significant accounting policies followed by the Plan:

Basis of Accounting:

The accompanying financial statements have been prepared on an accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered prior to the freeze date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the freeze date.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 10 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Pension Benefits:

Benefits are recorded upon distribution.

Administrative Expenses:

Fees of the Plan's legal counsel, actuaries, and accountants are not reflected in the accompanying financial statements as they were paid by the Company. The only fees paid by the Plan were for the Custodians. In addition, certain investment related expenses are included in the net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Use of Estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; and disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

Subsequent Events:

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

Note 3. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits was determined by independent actuaries of CBIZ Retirement Plan Services and is the amount that results from applying actuarial assumptions to adjust the accumulated plan

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3. Actuarial Present Value of Accumulated Plan Benefits (continued)

benefits to reflect the probability of payment and the time value of money between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of November 30, 2019 and 2018, include (a) assumed long-term rate of return on assets of 7.50%; (b) retirement age of 65; (c) assumed mortality, turnover, and disability based on published statistical data (the Pri-2012 Total Mortality Tables projected generationally with MP-2019 for 2019 and the RP-2014 Generational Mortality Table projected with MP-2018 for 2018); and (d) payment of custodian expenses from the earnings of the Plan. The foregoing actuarial assumptions are based on the presumption that the Plan will continue.

The total actuarial present value of accumulated plan benefits is as follows:

	<u>December 1,</u>	
	<u>2019</u>	<u>2018</u>
Vested benefits		
Participants currently receiving payments	\$ 33,235,142	\$ 33,067,273
Other participants	<u>12,793,659</u>	<u>13,318,989</u>
	46,028,801	46,386,262
Nonvested benefits	<u>230,087</u>	<u>533,608</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 46,258,888</u>	<u>\$ 46,919,870</u>

The significant factors affecting the year-to-date change in the actuarial present value of accumulated plan benefits are as follows:

	<u>2019</u>	<u>2018</u>
Actuarial present value of accumulated plan benefits as of the beginning of year	\$ 46,919,870	\$ 47,055,479
Increase (decrease) during the year attributable to:		
Actuarial gains	431,014	74,609
Decrease in discount period	3,373,349	3,398,047
Actuarial assumption changes	(581,578)	(111,900)
Benefits paid	<u>(3,883,767)</u>	<u>(3,496,365)</u>
Net (decrease)	<u>(660,982)</u>	<u>(135,609)</u>
Actuarial present value of accumulated plan benefits as of the end of year	<u>\$ 46,258,888</u>	<u>\$ 46,919,870</u>

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Funding Policy

The Company has agreed to make contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to Plan participants. The Company's contributions are designed to fund the Plan's current service costs on a current basis and to meet or exceed minimum funding standards as required under the Employee Retirement Income Security Act of 1974.

Note 5. Plan Termination

Although the Company has not expressed any intent to terminate the Plan, it may do so at any time. In the event of a termination of the Plan, the assets then remaining in the trust, after providing for administrative expenses, shall be allocated, to the extent that they shall be sufficient, for the purpose of funding the accrued benefits to the date of termination of the Plan of all pensioners, participants, vested former participants and beneficiaries in the manner and order of precedence required under the terms of Section 4044 of ERISA, and any funds remaining in the trust after funding in full all of such accrued benefits shall revert to the Company. In the event of a partial termination of the Plan, the portion of the assets of the pension fund relating to the terminated portion of the Plan shall be allocated as aforesaid for the purpose of funding the accrued benefits of pensioners, participants, vested former participants and beneficiaries whose benefit rights are affected by such partial termination.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

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

Note 6. Income Tax Status

The Internal Revenue Service issued a favorable determination letter indicating the Plan is a qualified trust under Section 1.401-1(b)(3) and, as such, is exempt from federal income taxation under the Internal Revenue Code ("IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 6. Income Tax Status (continued)

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of November 30, 2019 there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements.

Note 7. Unaudited Information

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodians have certified to the completeness and accuracy of all investments reflected on the statements of net assets available for benefits at November 30, 2019 and 2018, the schedule of assets (held at end of year), the related investment activity reflected in the statements of changes in net assets available for benefits and the schedule of reportable transactions for the years ended November 30, 2019 and 2018 and the investment related information in the accompanying notes to the financial statements. This information is unaudited by independent accountants.

Note 8. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits is 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.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 9. Party-in-Interest

Certain assets held by the Plan are offered by the Custodians of the Plan. As such, these assets and the related transactions qualify as party-in-interest transactions. Custodian fees for the years ended November 30 are as follows:

	<u>2019</u>	<u>2018</u>
Aetna	\$ 75,509	\$ 80,655
Mellon	<u>182,296</u>	<u>188,698</u>
	<u>\$ 257,805</u>	<u>\$ 269,353</u>

Note 10. Fair Value Measurements

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. Fair value is defined as the price that would be received to sell an asset or would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodologies used for assets of the Plan measured at fair value at November 30, 2019 and 2018.

- Interest-bearing cash and cash equivalents: Valued based on the underlying assets, most of which are short-term debt securities. The fund seeks to maintain a constant net asset value of \$1.00 per share.
- Mutual funds: Valued at the daily closing price as reported by the funds, which are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- Fixed income securities and equities: Valued at quoted prices from national securities exchanges for identical assets in active markets.
- Contracts with insurance company: Valued at book value (i.e. beginning balance plus deposits less withdrawals plus fixed income interest equals ending balance) and adjusted to market value by Aetna based on a bond formula contained in the contracts. The contracts are invested in a money

