Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 12/01/2019 and ending 11/30/2020

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 12/31/1953

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)
ALFRED NICKLES BAKERY, INC.

26 N. MAIN STREET
NAVARRE, OH 44662-1158

2b Employer Identification Number (EIN) 34-0428345

2c Plan Sponsor's telephone number 330-879-5635

2d Business code (see instructions) 311800

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.	09/14/2021	MARK T. SPONSELLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	506
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	75
a(2) Total number of active participants at the end of the plan year	**6a(2)**	67
b Retired or separated participants receiving benefits	**6b**	270
c Other retired or separated participants entitled to future benefits	**6c**	109
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	446
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	53
f Total. Add lines **6d** and **6e**	**6f**	499
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 12/01/2019 and ending 11/30/2020

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	499	12/01/2019	11/30/2020

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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	5342666
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. Specify nature of costs ▶	6d	

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

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

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

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

b	Balance at the end of the previous year			7b	5629734
c	Additions: (1) Contributions deposited during the year	7c(1)	601724		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	637210		
	(4) Transferred from separate account	7c(4)	2500000		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	3738934
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	9368668
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3956260		
	(2) Administration charge made by carrier	7e(2)	69742		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	4026002
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	5342666

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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 12/01/2019 and ending 11/30/2020

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 12 Day 01 Year 2019

2 Assets:

a Market value	**2a**	53523299
b Actuarial value	**2b**	52961631

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	316	39875478	39875478
b For terminated vested participants	115	4439502	4439502
c For active participants	75	11816853	12042064
d Total	506	56131833	56357044

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**	5.46 %
6 Target normal cost	**6**	20431

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 08/30/2021

JAMES W. BUDAI, FSA, EA, MAAA — Most recent enrollment number: 20-07634

Type or print name of actuary

CBIZ RETIREMENT PLAN SERVICES — Telephone number (including area code): 614-793-2577

Firm name

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	123182
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	123182
10	Interest on line 9 using prior year's actual return of 11.00 %	0	13550
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		28
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.61 %		2
	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		30
	d Portion of (c) to be added to prefunding balance		30
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	136762

Part III Funding Percentages

14	Funding target attainment percentage	14	93.73 %
15	Adjusted funding target attainment percentage	15	93.73 %
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	95.17 %
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
03/13/2020	137136	0			
08/12/2020	137136	0			
09/15/2020	137136	0			
12/14/2020	137136	0			
08/13/2021	274477	0			
			Totals ► 18(b)	823021	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	779292

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %	☐ 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) ☐ 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**	20431
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3532175	326577
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**	347008

	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**	347008
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	779292
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	432284
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 12/01/2019 and ending 11/30/2020

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

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

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

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

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

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	191715	Yes [ ] No [X]	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	69742	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 12/01/2019 and ending 11/30/2020

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)	190316	411613
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	135162	126088
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	564891	1087280
(2) U.S. Government securities	1c(2)	949	726
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	12169456	12622248
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	21274858	25628549
(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)	13133209	13021891
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	5629734	5342666
(15) Other	1c(15)	427442	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	53526017	58241061
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	53526017	58241061

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)	823021	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		823021
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	226768	
	(B) U.S. Government securities	2b(1)(B)	48	
	(C) Corporate debt instruments	2b(1)(C)	417603	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	11294	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		655713
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	360796	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	314366	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		675162
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	15009670	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	15434096	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-424426
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	5573011	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		5573011

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1079022
c Other income	2c		551258
d Total income. Add all **income** amounts in column (b) and enter total	2d		8932761
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3956260	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3956260
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	20596	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	240861	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		261457
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4217717
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4715044
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) ☐ Unmodified **(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:

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

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 393095. (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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 12/01/2019 and ending 11/30/2020

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 Distributions

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

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

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

EIN(s): 06-6033492

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** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% 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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

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

FINANCIAL REPORT

NOVEMBER 30, 2020 and 2019

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

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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, 2020 and 2019, 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by 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, 2020 and 2019, 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, 2020 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year), as of November 30, 2020 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Maloney + Novotny LLC

Canton, Ohio
September 9, 2021

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

November 30, 2020 and 2019

ASSETS	2020	2019
INVESTMENTS, AT FAIR VALUE		
Interest-bearing cash and cash equivalents	$ 1,087,280	$ 564,891
Mutual funds	13,021,891	13,133,209
Fixed income securities	12,622,974	12,597,847
Equities	25,628,549	21,274,858
Contracts with insurance company	5,342,666	5,629,734
Total investments	57,703,360	53,200,539
CONTRIBUTIONS RECEIVABLE - EMPLOYER	411,613	190,316
ACCRUED INCOME	126,088	135,162
NET ASSETS AVAILABLE FOR BENEFITS	$ 58,241,061	$ 53,526,017

