

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>12/01/2020</u> and ending <u>11/30/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>005</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/31/1953</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>005</u>	1c Effective date of plan <u>12/31/1953</u>	
1b Three-digit plan number (PN) ▶	<u>005</u>				
1c Effective date of plan <u>12/31/1953</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ALFRED NICKLES BAKERY, INC.</u> <u>26 N. MAIN STREET</u> <u>NAVARRE, OH 44662-1158</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0428345</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>330-879-5635</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>311800</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0428345</u>	2c Plan Sponsor's telephone number <u>330-879-5635</u>	2d Business code (see instructions) <u>311800</u>	
2b Employer Identification Number (EIN) <u>34-0428345</u>					
2c Plan Sponsor's telephone number <u>330-879-5635</u>					
2d Business code (see instructions) <u>311800</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/14/2022	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

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Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ 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	499
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)	67
a(2) Total number of active participants at the end of the plan year		6a(2)	63
b Retired or separated participants receiving benefits.....		6b	265
c Other retired or separated participants entitled to future benefits		6c	103
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	431
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	56
f Total. Add lines 6d and 6e		6f	487
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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 12/01/2020 and ending 11/30/2021		
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.
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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	487	12/01/2020	11/30/2021

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

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

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

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

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

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

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

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

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(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** 6798090**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 5342666**c** Additions: (1) Contributions deposited during the year **7c(1)** 988009
(2) Dividends and credits..... **7c(2)** 0
(3) Interest credited during the year..... **7c(3)** 1012746
(4) Transferred from separate account..... **7c(4)** 3500000
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 5500755**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 10843421**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 3976658(2) Administration charge made by carrier..... **7e(2)** 68673(3) Transferred to separate account..... **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 4045331**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 6798090

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 12/01/2020 and ending 11/30/2021

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

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

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

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I	Basic Information
1 Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2020</u>	
2 Assets:	
a Market value	2a <u>58230795</u>
b Actuarial value	2b <u>54311774</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>320</u> (2) Vested Funding Target <u>39814964</u> (3) Total Funding Target <u>39814964</u>
b For terminated vested participants.....	<u>112</u> <u>4113723</u> <u>4113723</u>
c For active participants	<u>67</u> <u>10411149</u> <u>10580813</u>
d Total.....	<u>499</u> <u>54339836</u> <u>54509500</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.66</u> %
6 Target normal cost.....	6 <u>20596</u>

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary <u>JAMES W. BUDAI, FSA, EA, MAAA</u>	<u>09/13/2022</u> Date
Type or print name of actuary <u>CBIZ RETIREMENT PLAN SERVICES</u>	<u>20-07634</u> Most recent enrollment number
Firm name <u>P.O. BOX 31420</u> <u>INDEPENDENCE, OH 44131</u>	<u>614-793-2577</u> Telephone number (including area code)
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 ☐

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Schedule SB (Form 5500) 2020
v. 200204

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)		136762
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	136762
10 Interest on line 9 using prior year's actual return of <u>15.23</u> %	0	20829
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		432284
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.46</u> %		23603
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		455887
d Portion of (c) to be added to prefunding balance		455887
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	613478

Part III Funding Percentages

14 Funding target attainment percentage	14	98.51 %
15 Adjusted funding target attainment percentage	15	98.51 %
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	93.73 %
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
03/12/2021	192132	0			
06/15/2021	192132	0			
09/15/2021	192132	0			
12/15/2021	192132	0			
Totals ▶			18(b)	768528	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	741196

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.50 %	3rd segment: 6.27 %	☐ 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	20596	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	811204		90651
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	111247	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	111247	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	741196	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	629949	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 12/01/2020 and ending 11/30/2021		
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(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	169764	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AETNA LIFE INSURANCE COMPANY