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 10. Fair Value Measurements (continued)

market account and in Segment 4 of Aetna's general account (a fixed income fund comprised of bonds and commercial mortgages). The contract includes \$3,420,775 at November 30, 2019 that is a reserve for Aetna-guaranteed annuities being paid to retirees and that cannot be withdrawn from the contract by the Plan.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in methodologies used from the year ended November 30, 2018 to November 30, 2019. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2019:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash and cash equivalents	\$ -	\$ 564,891	\$ -	\$ 564,891
Mutual funds	12,629,657	503,552	-	13,133,209
Fixed income securities	12,597,847	-	-	12,597,847
Equities	21,274,858	-	-	21,274,858
Contracts with insurance company	<u>-</u>	<u>5,629,734</u>	<u>-</u>	<u>5,629,734</u>
Total	\$ <u>46,502,362</u>	\$ <u>6,698,177</u>	\$ <u>-</u>	\$ <u>53,200,539</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2018:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash and cash equivalents	\$ -	\$ 50,318	\$ -	\$ 50,318
Mutual funds	12,184,114	490,169	-	12,674,283
Fixed income securities	12,402,635	-	-	12,402,635
Equities	19,020,502	-	-	19,020,502
Contracts with insurance company	<u>-</u>	<u>6,844,211</u>	<u>-</u>	<u>6,844,211</u>
Total	\$ <u>43,607,251</u>	\$ <u>7,384,698</u>	\$ <u>-</u>	\$ <u>50,991,949</u>

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 11. Subsequent Event – COVID-19 Global Pandemic

On January 30, 2020, the World Health Organization declared the outbreak of the coronavirus disease 2019 (COVID-19) a global health emergency and subsequently declared the COVID-19 outbreak a global pandemic in March 2020. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic had adversely affected global economic activity and greatly contributed to significant deterioration and instability in financial markets. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

SCHEDULE SB ATTACHMENT

Line 26 - Schedule of Active Participant Data

Plan Name: Retirement Plan for Non Bargaining Employees of Alfred Nickles Bakery, Inc.

EIN/PN: 34-0428345/005

Valuation Date: December 1, 2018

Compensation is shown below only for cells where the counts are greater than 20.

Att. Age:	Years of Credited Service													Total
	Under 1	1	2	3	4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up	
Under 25	-	-	-	-	-	1	-	-	-	-	-	-	-	1
25 to 29	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	1	1	-	1	1	-	-	-	-	-	4
35 to 39	-	-	-	-	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	-	2	1	1	2	-	-	-	-	6
45 to 49	-	-	-	-	-	-	1	3	7	2	-	-	-	13
50 to 54	-	-	-	-	-	2	2	2	2	2	3	1	-	14
55 to 59	-	-	-	-	2	1	-	1	3	3	2	11	-	23
60 to 64	-	-	-	1	-	3	-	1	2	6	6	4	3	26
65 to 69	-	-	-	-	1	-	-	-	1	-	-	-	-	2
70 & Up	-	-	-	-	1	1	-	-	-	-	-	-	-	2
Total	-	-	-	2	5	11	5	9	17	13	11	16	3	92
	-	-	-	-	-	-	-	-	-	-	-	-	-	\$53,263

ACTUARIAL ASSUMPTIONS

Funding Discount Rates IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (Aug).

	Non-Stabilized	Limited to 25-Year Corridor
Segment I:	2.21%	3.92%
Segment II:	3.77%	5.52%
Segment III:	4.45%	6.29%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the Highway and Transportation Funding Act of 2014 ('HATFA-14') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

Effective Interest Rate The Effective Interest Rate (EIR) for the 2018 Plan Year was 5.61%. For the prior Plan year, the EIR was 5.81%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would equal the Funding Target determined using the plan sponsor's above elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

PBGC Variable Premium Discount Rates The segment rates used to calculate the PBGC Variable Rate Premiums with the Standard Premium Funding Target and/or Alternative Premium Funding Target are as follows:

	Standard	Alternative
Segment I:	3.43%	2.21%
Segment II:	4.46%	3.77%
Segment III:	4.88%	4.45%

The Standard Premium Funding Target rates are based on rates for the month prior to the valuation, and the Alternative Premium Funding Target rates are based on non-stabilized funding discount rates for the current valuation.

ACTUARIAL ASSUMPTIONS (cont)

Mortality Table Elected

IRS Section 1.43(h)(3)-1 prescribed separate static annuitant and non-annuitant mortality tables for the current Plan Year. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 15 years for nonannuitants and plus 7 years for annuitants based on Scale AA.

Age	Rates (M)	Rates (F)
30	0.04%	0.02%
40	0.08%	0.04%
50	0.36%	0.16%
60	0.57%	0.56%
70	1.59%	1.50%
80	5.20%	3.93%

The plan sponsor has deemed the implementation of the RP-2014 generational mortality tables for the 2018 Plan Year would result in an adverse business impact that is greater than the de minimis and has informed CBIZ of their intent to delay their implementation until the 2019 Plan Year.

ASC 960 Assumptions

ASC 960 Present Values of Accrued Benefits used a discount rate of 7.50% and the RP-2014 Generational Mortality table projected with MP-2018. Last year the Generational projection scale MP-2017.

The selection of ASC 960 rates is the Plan Sponsor's view of the long-term rate of return on assets. This rate was selected by the Plan Sponsor.

Expected Return on Assets

The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of a) or b), below:

a) The plan sponsor's expected long-term rate of return on assets based on policy trust allocations; or

b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	a)	b)	EROA
2017	7.50%	6.48%	6.48%
2016	7.50%	6.65%	6.65%

ACTUARIAL ASSUMPTIONS (cont)

Expenses Administrative expenses were assumed to equal actual expenses in the prior year. Under this assumption, expenses of \$18,816 were included in the Normal Cost.

Salary Scale N/A. The Plan is frozen

Inflation N/A. The Plan is frozen.

This assumption affects long-term assumed increases in the Social Security Taxable Wage base and the IRS Compensation Limits.

Withdrawal Rates T-6 LESS GA51M. Below is a table of representative rates.

Age	Rates
20	7.94%
25	7.72%
30	7.40%
35	6.86%
40	6.11%
45	5.16%
50	3.62%
55	1.37%
60	0.13%

Benefit Commencement Age

Future deferred vested participants are assumed to commence at the Plan's Normal Retirement Age, or valuation age, if later.

ACTUARIAL ASSUMPTIONS (cont)

Disability Incidence

The QAI(M) SOA 77REP Table for males, and the QAI(F) SOA 77REP Table for females. Below is a table of representative rates.