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, 2020 and 2019

INVESTMENT ACTIVITY AND CONTRIBUTIONS	2020	2019
Investment activity:		
Interest	$ 655,713	$ 690,411
Dividends	675,162	589,989
Net appreciation in fair value of investments	6,778,865	4,403,115
Total investment activity	8,109,740	5,683,515
Contributions - employer	823,021	572,128
Total investment activity and contributions	8,932,761	6,255,643
DEDUCTIONS		
Benefits paid directly to participants	3,956,260	3,883,767
Administrative expenses	261,457	257,805
Total deductions	4,217,717	4,141,572
Net increase	4,715,044	2,114,071
NET ASSETS AVAILABLE FOR BENEFITS: BEGINNING OF YEAR	53,526,017	51,411,946
END OF YEAR	$ 58,241,061	$ 53,526,017

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 amended.

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.

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.

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 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 9, 2021, 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

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, 2020 and 2019, 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 using Scale MP-2020 for 2020 and the Pri-2012 Total Mortality Tables projected generationally using Scale MP-2019 for 2019); 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:

	December 1,	
	2020	2019
Vested benefits		
Participants currently receiving payments	$ 34,067,233	$ 33,235,142
Other participants	11,813,774	12,793,659
	45,881,007	46,028,801
Nonvested benefits	176,679	230,087
Total actuarial present value of accumulated plan benefits	$ 46,057,686	$ 46,258,888

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

	2020	2019
Actuarial present value of accumulated plan benefits as of the beginning of year	$ 46,258,888	$ 46,919,870
Increase (decrease) during the year attributable to:		
Actuarial gains	298,048	431,014
Decrease in discount period	3,321,057	3,373,349
Actuarial assumption changes	135,953	(581,578)
Benefits paid	(3,956,260)	(3,883,767)
Net (decrease)	(201,202)	(660,982)
Actuarial present value of accumulated plan benefits as of the end of year	$ 46,057,686	$ 46,258,888

Note 4. Funding Policy

The Company has agreed to annually make contributions to the Plan that are intended to satisfy the minimum funding standards of ERISA, as amended, and additional amounts the Company deems appropriate. The ERISA minimum funding requirements have been met for the years ended November 30, 2020 and 2019.

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.

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, 2020 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 and the schedule of assets (held at end of year) at November 30, 2020 and 2019, 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, 2020 and 2019 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.

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:

	2020	2019
Aetna	$ 69,742	$ 75,509
Mellon	191,715	182,296
	$ 261,457	$ 257,805

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, 2020 and 2019.

- 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

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 $3,019,213 at November 30, 2020 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, 2019 to November 30, 2020. 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, 2020:

	Level 1	Level 2	Level 3	Total
Interest-bearing cash and cash equivalents	$ -	$ 1,087,280	$ -	$ 1,087,280
Mutual funds	13,021,891	-	-	13,021,891
Fixed income securities	12,622,974	-	-	12,622,974
Equities	25,628,549	-	-	25,628,549
Contracts with insurance company	-	5,342,666	-	5,342,666
Total	$ 51,273,414	$ 6,429,946	$ -	$ 57,703,360

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

	Level 1	Level 2	Level 3	Total
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	-	5,629,734	-	5,629,734
Total	$ 46,502,362	$ 6,698,177	$ -	$ 53,200,539

Note 11. 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, 2019

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over	
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	2	-	-	-	-	-	-	-	-	2
30 to 34	-	1	-	-	-	-	-	-	-	-	1
35 to 39	-	-	-	2	-	-	-	-	-	-	2
40 to 44	-	-	-	1	2	-	-	-	-	-	3
45 to 49	-	1	1	1	3	4	-	-	-	-	10
50 to 54	-	-	2	2	1	1	4	-	-	-	10
55 to 59	-	2	-	2	2	1	3	5	6	-	21
60 to 64	-	4	1	-	2	3	5	3	5	1	24
65 to 69	-	-	-	-	-	-	-	-	-	-	-
70 & Over	-	1	1	-	-	-	-	-	-	-	2
Total	-	11	5	8	10	9	12	8	11	1	75

SUMMARY OF ASSUMPTIONS

Funding Discount Rates

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

	Non-Stabilized	Limited to 25-Year Corridor
Segment 1:	2.78%	3.74%
Segment 2:	3.94%	5.35%
Segment 3:	4.41%	6.11%

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.