151 FARMINGTON AVENUE
HARTFORD, CT 06156-9260

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	68673	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 12/01/2020 and ending 11/30/2021		
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) 411613	192132
	(2) Participant contributions.....	1b(2) 0	0
	(3) Other	1b(3) 126088	125301
c	General investments:		
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 1087280	263287
	(2) U.S. Government securities	1c(2) 726	526
	(3) Corporate debt instruments (other than employer securities):		
	(A) Preferred	1c(3)(A) 0	0
	(B) All other	1c(3)(B) 12622248	11771937
	(4) Corporate stocks (other than employer securities):		
	(A) Preferred	1c(4)(A) 0	0
	(B) Common	1c(4)(B) 25628549	26850836
	(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) 13021891	18285898
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14) 5342666	6798090
	(15) Other.....	1c(15) 0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	58241061	64288007

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	58241061	64288007
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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)	768528	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	768528
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	249969	
(B) U.S. Government securities	2b(1)(B)	35	
(C) Corporate debt instruments	2b(1)(C)	404312	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		654316
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	349441	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	248375	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		597816
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	23171960	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	22000893	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1171067
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	4806094	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		4806094

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1501277
c Other income	2c		762943
d Total income. Add all income amounts in column (b) and enter total.....	2d		10262041

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3976658	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3976658
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	19360	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other.....	2i(4)	219077	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		238437
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4215095

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6046946
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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: MALONEY AND NOVOTNY LLC

(2) EIN: 34-0677006

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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	
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?	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?		X	
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?		X	
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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 425955.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 12/01/2020 and ending 11/30/2021		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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, 2021 and 2020

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

CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1-4
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-14
SUPPLEMENTAL SCHEDULES	
Schedule H, line 4i – Schedule of Assets (Held at End of Year)	15-29
Schedule H, line 4j – Schedule of Reportable Transactions	30-31



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Independent Auditors' Report

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of the Retirement Plan for Non-Bargaining Employees of Alfred Nickles Bakery, Inc. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of November 30, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2021 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from two qualified institutions as of and for the year ended November 30, 2021, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statement section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- The information in the accompanying 2021 financial statements related to assets held by and certified by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of November 30, 2021 and schedule of reportable transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosures under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosures under ERISA.
- The information in the supplemental schedules related to assets held by and certified by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by qualified institutions. In our report dated September 9, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and, accordingly, we did not express an opinion on the 2020 financial statements and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Meloney + Novotny LLC

Canton, Ohio
September 13, 2022

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

November 30, 2021 and 2020

<u>ASSETS</u>	<u>2021</u>	<u>2020</u>
INVESTMENTS, AT FAIR VALUE		
Interest-bearing cash and cash equivalents	\$ 263,287	\$ 1,087,280
Mutual funds	18,285,898	13,021,891
Fixed income securities	11,772,463	12,622,974
Equities	26,850,836	25,628,549
Contracts with insurance company	<u>6,798,090</u>	<u>5,342,666</u>
Total investments	63,970,574	57,703,360
 CONTRIBUTIONS RECEIVABLE - EMPLOYER	 192,132	 411,613
 ACCRUED INCOME	 <u>125,301</u>	 <u>126,088</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 \$ <u><u>64,288,007</u></u>	 \$ <u><u>58,241,061</u></u>

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

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended November 30, 2021 and 2020

INVESTMENT ACTIVITY AND CONTRIBUTIONS	<u>2021</u>	<u>2020</u>
Investment activity:		
Interest	\$ 654,316	\$ 655,713
Dividends	597,816	675,162
Net appreciation in fair value of investments	<u>8,241,381</u>	<u>6,778,865</u>
Total investment activity	<u>9,493,513</u>	<u>8,109,740</u>
Contributions - employer	<u>768,528</u>	<u>823,021</u>
Total investment activity and contributions	<u>10,262,041</u>	<u>8,932,761</u>
 DEDUCTIONS		
Benefits paid directly to participants	3,976,658	3,956,260
Administrative expenses	<u>238,437</u>	<u>261,457</u>
Total deductions	<u>4,215,095</u>	<u>4,217,717</u>
 Net increase	6,046,946	4,715,044
 NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>58,241,061</u>	<u>53,526,017</u>
 END OF YEAR	<u>\$ 64,288,007</u>	<u>\$ 58,241,061</u>

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

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

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

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

General:

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

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.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 1. Description of the Plan (continued)

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.