Age	Rates (M)	Rates (F)
20	0.085%	0.103%
25	0.085%	0.103%
30	0.085%	0.103%
35	0.085%	0.103%
40	0.176%	0.297%
45	0.338%	0.411%
50	0.639%	0.590%
55	0.639%	0.897%
60	1.160%	1.018%

Benefit Commencement Age

Future disabled participants are assumed to commence immediately upon eligibility.

Because the employer does not have enough data to do a fully credible experience analysis with respect to disability during active employment, the current assumption has been selected based on the actuary's experience with plans of similar size, plan design, participant composition, as well as discussions with the Plan Sponsor.

Disability Mortality

IRS Section 1.430(h)(3)-1 prescribed separate static annuitant and non-annuitant mortality tables for the current Plan year. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 15 years for nonannuitants and plus 7 years for annuitants based on Scale AA. Below is a table of representative rates.

Age	Rates (M)	Rates (F)
30	0.04%	0.02%
40	0.08%	0.04%
50	0.36%	0.16%
60	0.57%	0.56%
70	1.59%	1.50%
80	5.20%	3.93%

ACTUARIAL ASSUMPTIONS (cont)

Retirement Rates

Nickles Retirement Rates, Post 2014. Below is a table of representative rates.

Age	Rates
55	10%
56	2%
57	2%
58	2%
59	2%
60	10%
61	10%
62	25%
63	10%
64	10%
65	80%
66	100%

Benefit Commencement Age

Active retirements are assumed to commence at these ages according to the rates shown.

Spousal Assumptions

80% of males and 80% of females are assumed to be married.

Females are assumed to be 3 years younger than their spouses.

Because the employer does not have enough data to do a fully credible experience analysis with respect to spousal information, the current assumption has been selected based on the actuary's experience with plans of similar size, plan design, participant composition, as well as discussions with the Plan Sponsor.

Form of Payment

All benefits are assumed to be paid in the Normal Form defined under the terms of the Plan.

Changes in non-required assumptions since the prior valuation

For ASC 960 purposes, the Generational Projection Scale for mortality was changed from MP-2017 to MP-2018.

ACTUARIAL METHODS

Minimum Funding Cost Method

The actuarial cost method used to determine the liabilities for minimum funding calculations is the Traditional Unit Credit method. The objective under this method is to fund each participant's benefits under the plan as they accrue. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants and the normal cost is the sum of the individual normal costs for each participant. The individual accrued liability for a participant is the present value of the accrued benefit as of the valuation date taking into account service and/or pay as of the valuation date. The individual normal cost for a participant is the present value of the benefit expected to accrue in the plan year being valued.

If a plan is frozen, there is no normal cost attributable to benefit accruals.

Maximum deductible contribution method

The actuarial cost method used to determine the liabilities for maximum deductible calculations is the Projected Unit Credit method. The objective under this method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future compensation increases. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants and the normal cost is the sum of the individual normal costs for all participant. The individual accrued liability for a participant is the sum of 1) the present value of the accrued benefit earned as of the valuation date taking into account service and/or pay as of the valuation date; plus 2) the present value of the accrued benefit expected to be earned because of any expected future compensation increases.

The individual normal cost for a participant is the sum of the present value of the benefit expected to accrue in the plan year being valued taking into account any expected future compensation increases.

Asset Method

We used financial data submitted by the trustee as of the valuation date without further audit. This information was not be verified by a plan's actuary. We have reviewed the information for internal consistency, and we have no reason to doubt is substantial accuracy.

ACTUARIAL METHODS (cont)

Funding Actuarial Value of Assets

For funding purposes, Actuarial Value of Assets is a smoothed market value assets adjusted by the applicable percentage of gain or loss calculated in each year during the smoothing period. The gain or loss is the difference between the current year's market value, and prior year's market value brought forward with contributions, benefit payments, and administrative expenses, all adjusted at the expected interest rate to the valuation date. The expected interest rate for each year is the lesser of the expected rate of return and the third segment rate. The applicable percentage is 66-2/3% for the year preceding the valuation date, and 33-1/3% for the second year preceding the valuation date. The actuarial value of assets will be adjusted to be no greater than 110% and no less than 90% of the current (market) value of assets.

Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

Changes in methods since the prior valuation

None.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345
PN #005

Schedule H, line 4j -- Schedule of Reportable Transactions

For the year ended November 30, 2019

(a) Identity of Party Involved

(b) Description of Assets

Category (iii) -- Series of Transactions in Excess of 5% of the Current Value of Plan Assets

Mellon

Cash Reserve Account
223 purchases
67 sales

(A) Commissions, taxes and other expenses incurred with the transaction are capitalized on purchases and charged against proceeds on sales.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345
PN #005

Schedule H, line 4j -- Schedule of Reportable Transactions

<u>Purchase</u> <u>(c) Price</u>	<u>Selling</u> <u>(d) Price</u>	<u>Lease</u> <u>(e) Rental</u>	(A) Expenses <u>Incurred With</u> <u>(f) Transaction</u>	<u>Cost of</u> <u>(g) Asset</u>	Current Value of Asset on Transaction <u>(h) Date</u>	Net Gain or <u>(i) (Loss)</u>
\$ 4,311,366	N/A	N/A	N/A	N/A	\$ 4,311,366	N/A
N/A	\$ 3,805,197	N/A	N/A	\$ 3,805,197	3,805,197	\$ -

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 12/01/2018 and ending 11/30/2019

▶ **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 NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Alfred Nickles Bakery, Inc.	D Employer Identification Number (EIN) 34-0428345
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 12 Day 01 Year 2018			
2 Assets:			
a Market value.....	2a	51,404,609	
b Actuarial value	2b	51,794,481	
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	307	37,225,425	37,225,425
b For terminated vested participants	115	4,187,934	4,187,934
c For active participants	92	12,260,657	12,875,860
d Total	514	53,674,016	54,289,219
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	5.61%
6 Target normal cost		6	18,816