The interest rates used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Effective Interest Rate

The Effective Interest Rate (EIR) for the current Plan Year is 5.46%. For the prior Plan Year, the EIR was 5.61%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would result in the same 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.

Funding 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 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	Assumption (a)	Seg. III (b)	EROA (smaller of (a) or (b))
2018	7.50%	6.29%	6.29%
2017	7.50%	6.48%	6.48%

The Expected Return on Assets assumption for the calculation of Actuarial Value of Assets is based on input by the Plan's investment advisors and reflects their view of the long-term rate of return on assets, based on current and target asset allocations at each valuation date.

Funding Administrative Expenses

Administrative expenses of $20,431 were estimated to be paid from the trust in the current Plan Year and were included in the Normal Cost.

All administrative expenses are paid by the Employer.

Salary Scale

N/A - The Plan is frozen.

Inflation

N/A - The Plan is frozen

Funding Mortality

§430(h) Static Separate Annuitant/Non-Annuitant Mortality Tables for the Current Plan Year.

Disability Mortality is assumed to be the same as that used for Healthy Retirees.

The mortality assumptions used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Withdrawal Rates

T-6 LESS GA51M Rates of Withdrawal from the Pension Actuary's Handbook as illustrated below:

Age	Rate
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.

An experience analysis with respect to termination was not performed. As a result, the current assumption has been selected based on observations of recent terminations, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Disability Incidence

Participants are assumed to become disabled in accordance with the following, with annual rates varying by age: 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	Rate (M)	Rate (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.

An experience analysis with respect to disability was not performed. As a result, the current assumption has been selected based on observations of recent disablements, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Retirement Rates

Rates varying by age:

Age	Rate (M)
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 males.
Form of Payment	All benefits are assumed to be paid in the Normal Form defined under the terms of the Plan. An experience analysis with respect to form of payment was not performed. As a result, the current assumption has been selected based on observations of recent form of payment elections, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.
Changes in non-required funding assumptions since the prior valuation	The mortality assumption was updated to use Generational Mortality.

SUMMARY OF METHODS

Actuarial Cost Method

The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

Asset Method

We used financial data submitted by the trustee as of the valuation date without further audit. We have reviewed the information for internal consistency, and we have no reason to doubt its substantial accuracy.

Funding Actuarial Value of Assets Method

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 market value of assets as of the current year valuation date.

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, 2020

(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 228 purchases 50 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

Purchase (c) Price	Selling (d) Price	Lease (e) Rental	(A) Expenses Incurred With (f) Transaction	Cost of (g) Asset	Current Value of Asset on Transaction (h) Date	Net Gain or (i) (Loss)
$ 4,998,426	N/A	N/A	N/A	N/A	$ 4,998,426	N/A
N/A	$ 4,924,183	N/A	N/A	$ 4,924,183	4,924,183	$ -

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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 12/01/2019 and ending 11/30/2020

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 12 Day 01 Year 2019

2 Assets:

a Market value	**2a**	53,523,299
b Actuarial value	**2b**	52,961,631

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	316	39,875,478	39,875,478
b For terminated vested participants	115	4,439,502	4,439,502
c For active participants	75	11,816,853	12,042,064
d Total	506	56,131,833	56,357,044

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**	5.46%
6 Target normal cost	**6**	20,431

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 JWB 08/30/2021

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	123,182
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	123,182
10	Interest on line 9 using prior year's actual return of 11.00%	0	13,550
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		28
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.61%		2
	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		30
	d Portion of (c) to be added to prefunding balance		30
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	136,762

Part III Funding Percentages

14	Funding target attainment percentage	14	93.73%
15	Adjusted funding target attainment percentage	15	93.73%
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	95.17%
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
03/13/2020	137,136	0			
08/12/2020	137,136	0			
09/15/2020	137,136	0			
12/14/2020	137,136	0			
08/13/2021	274,477	0			
			Totals ► 18(b)	823,021	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	779,292

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11%	☐ 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) ☐ 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**	20,431
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3,532,175	326,577
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**	347,008

	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**	347,008
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	779,292
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	432,284
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 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, 2019

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

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, 2019

Total Contributed: $823,021 **Total Discounted to Valuation Date:** $779,292

Date	Amount	Plan Year Beginning	Effective Interest Rate	Amount Discounted	Penalty Interest Rate	Additional Amount Discounted	Present Value on Valuation Date
3/13/2020	137,136	12/1/2019	5.46%	2,036	N/A	N/A	135,100
8/12/2020	137,136	12/1/2019	5.46%	4,986	N/A	N/A	132,150
9/15/2020	137,136	12/1/2019	5.46%	5,637	N/A	N/A	131,499
12/14/2020	137,136	12/1/2019	5.46%	7,355	N/A	N/A	129,781
8/13/2021	274,477	12/1/2019	5.46%	23,715	N/A	N/A	250,762

SUMMARY OF PRINCIPAL PLAN PROVISIONS

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	Eligibility: Upon attainment of age 55 and completion of 15 Years of Service. Benefit: The accrued benefit is unreduced for the first three years and reduced 6% per year for each of the next 7 years.
Disability Retirement	Eligibility: Upon attainment of age 55 and completion of 15 Years of Service, and not receiving payments for Workman's Compensation. Benefit: 110% of the Early Retirement Benefit, but not greater than your Normal Retirement Benefit.
Pre-Retirement Death	Eligibility: Upon earning 5 Years of Service. Benefit: The spouse is eligible for 50% of the benefit that would have been payable, if the Participant had live 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.
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, 2020

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, (c) Par or Maturity Value	(d) Cost	Current (e) Value
*	Aetna Life Insurance Company	Contracts with Insurance Company: Group Annuity Contract 000759	$ (A)	$ 5,342,666

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, 2020

(a) (b)	(c) SHARES/ PAR VALUE	(c) DESCRIPTION	(d) COST	(e) MARKET VALUE
		CASH & CASH EQUIVALENTS		
	448,155.09	PENDING CASH	448,155.09	448,155.09
* Mellon	639,124.94	CRA (BNY MELLON, N.A., MEMBER FDIC) CUSIP: 991061052	639,124.94	639,124.94
		TOTAL CASH & CASH EQUIVALENTS	1,087,280.03	1,087,280.03
		FIXED INCOME		
		FEDERAL AGENCY		
	195.85	FNMA POOL # 252255 6.5% 2/01/29 CUSIP: 31371HE46	183.74	220.19
	272.75	FNMA POOL # 535426 6% 6/1/30 CUSIP: 31384VYX4	249.87	305.62
	71.92	FNMA POOL # 545437 7% 2/1/32 CUSIP: 31385H4W9	73.46	83.37
	110.70	GNMA POOL # 780577 7% 12/15/23 CUSIP: 36225AUA6	108.97	116.92
		TOTAL FEDERAL AGENCY	616.04	726.10
		CORPORATE		
	285,000.00	A T & T INC 4.35% 3/01/29 CUSIP: 00206RHJ4	340,344.15	340,526.55
	230,000.00	ABBVIE INC 4.25% 11/14/28 CUSIP: 00287YBF5	257,250.40	277,748.00

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, 2020

(a) (b)	(c)	(c)	(d)	(e)
	SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
	270,000.00	ACTIVISION BLIZZARD 3.4% 9/15/26 CUSIP: 00507VAK5	280,729.80	305,853.30
	245,000.00	AMGEN INC 2.2% 2/21/27 CUSIP: 031162CT5	256,113.20	259,844.55
	240,000.00	ANHEUSER-BUSCH INBEV 4.75% 1/23/29 CUSIP: 035240AQ3	251,169.30	294,873.60
	200,000.00	ARROW ELECTRONICS INC 3.5% 4/01/22 CUSIP: 042735BD1	200,868.50	206,196.00
	280,000.00	BANK OF AMERICA CORP 4.45% 3/03/26 CUSIP: 06051GFU8	282,248.40	326,930.80
	195,000.00	BOSTON PROPERTIES LP 4.125% 5/15/21 CUSIP: 10112RAS3	208,631.20	196,460.55
	200,000.00	BRANDYWINE OPER PARTN 3.95% 11/15/27 CUSIP: 105340AQ6	193,360.00	209,104.00
	215,000.00	BROADCOM CRP / CAYM 3.5% 1/15/28 CUSIP: 11134LAR0	231,086.30	236,831.10
	255,000.00	C V S HEALTH CORP 4.3% 3/25/28 CUSIP: 126650CX6	276,488.45	299,630.10
	290,000.00	CITIGROUP INC 3.142% 1/24/23 CUSIP: 172967LV1	284,724.90	298,627.50
	215,000.00	CITIZENS BANK NA 3.7% 3/29/23 CUSIP: 17401QAQ4	214,922.60	230,353.15
	280,000.00	COMCAST CORP 3.15% 2/15/28 CUSIP: 20030NCA7	315,697.20	315,590.80
	135,000.00	DISCOVERY COMMUNICATI 3.95% 3/20/28 CUSIP: 25470DAR0	152,231.40	154,516.95
	200,000.00	DOWDUPONT INC 4.725% 11/15/28 CUSIP: 26078JAD2	209,392.50	246,484.00