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	James W. Budai, FSA, EA, MAAA		09/02/2020
Signature of actuary			Date
JAMES W. BUDAI, FSA, EA, MAAA			2007634
Type or print name of actuary			Most recent enrollment number
CBIZ RETIREMENT PLAN SERVICES			614-793-2577
Firm name			Telephone number (including area code)
6050 OAK TREE BLVD. SOUTH SUITE 500 CLEVELAND OH 44131			
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	122,191
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	122,191
10 Interest on line 9 using prior year's actual return of <u>0.81%</u>	0	990
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		1
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.81%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		1
d Portion of (c) to be added to prefunding balance.....		1
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	123,182

Part III Funding Percentages

14 Funding target attainment percentage	14	95.17%
15 Adjusted funding target attainment percentage	15	95.17%
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	94.77%
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
03/15/2019	129,195	0			
06/14/2019	129,195	0			
09/13/2019	123,422	0			
12/13/2019	123,422	0			
08/12/2020	66,894	0			
Totals ▶			18(b)	572,128	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	548,570

20 Quarterly contributions and liquidity shortfalls:

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

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

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

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions)

Prior regulation:

☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Current regulation:

☐

Prescribed - combined

☐

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

18,816

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

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment.....

2,617,920

529,726

b Waiver amortization installment

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** 548,542

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** 548,542**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

548,570

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

28

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

Line 19 - Discounted Employer Contributions

Plan Name: Retirement Plan for Non Bargaining Employees of Alfred Nickles Bakery, Inc.

EIN/PN: 34-0428345/005

Valuation Date: December 1, 2018

Total Contributed: \$572,128.00

Total Discounted to Valuation Date: \$548,570.00

Date	Amount	Plan Year Beginning	Effective Rate of Interest	Amount Discounted	Penalty Rate of Interest	Additional Amount Discounted	Present Value on Date of Valuation
03/15/2019	129,195	12/2018	5.61%	1,994			127,201
06/14/2019	129,195	12/2018	5.61%	3,713			125,482
09/13/2019	123,422	12/2018	5.61%	5,167			118,255
12/13/2019	123,422	12/2018	5.61%	6,766			116,656
08/12/2020	66,894	12/2018	5.61%	5,918			60,976

SCHEDULE SB ATTACHMENT
Line 22 - Description of Weighted Average Retirement Age

Plan Name: Retirement Plan for Non Bargaining Employees of Alfred nickles Bakery, Inc.

EIN/PN: 34-0428345/005

Valuation Date: December 1, 2018

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement and then computing the average retirement age for the table, as shown in the following exhibit:

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement Percent	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
55	10.00%	10,000	1,000	55,000
56	2.00%	9,000	180	10,080
57	2.00%	8,820	176	10,055
58	2.00%	8,644	173	10,026
59	2.00%	8,471	169	9,995
60	10.00%	8,301	830	49,808
61	10.00%	7,471	747	45,574
62	25.00%	6,724	1,681	104,223
63	10.00%	5,043	504	31,772
64	10.00%	4,539	454	29,048
65	80.00%	4,085	3,268	212,414
66	100.00%	817	817	53,920
Total			10,000	621,915
Average				62.19

SUMMARY of PLAN BENEFITS

Plan Effective Date	December 31, 1953. The plan was last restated effective December 1, 2011. The Plan was Amended to Freeze Benefits effective July 8, 2016.
Eligibility Requirements	First day of the month coincident with or next following attaining age 21, and following completion of 1,000 hours of service.
Vesting	100% vesting upon earning 5 Years of Vesting Service.
Accrued Benefit Formula	2.5% Career Average formula. For service prior to November 30, 1988, a minimum benefit of 1.75% times Credited Service to that date. Overall minimum is \$25 times Credited Service. Accrued Benefits are frozen as of July 8, 2016.
Credited Service	One Year upon working 1,000 hours in a Plan Year. Credited Service does not accrue past July 8, 2016.
Vesting Service	One Year upon working 1,000 hours in a Plan Year.
Normal Retirement Age	Upon attainment of 65 and five Years of Service.
Early Retirement	<p><u>Eligibility:</u> Upon attainment of age 55 and completion of 15 Years of Service.</p> <p><u>Benefit:</u> The accrued benefit is unreduced for the first three years and reduced 6% per year for each of the next 7 years.</p>
Disability Retirement	<p><u>Eligibility:</u> Upon attainment of age 55 and completion of 15 Years of Service, and not receiving payments for Workman's Compensation.</p> <p><u>Benefit:</u> 110% of the Early Retirement Benefit, but not greater than your Normal Retirement Benefit.</p>
Pre-Retirement Death	<p><u>Eligibility:</u> Upon earning 5 Years of Service.</p> <p><u>Benefit:</u> The spouse is eligible for 50% of the benefit that would have been payable, if the Participant had lived to Early Retirement Eligibility and elected a 50% Qualified Joint and Survivor Annuity. The benefit is payable upon the Participant's Early Retirement Eligibility date.</p>

SUMMARY of PLAN BENEFITS (cont)

Normal Form of Payment

Unless otherwise elected, the benefit payable a participant who has been married at least one year is an actuarially equivalent 50% Joint and Survivor benefit. For unmarried participants, the Normal Form is a straight-life annuity with 3-Years Certain.

Optional Forms

Benefits may be elected from:

- 50%, 75% Joint and Survivor
- 3 Year Certain and Continuous
- Straight Life Annuity

Changes in Plan Benefits recognized since the last valuation

None.

RETIREMENT PLAN FOR NON-BARGAINING
EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345

PN #005

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

November 30, 2019

		Description of Investment, Including Maturity Date, Rate of Interest, Collateral,			
(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	(c) Par or Maturity Value	(d) Cost	(e) Value	Current (e) Value
*	Aetna Life Insurance Company	Contracts with Insurance Company: Group Annuity Contract 000759	\$ (A)	\$	5,629,734

See the following pages for investments held by BNY Mellon Wealth Management.

* Indicates party-in-interest to the Plan.

(A) Cost information is not available from Plan Custodians.