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, 2020

(a) (b)	(c)	(c)	(d)	(e)
	SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
	290,000.00	EBAY INC 3.45% 8/01/24 CUSIP: 278642AL7	294,463.30	316,326.20
	285,000.00	ESSEX PORTFOLIO L P 3.875% 5/01/24 CUSIP: 29717PAN7	294,477.55	311,886.90
	240,000.00	FISERV INC 3.5% 7/01/29 CUSIP: 337738AU2	252,645.60	274,975.20
	90,000.00	FORD MOTOR CREDIT CO 3.2% 1/15/21 CUSIP: 345397XQ1	90,879.60	90,099.00
	125,000.00	GENERAL MOTORS FINL 4.25% 5/15/23 CUSIP: 37045XAL0	125,576.25	134,663.75
	295,000.00	GOLDMAN SACHS GROUP 4.25% 10/21/25 CUSIP: 38141GVR2	299,536.85	338,978.60
	280,000.00	INTEL CORP 2.7% 12/15/22 CUSIP: 458140AM2	281,734.85	293,627.60
	245,000.00	JOHN DEERE 2.15% 9/08/22 CUSIP: 24422ETV1	241,204.40	253,160.95
	290,000.00	JPMORGAN CHASE & CO 3.875% 9/10/24 CUSIP: 46625HJY7	300,690.70	323,477.60
	260,000.00	K L A-TENCOR CORP 4.1% 3/15/29 CUSIP: 482480AG5	285,136.80	312,624.00
	290,000.00	KIMCO RLTY CORP 2.7% 3/01/24 CUSIP: 49446RAR0	288,132.40	306,060.20
	245,000.00	MCCORMICK & CO 3.15% 8/15/24 CUSIP: 579780AM9	246,980.55	265,428.10
	275,000.00	MORGAN STANLEY 4.875% 11/01/22 CUSIP: 6174824M3	296,632.05	297,154.00
	275,000.00	ORACLE CORP 2.5% 4/01/25 CUSIP: 68389XBT1	288,618.00	294,945.75

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, 2020

(a) (b)	(c)	(d)	(e)
SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
205,000.00	PEPSICO INC 1.625% 5/01/30 CUSIP: 713448EZ7	203,874.55	211,070.05
215,000.00	TAKEDA PHARMACEUTICAL 5.0% 11/26/28 CUSIP: 874060AW6	269,493.90	267,589.00
330,000.00	VERIZON COMMUNICATIO 2.625% 8/15/26 CUSIP: 92343VDD3	292,756.20	360,855.00
260,000.00	WALT DISNEY COMPANY/ 2.65% 1/13/31 CUSIP: 254687FX9	279,247.80	283,238.80
205,000.00	WELLS FARGO & COMPAN 2.625% 7/22/22 CUSIP: 95000U2B8	196,679.05	212,396.40
	TOTAL CORPORATE	8,784,018.70	9,348,128.05
	INTERNATIONAL		
270,000.00	AERCAP 4.45% 10/01/25 CUSIP: 00774MAG0	266,630.40	291,686.40
210,000.00	B P CAPITAL MARKETS 3.994% 9/26/23 CUSIP: 05565QCJ5	219,548.60	230,416.20
280,000.00	BANCO SANTANDER SA 3.125% 2/23/23 CUSIP: 05964HAE5	266,761.60	295,016.40
290,000.00	BARCLAYS PLC 4.338% 5/16/24 CUSIP: 06738EBB0	302,583.10	312,985.40
275,000.00	COOPERATIEVE RABOBAN 4.625% 12/01/23 CUSIP: 21684AAA4	296,258.20	306,088.75
275,000.00	CREDIT SUISSE GRP FDG 3.8% 9/15/22 CUSIP: 225433AH4	278,972.75	290,911.50
275,000.00	DEUTSCHE BANK NY 3.375% 5/12/21 CUSIP: 2515268W8	274,482.35	277,895.75

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, 2020

(a) (b)	(c) SHARES/ PAR VALUE	(c) DESCRIPTION	(d) COST	(e) MARKET VALUE
	275,000.00	HSBC HLDGS PLC 3.95% 5/18/24 CUSIP: 404280BS7	274,384.00	296,290.50
	280,000.00	LLOYDS BANKING GROUP 4.65% 3/24/26 CUSIP: 53944YAB9	290,307.45	319,508.00
	275,000.00	ROYAL BANK OF CANADA 4.65% 1/27/26 CUSIP: 780082AD5	286,847.75	326,150.00
	285,000.00	TELEFONICA EMISIONES 4.103% 3/08/27 CUSIP: 87938WAT0	283,901.40	327,171.45
		TOTAL INTERNATIONAL	3,940,677.60	3,274,120.35
		MUTUAL FUNDS		
* Mellon	130,541.95	BNY MELLON HIGH YIELD-I CUSIP: 05588E850	796,324.95	793,695.09
* Mellon	37,158.10	BNYM FLTNG RT INC-Y CUSIP: 05589K400	445,897.21	418,771.79
	8,000.00	S P D R BBG BARC HIGH YIELD BND CUSIP: 78468R622	762,634.40	860,240.00
		TOTAL MUTUAL FUNDS	2,004,856.56	2,072,706.88
		TOTAL FIXED INCOME	13,830,168.90	14,695,681.38
		EQUITIES		
		ENERGY		

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, 2020

(a) (b)	(c)	(d)	(e)
SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
3,149.00	CHEVRON CORPORATION CUSIP: 166764100	361,083.69	274,529.82
1,003.00	PIONEER NATURAL RESOURCES CO CUSIP: 723787107	158,031.57	100,881.74
1,639.00	VALERO ENERGY CORP NEW CUSIP: 91913Y100	58,146.31	88,129.03
	TOTAL ENERGY	577,261.57	463,540.59
	MATERIALS		
811.00	AIR PRODS & CHEMS INC CUSIP: 009158106	174,609.87	227,193.54
2,809.00	CELANESE CORP CUSIP: 150870103	300,626.80	363,287.97
1,279.00	F M C CORP CUSIP: 302491303	137,066.34	148,376.79
	TOTAL MATERIALS	612,303.01	738,858.30
	INDUSTRIALS		
4,000.00	C S X CORP CUSIP: 126408103	232,871.18	360,200.00
1,539.00	DEERE & CO CUSIP: 244199105	235,387.88	402,633.18
1,917.00	HONEYWELL INTL INC CUSIP: 438516106	145,024.09	390,914.64

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.
EIN #34-0428345; PN #005
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(a) (b)	(c)	(c)	(d)	(e)
	SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
	1,692.00	ILLINOIS TOOL WKS INC CUSIP: 452308109	278,422.32	357,164.28
	2,512.00	OTIS WORLDWIDE CORP CUSIP: 68902V107	125,157.15	168,153.28
	1,265.00	RAYTHEON TECHNOLOGIES CORP CUSIP: 75513E101	100,081.03	90,725.80
	2,951.00	TRANE TECHNOLOGIES PLC CUSIP: G8994E103	198,549.28	431,554.24
		TOTAL INDUSTRIALS	1,315,492.93	2,201,345.42
		CONSUMER DISCRETIONARY		
	391.00	AMAZON.COM INC CUSIP: 023135106	151,576.20	1,238,703.64
	618.00	DOLLAR GENERAL CORP CUSIP: 256677105	86,955.28	135,082.44
	1,133.00	HOME DEPOT INC CUSIP: 437076102	106,300.59	314,305.53
	4,460.00	LAS VEGAS SANDS CORP CUSIP: 517834107	222,052.74	248,466.60
	2,842.00	NIKE INC CLASS B CUSIP: 654106103	163,634.30	382,817.40
	557.00	O'REILLY AUTOMOTIVE INC CUSIP: 67103H107	225,398.36	246,439.08
	1,727.00	YUM! BRANDS INC CUSIP: 988498101	88,575.37	182,716.60

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, 2020

(a) (b)	(c)	(c)	(d)	(e)
	SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
		TOTAL CONSUMER DISCRETIONARY	1,044,492.84	2,748,531.29
		CONSUMER STAPLES		
	7,000.00	COCA - COLA CO CUSIP: 191216100	371,689.16	361,200.00
	512.00	COSTCO WHSL CORP NEW CUSIP: 22160K105	56,770.51	200,586.24
	5,080.00	MONDELEZ INTERNATIONAL CUSIP: 609207105	171,999.38	291,846.00
	3,482.00	PHILIP MORRIS INTERNAT CUSIP: 718172109	212,187.90	263,761.50
	2,661.00	PROCTER & GAMBLE CO CUSIP: 742718109	256,273.84	369,533.07
		TOTAL CONSUMER STAPLES	1,068,920.79	1,486,926.81
		HEALTHCARE		
	2,496.00	ABBOTT LABORATORIES CUSIP: 002824100	158,672.99	270,117.12
	3,909.00	ABBVIE INC. CUSIP: 00287Y109	318,582.23	408,803.22
	8,040.00	BOSTON SCIENTIFIC CORP CUSIP: 101137107	292,954.37	266,526.00
	3,950.00	BRISTOL-MYERS SQUIBB CO CUSIP: 110122108	176,740.83	246,480.00