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345; PN #005

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

November 30, 2019

(a)	(b)	(c)	(d)	(e)
	SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
		CASH & CASH EQUIVALENTS		
		=====		
* Mellon	564,891.31	CRA (BNY MELLON, N.A., MEMBER FDIC) CUSIP: 991061052	564,891.31	564,891.31
		TOTAL CASH & CASH EQUIVALENTS	564,891.31	564,891.31
		=====	=====	=====
		FIXED INCOME		
		=====		
		FEDERAL AGENCY		
		=====		
	244.57	FNMA POOL # 252255 6.5% 2/01/29 CUSIP: 31371HE46	229.46	272.36
	339.61	FNMA POOL # 535426 6% 6/1/30 CUSIP: 31384VYX4	311.12	375.65
	87.41	FNMA POOL # 545437 7% 2/1/32 CUSIP: 31385H4W9	89.28	99.91
	189.58	GNMA POOL # 780577 7% 12/15/23 CUSIP: 36225AUA6	186.63	200.74
		TOTAL FEDERAL AGENCY	816.49	948.66
			=====	=====
		CORPORATE		
		=====		
	240,000.00	ABBVIE INC 2.3% 5/14/21 CUSIP: 00287YAU3	237,091.40	241,262.40
	270,000.00	ACTIVISION BLIZZARD 3.4% 9/15/26 CUSIP: 00507VAK5	280,729.80	283,961.70

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345; PN #005

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

November 30, 2019

(a)					(d)	
(b)	(c)	(c)			(d)	(e)
	SHARES/ PAR VALUE	DESCRIPTION			COST	MARKET VALUE
	240,000.00	ANHEUSER-BUSCH INBEV CUSIP: 035240AQ3	4.75%	1/23/29	251,169.30	278,520.00
	200,000.00	ARROW ELECTRONICS INC CUSIP: 042735BD1	3.5%	4/01/22	200,868.50	203,376.00
	305,000.00	AT&T INC CUSIP: 00206RCN0	3.4%	5/15/25	319,173.35	318,447.45
	180,000.00	AT&T INC CUSIP: 00206RHS4	3.6%	7/15/25	184,051.80	189,574.20
	280,000.00	BANK OF AMERICA CORP CUSIP: 06051GFU8	4.45%	3/03/26	282,248.40	307,389.60
	195,000.00	BOSTON PROPERTIES LP CUSIP: 10112RAS3	4.125%	5/15/21	208,631.20	199,789.20
	200,000.00	BRANDYWINE OPER PARTN CUSIP: 105340AQ6	3.95%	11/15/27	193,360.00	210,470.00
	255,000.00	C V S HEALTH CORP CUSIP: 126650CX6	4.3%	3/25/28	276,488.45	277,962.75
	290,000.00	CITIGROUP INC CUSIP: 172967LV1	3.142%	1/24/23	284,724.90	295,289.60
	215,000.00	CITIZENS BANK NA CUSIP: 17401QAQ4	3.7%	3/29/23	214,922.60	224,784.65
	270,000.00	DISCOVERY COMMUNICATI CUSIP: 25470DAQ2	2.95%	3/20/23	263,093.40	274,884.30
	200,000.00	DOWDUPONT INC CUSIP: 26078JAD2	4.725%	11/15/28	209,392.50	226,570.00
	290,000.00	EBAY INC CUSIP: 278642AL7	3.45%	8/01/24	294,463.30	302,774.50
	285,000.00	ESSEX PORTFOLIO L P CUSIP: 29717PAN7	3.875%	5/01/24	294,477.55	301,433.10

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345; PN #005

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

November 30, 2019

(a) (b)	(c)				(d)	(e)
	SHARES/ PAR VALUE	DESCRIPTION			COST	MARKET VALUE
	240,000.00	FISERV INC CUSIP: 337738AU2	3.5%	7/01/29	252,645.60	252,122.40
	90,000.00	FORD MOTOR CREDIT CO CUSIP: 345397XQ1	3.2%	1/15/21	90,879.60	90,356.40
	75,000.00	GENERAL DYNAMICS CORP CUSIP: 369550BE7	3.0%	5/11/21	74,909.25	76,221.75
	125,000.00	GENERAL MOTORS FINL CUSIP: 37045XAL0	4.25%	5/15/23	125,576.25	131,047.50
	295,000.00	GOLDMAN SACHS GROUP CUSIP: 38141GVR2	4.25%	10/21/25	299,536.85	318,532.15
	280,000.00	INTEL CORP CUSIP: 458140AM2	2.7%	12/15/22	281,734.85	286,482.00
	290,000.00	INTERCONTINENTALEXCHA CUSIP: 45866FAC8	2.75%	12/01/20	293,317.20	292,253.30
	245,000.00	JOHN DEERE CUSIP: 24422ETV1	2.15%	9/08/22	241,204.40	246,825.25
	290,000.00	JPMORGAN CHASE & CO CUSIP: 46625HJY7	3.875%	9/10/24	300,690.70	308,212.00
	260,000.00	K L A-TENCOR CORP CUSIP: 482480AG5	4.1%	3/15/29	285,136.80	285,126.40
	290,000.00	KIMCO RLTY CORP CUSIP: 49446RAR0	2.7%	3/01/24	288,132.40	293,932.40
	280,000.00	MARRIOTT INTERNATIONAL CUSIP: 571903BC6	2.125%	10/03/22	280,445.20	279,809.60
	245,000.00	MCCORMICK & CO CUSIP: 579780AM9	3.15%	8/15/24	246,980.55	253,599.50
	275,000.00	MORGAN STANLEY CUSIP: 6174824M3	4.875%	11/01/22	296,632.05	294,846.75