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, 2020

(a) (b)	(c)	(d)	(e)
SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
2,800.00	CENTENE CORP DEL CUSIP: 15135B101	186,004.72	172,620.00
2,120.00	CVS HEALTH CORPORATION CUSIP: 126650100	131,154.64	143,714.80
2,140.00	HORIZON THERAPEUTICS PUB LTD CO CUSIP: G46188101	160,481.38	150,720.20
1,268.00	LILLY ELI & CO CUSIP: 532457108	200,343.11	184,684.20
7,821.00	PFIZER INC CUSIP: 717081103	221,304.98	299,622.51
603.00	THERMO FISHER SCIENTIFIC INC. CUSIP: 883556102	157,598.60	280,382.94
1,420.00	UNITEDHEALTH GROUP INC CUSIP: 91324P102	286,052.72	477,602.80
	TOTAL HEALTHCARE	2,289,890.57	2,901,273.79
	FINANCIALS		
9,500.00	AMERICAN INTERNATIONAL GROUP CUSIP: 026874784	377,387.16	365,180.00
773.00	AMERICAN TOWER CORP CUSIP: 03027X100	122,183.79	178,717.60
9,610.00	BANK OF AMERICA CORP CUSIP: 060505104	281,987.19	270,617.60
1,570.00	CME GROUP INC CUSIP: 12572Q105	283,577.10	274,797.10
387.00	EQUINIX INC CUSIP: 29444U700	184,255.04	270,044.73

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, 2020

(a) (b)	(c)	(d)	(e)
SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
4,126.00	JP MORGAN CHASE & CO CUSIP: 46625H100	262,982.09	486,372.88
815.00	S & P GLOBAL INC CUSIP: 78409V104	178,806.64	286,700.70
3,450.00	SCHWAB CHARLES CORP NEW CUSIP: 808513105	175,582.57	168,291.00
10,490.00	SYNCHRONY FINANCIAL CUSIP: 87165B103	286,915.12	319,630.30
6,431.00	TRUIST FINL CORP CUSIP: 89832Q109	282,483.33	298,527.02
4,700.00	VOYA FINANCIAL INC CUSIP: 929089100	209,403.03	270,861.00
	TOTAL FINANCIALS	2,645,563.06	3,189,739.93
	INFORMATION TECHNOLOGY		
559.00	ADOBE INC CUSIP: 00724F101	25,660.55	267,464.73
3,450.00	ADVANCED MICRO DEVICES INC CUSIP: 007903107	74,160.06	319,677.00
14,179.00	APPLE INC CUSIP: 037833100	492,183.91	1,688,009.95
682.00	ATLASSIAN CORP PLC-CLASS A CUSIP: G06242104	35,683.20	153,484.10
903.00	CROWDSTRIKE HOLDINGS INC - A CUSIP: 22788C105	70,082.57	138,411.84
455.00	INTUIT CUSIP: 461202103	129,374.70	160,169.10

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, 2020

(a) (b)	(c)	(d)	(e)
SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
705.00	KLA CORPORATION CUSIP: 482480100	118,610.26	177,638.85
2,100.00	LUMENTUM HOLDINGS INC CUSIP: 55024U109	165,274.58	181,398.00
7,530.00	MICRON TECHNOLOGY INC CUSIP: 595112103	310,504.19	482,597.70
6,774.00	MICROSOFT CORPORATION CUSIP: 594918104	724,905.14	1,450,110.18
1,111.00	NVIDIA CORP CUSIP: 67066G104	271,460.58	595,562.66
2,100.00	PAYPAL HOLDINGS INC CUSIP: 70450Y103	225,206.62	449,652.00
590.00	SALESFORCE.COM INC CUSIP: 79466L302	32,473.53	145,022.00
1,027.00	SKYWORKS SOLUTIONS INC CUSIP: 83088M102	135,984.28	144,981.59
1,703.00	SQUARE INC - A CUSIP: 852234103	121,003.17	359,264.88
2,637.00	TEXAS INSTRUMENTS INC CUSIP: 882508104	312,509.10	425,216.25
269.00	TRADE DESK INC/THE -CLASS A CUSIP: 88339J105	57,593.31	242,387.83
3,202.00	VISA INC-CLASS A SHRS CUSIP: 92826C839	408,847.67	673,540.70
	TOTAL INFORMATION TECHNOLOGY	3,711,517.42	8,054,589.36
	TELECOMMUNICATIONS SERVICES		

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)
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(a) (b)	(c)	(d)	(e)
SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
455.00	ALPHABET INC/CA-CL A CUSIP: 02079K305	247,469.38	798,252.00
490.00	CHARTER COMMUNICATIONS INC-A CUSIP: 16119P108	258,062.20	319,475.10
4,150.00	COMCAST CORP CL A CUSIP: 20030N101	86,586.64	208,496.00
2,789.00	FACEBOOK INC-A CUSIP: 30303M102	282,350.51	772,469.33
353.00	NETFLIX COM INC CUSIP: 64110L106	144,408.93	173,217.10
1,126.00	T -MOBILE US INC CUSIP: 872590104	72,165.90	149,690.44
1,502.00	WALT DISNEY CO/THE CUSIP: 254687106	68,873.76	222,311.02
	TOTAL TELECOMMUNICATIONS SERVICES	1,159,917.32	2,643,910.99
	UTILITIES		
3,250.00	EXELON CORP CUSIP: 30161N101	133,870.10	133,477.50
3,336.00	NEXTERA ENERGY INC CUSIP: 65339F101	133,326.74	245,496.24
1,109.00	SEMPRA ENERGY CUSIP: 816851109	177,580.40	141,375.32
	TOTAL UTILITIES	444,777.24	520,349.06

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, 2020

(a) (b)	(c) SHARES/ PAR VALUE	(c) DESCRIPTION	(d) COST	(e) MARKET VALUE
		INTERNATIONAL		
	2,871.00	EATON CORP PLC CUSIP: G29183103	188,402.26	347,706.81
	2,918.00	MEDTRONIC PLC ADR CUSIP: G5960L103	272,067.00	331,776.60
		TOTAL INTERNATIONAL	460,469.26	679,483.41
		MUTUAL FUNDS		
* Mellon	100,297.06	BNY MELLON INTERNATIONAL-M CUSIP: 05569M871	1,242,563.42	1,382,093.54
* Mellon	12,525.05	BNY MELLON INTL EQTY-Y CUSIP: 05588D753	250,000.00	289,704.41
* Mellon	28,259.23	BNYM DIV EMG MKTS-Y CUSIP: 05588D811	750,000.00	796,910.34
* Mellon	64,046.57	BNYM DIVERSIFIED INTL-Y CUSIP: 05588F600	651,320.54	923,551.60
* Mellon	60,203.92	BNYM GLBL RL EST SEC-Y CUSIP: 05588F709	537,114.09	511,131.28
* Mellon	38,481.27	BNYM GLOBAL EMERGING MARKETS FUND CUSIP: 05588L409	750,000.00	936,634.18
* Mellon	29,498.52	BNYM INTL SMALL CAP-Y CUSIP: 09661F701	500,000.00	402,064.88
* Mellon	13,361.84	BNYM INTL STCK-Y CUSIP: 05587K857	250,000.00	320,550.49
* Mellon	91,652.00	BNYM MIDCAP INDEX FUND, INC. CUSIP: 05588M100	3,235,900.55	3,162,910.62

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.
EIN #34-0428345; PN #005
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(a) (b)	(c) SHARES/ PAR VALUE	(c) DESCRIPTION	(d) COST	(e) MARKET VALUE
* Mellon	35,800.55	BNYM OPPORT SM CAP-Y CUSIP: 05587N737	922,910.61	1,091,200.67
* Mellon	12,010.44	BNYM SEL MGR S/C VAL-Y CUSIP: 05587K824	252,459.43	294,976.41
* Mellon	10,916.00	BNYM SELECT MGR S/C GRW-Y CUSIP: 05587K865	265,692.82	353,569.18
	15,000.00	ISHARES GOLD TRUST CUSIP: 464285105	231,175.50	254,250.00
	18,312.34	VIRTUS EMERGING MKTS OPPOR-I CUSIP: 92828W361	200,742.41	229,636.77
		TOTAL MUTUAL FUNDS	10,039,879.37	10,949,184.37
		TOTAL EQUITIES	25,370,485.38	36,577,733.32
		TOTAL ASSETS	40,287,934.31	52,360,694.73
		NET ASSETS		52,360,694.73
		PLUS ACCRUED INCOME		126,087.62
		TOTAL ACCOUNT	40,287,934.31	52,486,782.35

SCHEDULE SB ATTACHMENT
Line 32 - Schedule of Amortization Bases

Plan Name: Retirement Plan for Non Bargaining Employees of Alfred Nickles Bakery, Inc.
EIN/PN: 34-0428345/005
Valuation Date: December 1, 2019

Original Valuation	Remaining Years	Amortization Type	Outstanding Balance	Current Year Amortization
12/1/2019	15	Relief 15	3,532,175	326,577