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345; PN #005

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

November 30, 2019

(a)	(b)	(c)	(d)	(e)
	SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
	300,000.00	NBCUNIVERSAL MEDIA 2.875% 1/15/23 CUSIP: 63946BAH3	307,871.10	308,151.00
	275,000.00	ORACLE CORP 2.5% 5/15/22 CUSIP: 68389XBB0	273,414.05	278,742.75
	330,000.00	VERIZON COMMUNICATIO 2.625% 8/15/26 CUSIP: 92343VDD3	292,756.20	336,025.80
	290,000.00	WELLS FARGO & COMPAN 2.625% 7/22/22 CUSIP: 95000U2B8	278,228.90	293,497.40
		TOTAL CORPORATE	8,504,978.40	8,762,273.80
		MUNICIPALS		
	150,000.00	CHICAGO IL TXBL 7.045% 1/01/29 CUSIP: 167486ZZ5	158,953.50	165,673.50
	260,000.00	FLORIDA ST HURRICANE 2.995% 7/01/20 CUSIP: 34074GDH4	262,867.20	261,768.00
		TOTAL MUNICIPALS	421,820.70	427,441.50
		INTERNATIONAL		
	270,000.00	AERCAP 4.45% 10/01/25 CUSIP: 00774MAG0	266,630.40	290,592.90
	210,000.00	B P CAPITAL MARKETS 3.994% 9/26/23 CUSIP: 05565QCJ5	219,548.60	224,086.80
	280,000.00	BANCO SANTANDER SA 3.125% 2/23/23 CUSIP: 05964HAE5	266,761.60	285,258.40

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345; PN #005

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

November 30, 2019

(a)

(b)

(c) SHARES/ PAR VALUE	(c) DESCRIPTION	(d) COST	(e) MARKET VALUE
290,000.00	BARCLAYS PLC 4.338% 5/16/24 CUSIP: 06738EBB0	302,583.10	304,198.40
275,000.00	COOPERATIEVE RABOBAN 4.625% 12/01/23 CUSIP: 21684AAA4	296,258.20	296,923.00
275,000.00	CREDIT SUISSE GRP FDG 3.8% 9/15/22 CUSIP: 225433AH4	278,972.75	285,991.75
275,000.00	DEUTSCHE BANK NY 3.375% 5/12/21 CUSIP: 251526BH8	274,482.35	276,867.25
275,000.00	HSBC HLDGS PLC 3.95% 5/18/24 CUSIP: 404280BS7	274,384.00	287,911.25
280,000.00	LLOYDS BANKING GROUP 4.65% 3/24/26 CUSIP: 53944YAB9	290,307.45	302,828.40
275,000.00	ROYAL BANK OF CANADA 4.65% 1/27/26 CUSIP: 780082AD5	286,847.75	305,508.50
230,000.00	SHIRE ACQ INV IRELAND 3.2% 9/23/26 CUSIP: 82481LAD1	225,616.70	237,859.10
285,000.00	TELEFONICA EMISIONES 4.103% 3/08/27 CUSIP: 87938MAT0	283,901.40	309,156.60
	TOTAL INTERNATIONAL	3,266,294.30	3,407,182.35
	MUTUAL FUNDS		
197,030.03	BNY MELLON HIGH YIELD-I CUSIP: 05588E850	1,227,053.79	1,201,883.16
41,666.67	BNYM FLTNG RT INC-Y CUSIP: 05589K400	500,000.00	478,333.33
16,142.05	BNYM INFLTN ADJ SEC-Y CUSIP: 05600G206	200,000.00	203,874.09

*
Mellon
*
Mellon
*
Mellon

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345; PN #005

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

November 30, 2019

(a)				
(b)				
(c)	(c)	(d)	(e)	
SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE	
	TOTAL MUTUAL FUNDS	1,927,053.79	1,884,090.58	
	TOTAL FIXED INCOME	14,120,963.68	14,481,936.89	
	EQUITIES			
	ENERGY			
3,199.00	CHEVRON CORPORATION CUSIP: 166764100	367,155.06	374,698.87	
3,480.00	EXXON MOBIL CORP CUSIP: 302316102	266,090.54	237,092.40	
1,020.00	PIONEER NATURAL RESOURCES CO CUSIP: 723787107	160,710.07	130,396.80	
1,669.00	VALERO ENERGY CORP NEW CUSIP: 91913Y100	59,210.61	159,372.81	
	TOTAL ENERGY	853,166.28	901,560.88	
	MATERIALS			
2,242.00	CELANESE CORP CUSIP: 150870103	242,037.58	281,527.94	
1,823.00	DOM INC. CUSIP: 260557103	99,685.29	97,293.51	
1,293.00	DUPONT DE NEMOURS INC CUSIP: 26614N102	100,779.64	83,799.33	

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345; PN #005

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

November 30, 2019

(a)	(b)	(c)	(d)	(e)
		SHARES/ PAR VALUE		
		DESCRIPTION	COST	MARKET VALUE
		TOTAL MATERIALS	442,502.51	462,620.78
		INDUSTRIALS		
		4,070.00 C S X CORP CUSIP: 126408103	236,946.43	291,167.80
		1,566.00 DEERE & CO CUSIP: 244199105	239,517.49	263,166.30
		1,950.00 HONEYWELL INTL INC CUSIP: 438516106	147,520.59	348,172.50
		1,721.00 ILLINOIS TOOL WKS INC CUSIP: 452308109	283,194.33	300,021.93
		1,285.00 UNITED TECHNOLOGIES CORP CUSIP: 913017109	177,827.93	190,616.90
		TOTAL INDUSTRIALS	1,085,006.77	1,393,145.43
		CONSUMER DISCRETIONARY		
		359.00 AMAZON.COM INC CUSIP: 023135106	72,166.90	646,487.20
		2,343.00 DOLLAR TREE INC CUSIP: 256746108	232,766.20	214,290.78
		984.00 HOME DEPOT INC CUSIP: 437076102	73,060.22	216,981.84
		9,410.00 MGM RESORTS INTERNATIONAL CUSIP: 552953101	301,168.54	300,649.50

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345; PN #005

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

November 30, 2019

(a)

(b)

(c)

(c)

(d)

(e)

SHARES/
PAR VALUE

DESCRIPTION

COST

MARKET VALUE

4,120.00	NIKE INC CLASS B CUSIP: 654106103	257,533.44	385,178.80
----------	--------------------------------------	------------	------------

1,792.00	YUM! BRANDS INC CUSIP: 988498101	91,909.13	180,400.64
----------	-------------------------------------	-----------	------------

	TOTAL CONSUMER DISCRETIONARY	1,028,604.43	1,943,988.76
--	------------------------------	--------------	--------------

CONSUMER STAPLES

5,280.00	COCA - COLA CO CUSIP: 191216100	285,051.70	281,952.00
----------	------------------------------------	------------	------------

908.00	CONSTELLATION BRANDS INC CUSIP: 21036P108	197,389.61	168,942.48
--------	--	------------	------------

795.00	COSTCO WHSL CORP NEW CUSIP: 22160K105	88,149.52	238,348.95
--------	--	-----------	------------

4,490.00	MONDELEZ INTERNATIONAL CUSIP: 609207105	137,841.21	235,904.60
----------	--	------------	------------

4,522.00	PHILIP MORRIS INTERNAT CUSIP: 718172109	310,315.28	375,009.46
----------	--	------------	------------

2,251.00	PROCTER & GAMBLE CO CUSIP: 742718109	209,214.51	274,757.06
----------	---	------------	------------

	TOTAL CONSUMER STAPLES	1,227,961.83	1,574,914.55
--	------------------------	--------------	--------------

HEALTHCARE

2,090.00	ABBOTT LABORATORIES CUSIP: 002824100	121,870.03	178,590.50
----------	---	------------	------------

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345; PN #005

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

November 30, 2019

(a)				
(b)	(c)	(c)	(d)	(e)
SHARES/ PAR VALUE	DESCRIPTION		COST	MARKET VALUE
2,130.00	ABBVIE INC. CUSIP: 00287Y109		155,030.39	186,864.90
429.00	ALIGN TECHNOLOGY INC CUSIP: 016255101		101,422.59	118,978.86
789.00	AMGEN INC CUSIP: 031162100		161,074.43	185,194.08
5,030.00	BOSTON SCIENTIFIC CORP CUSIP: 101137107		184,771.97	217,547.50
3,710.00	BRISTOL-MYERS SQUIBB CO CUSIP: 110122108		162,355.69	211,247.40
4,250.00	CVS HEALTH CORPORATION CUSIP: 126650100		292,607.16	319,897.50
876.00	EXACT SCIENCES CORP CUSIP: 30063P105		43,958.05	70,964.76
1,406.00	JOHNSON & JOHNSON CUSIP: 478160104		197,095.27	193,310.94
3,350.00	MERCK & CO INC CUSIP: 58933Y105		196,161.73	292,053.00
2,581.00	PFIZER INC CUSIP: 717081103		37,791.11	99,420.12
699.00	THERMO FISHER SCIENTIFIC INC. CUSIP: 883556102		183,596.01	219,451.05
1,492.00	UNITEDHEALTH GROUP INC CUSIP: 91324P102		286,587.56	417,566.04
820.00	VERTEX PHARMACEUTICALS INC CUSIP: 92532F100		143,826.53	181,835.00
	TOTAL HEALTHCARE		2,268,148.52	2,892,921.65

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345; PN #005

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

November 30, 2019

(a)	(b)	(c)	(d)	(e)
		SHARES/ PAR VALUE		
		DESCRIPTION	COST	MARKET VALUE
		-----	-----	-----
		FINANCIALS		

		5,930.00 AMERICAN INTERNATIONAL GROUP	279,558.26	312,273.80
		CUSIP: 026874784		
		598.00 AMERICAN TOWER CORP	84,091.00	127,989.94
		CUSIP: 03027X100		
		9,770.00 BANK OF AMERICA CORP	286,682.09	325,536.40
		CUSIP: 060505104		
		1,597.00 CME GROUP INC	288,935.35	323,759.81
		CUSIP: 12572Q105		
		301.00 EQUINIX INC	130,700.22	170,621.85
		CUSIP: 29444U700		
		4,196.00 JP MORGAN CHASE & CO	271,052.28	552,864.96
		CUSIP: 46625H100		
		1,179.00 S & P GLOBAL INC	266,088.68	312,022.35
		CUSIP: 78409V104		
		3,500.00 SCHWAB CHARLES CORP NEW	178,127.25	173,250.00
		CUSIP: 808513105		
		3,530.00 SUNTRUST BANKS INC	251,057.48	250,065.20
		CUSIP: 867914103		
		8,060.00 SYNCHRONY FINANCIAL	270,091.57	301,524.60
		CUSIP: 87165B103		
		4,110.00 VOYA FINANCIAL INC	190,536.31	239,530.80
		CUSIP: 929089100		
		TOTAL FINANCIALS	2,496,920.49	3,089,439.71
		-----	-----	-----
		INFORMATION TECHNOLOGY		

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345; PN #005

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

November 30, 2019

(a)

(b)

(c)

(c)

(d)

(e)

SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
654.00	ADOBE INC CUSIP: 00724F101	30,021.46	202,432.62
4,540.00	ADVANCED MICRO DEVICES INC CUSIP: 007903107	100,709.40	177,741.00
3,487.00	APPLE INC CUSIP: 037833100	473,472.02	931,900.75
986.00	ATLASSIAN CORP PLC-CLASS A CUSIP: G06242104	52,524.79	125,330.46
3,710.00	CISCO SYSTEMS INC CUSIP: 17275R102	170,730.45	168,100.10
238.00	INTUIT CUSIP: 461202103	63,077.99	61,615.82
1,267.00	KLA CORPORATION CUSIP: 482480100	216,555.06	207,610.62
6,160.00	MICRON TECHNOLOGY INC CUSIP: 595112103	242,663.77	292,661.60
7,067.00	MICROSOFT CORPORATION CUSIP: 594918104	767,991.11	1,069,802.46
3,291.00	PAYPAL HOLDINGS INC CUSIP: 70450Y103	355,988.81	355,460.91
1,193.00	SALESFORCE.COM INC CUSIP: 79466L302	65,662.59	194,327.77
2,830.00	SQUARE INC - A CUSIP: 852234103	206,111.73	195,609.60
791.00	TEXAS INSTRUMENTS INC CUSIP: 882508104	79,766.27	95,086.11
2,873.00	VISA INC-CLASS A SHRS CUSIP: 92826C839	326,380.84	530,097.23

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345; PN #005

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

November 30, 2019

(a)	(b)	(c)	(d)	(e)
	SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
		TOTAL INFORMATION TECHNOLOGY	3,151,656.29	4,607,777.05
		TELECOMMUNICATIONS SERVICES		
	503.00	ALPHABET INC/CA-CL A CUSIP: 02079K305	308,323.14	655,957.27
	8,630.00	AT&T INC CUSIP: 00206R102	320,059.06	322,589.40
	6,780.00	COMCAST CORP CL A CUSIP: 20030N101	148,430.82	299,337.00
	2,837.00	FACEBOOK INC-A CUSIP: 30303M102	289,235.19	572,052.68
	218.00	NETFLIX COM INC CUSIP: 64110L106	77,154.83	68,595.88
	1,150.00	T -MOBILE US INC CUSIP: 872590104	73,704.07	90,332.50
	2,557.00	WALT DISNEY CO/THE CUSIP: 254687106	168,492.81	387,590.06
		TOTAL TELECOMMUNICATIONS SERVICES	1,385,399.92	2,396,454.79
		UTILITIES		
	7,860.00	EXELON CORP CUSIP: 30161N101	339,058.02	348,984.00
	1,099.00	NEXTERA ENERGY INC CUSIP: 65339F101	177,854.53	256,968.18

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345; PN #005

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

November 30, 2019

(a) (b)	(c) SHARES/ PAR VALUE	(c) DESCRIPTION	(d) COST	(e) MARKET VALUE
		TOTAL UTILITIES	516,912.55	605,952.18
		INTERNATIONAL		
	404.00	ACCENTURE PLC-CL A CUSIP: G1151C101	69,994.42	81,268.64
	2,187.00	EATON CORP PLC CUSIP: G29183103	115,467.41	202,297.50
	3,001.00	INGERSOLL-RAND PLC CUSIP: G47791101	260,908.43	393,461.11
	5,930.00	MARVELL TECH GROUP LTD CUSIP: G5876H105	114,798.58	156,374.10
	2,125.00	MEDTRONIC PLC CUSIP: G5960L103	193,756.60	236,703.75
	748.00	NXP SEMICONDUCTORS N V CUSIP: N6596X109	82,290.92	86,453.84
	4,700.00	TAIWAN SEMICONDUCTOR MFG CO ADR CUSIP: 874039100	205,607.63	249,523.00
		TOTAL INTERNATIONAL	1,042,823.99	1,406,081.94
		MUTUAL FUNDS		
* Mellon	100,297.06	BNY MELLON INTERNATIONAL-M CUSIP: 05569M871	1,242,563.42	1,333,950.95
* Mellon	12,525.05	BNY MELLON INTL EQTY-Y CUSIP: 05588D753	250,000.00	262,775.55

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345; PN #005

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

November 30, 2019

(a) (b)	(c) SHARES/ PAR VALUE	(c) DESCRIPTION	(d) COST	(e) MARKET VALUE
* Mellon	28,259.23	BNYM DIV EMG MKTS-Y CUSIP: 055880811	750,000.00	653,636.04
* Mellon	64,036.62	BNYM DIVERSIFIED INTL-Y CUSIP: 05588F600	651,186.06	850,406.31
* Mellon	66,915.33	BNYM GLBL RL EST SEC-Y CUSIP: 05588F709	600,000.00	671,160.76
* Mellon	38,481.27	BNYM GLOBAL EMERGING MARKETS FUND CUSIP: 05588L409	750,000.00	634,556.19
* Mellon	29,498.52	BNYM INTL SMALL CAP-Y CUSIP: 09661F701	500,000.00	418,879.04
* Mellon	13,361.84	BNYM INTL STCK-Y CUSIP: 05587K857	250,000.00	276,055.57
* Mellon	105,897.02	BNYM MIDCAP INDEX FUND, INC. CUSIP: 05588M100	3,781,484.59	3,714,867.36
* Mellon	35,800.55	BNYM OPPORT SM CAP-Y CUSIP: 05587N737	922,910.61	982,009.00
* Mellon	12,010.44	BNYM SEL MGR S/C VAL-Y CUSIP: 05587K824	252,459.43	271,315.84
* Mellon	10,402.31	BNYM SELECT MGR S/C GRW-Y CUSIP: 05587K865	252,568.22	274,829.16
	14,847.81	DFA EMERG MKTS SOCIAL CORE EQ PORT CUSIP: 233203363	200,000.00	197,475.87
	51,652.89	VAN ECK CM COMMODITY INDX-I CUSIP: 921075297	250,000.00	233,987.61
	18,248.17	VIRTUS EMERGING MKTS OPPOR-I CUSIP: 92828W361	200,000.00	203,649.63
		TOTAL MUTUAL FUNDS	10,853,172.33	10,979,554.88

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

EIN #34-0428345; PN #005

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

November 30, 2019

(a) (b)	(c)	(c)	(d)	(e)
SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE	
	TOTAL EQUITIES	26,352,275.91	32,254,412.60	
	OTHER ASSETS			
	=====			
* Mellon	16,035.92 BNYM DYN TTL RTRN-Y CUSIP: 05587N505	250,000.00	269,563.83	
	TOTAL OTHER ASSETS	250,000.00	269,563.83	
		=====	=====	
	TOTAL ASSETS	41,288,130.90	47,570,804.63	
		=====	=====	
	NET ASSETS		47,570,804.63	

SCHEDULE SB ATTACHMENT

Line 32 - Amortization Bases Used in the Valuation

Plan Name: Retirement Plan for Non Bargaining Employees of Alfred Nickles Bakery, Inc.

EIN/PN: 34-0428345/005

Valuation Date: December 1, 2018

<u>Original Valuation</u>	<u>Remaining Years</u>	<u>Amortization Type</u>	<u>Outstanding Balance</u>	<u>Current Year Amortization</u>
12/1/2018	7	7 year	186,566	30,457
12/1/2017	6	7 year	822,235	152,233
12/1/2016	5	7 year	1,609,119	347,036