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.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (continued)

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 13, 2022, 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 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, 2021 and 2020, 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-2021 for 2021 and the Pri-2012 Total Mortality Tables projected generationally using Scale MP-2020 for 2020); 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.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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

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

	<u>December 1,</u>	
	<u>2021</u>	<u>2020</u>
Vested benefits		
Participants currently receiving payments	\$ 34,459,284	\$ 34,067,233
Other participants	<u>10,893,779</u>	<u>11,813,774</u>
	45,353,063	45,881,007
Nonvested benefits	<u>191,906</u>	<u>176,679</u>
Total actuarial present value of accumulated plan benefits	\$ <u>45,544,969</u>	\$ <u>46,057,686</u>

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

	<u>2021</u>	<u>2020</u>
Actuarial present value of accumulated plan benefits as of the beginning of year	\$ 46,057,686	\$ 46,258,888
Increase (decrease) during the year attributable to:		
Actuarial gains	60,042	298,048
Decrease in discount period	3,305,202	3,321,057
Actuarial assumption changes	98,697	135,953
Benefits paid	<u>(3,976,658)</u>	<u>(3,956,260)</u>
Net (decrease)	<u>(512,717)</u>	<u>(201,202)</u>
Actuarial present value of accumulated plan benefits as of the end of year	\$ <u>45,544,969</u>	\$ <u>46,057,686</u>

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, 2021 and 2020.

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Plan Termination (continued)

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.

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of November 30, 2021 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, 2021 and 2020, 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, 2021 and 2020 and the investment related information in the accompanying notes to the financial statements. This information is unaudited by independent accountants.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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:

	<u>2021</u>	<u>2020</u>
Aetna	\$ 68,989	\$ 69,742
Mellon	<u>169,448</u>	<u>191,715</u>
	\$ <u>238,437</u>	\$ <u>261,457</u>

Note 10. Fair Value Measurements

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

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 10. Fair Value Measurements (continued)

The following is a description of the valuation methodologies used for assets of the Plan measured at fair value at November 30, 2021 and 2020.

- 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 market account and in Segment 4 of Aetna's general account (a fixed income fund comprised of bonds and commercial mortgages). The contract includes \$2,505,388 at November 30, 2021 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, 2020 to November 30, 2021. 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, 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash and cash equivalents	\$ -	\$ 263,287	\$ -	\$ 263,287
Mutual funds	18,285,898	-	-	18,285,898
Fixed income securities	11,772,463	-	-	11,772,463
Equities	26,850,836	-	-	26,850,836
Contracts with insurance company	<u>-</u>	<u>6,798,090</u>	<u>-</u>	<u>6,798,090</u>
Total	\$ <u>56,909,197</u>	\$ <u>7,061,377</u>	\$ <u>-</u>	\$ <u>63,970,574</u>

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 10. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2020:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
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	<u>-</u>	<u>5,342,666</u>	<u>-</u>	<u>5,342,666</u>
Total	\$ <u>51,273,414</u>	\$ <u>6,429,946</u>	\$ <u>-</u>	\$ <u>57,703,360</u>

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. 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, 2020

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	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	2	-	-	-	-	-	-	-	-	2
35 to 39	-	-	-	2	-	-	-	-	-	-	2
40 to 44	-	-	-	1	1	-	-	-	-	-	2
45 to 49	-	2	1	1	3	4	-	-	-	-	11
50 to 54	-	-	1	2	2	-	3	-	-	-	8
55 to 59	-	2	1	2	1	1	4	5	3	-	19
60 to 64	-	3	-	-	2	3	3	2	7	1	21
65 to 69	-	-	-	-	-	-	-	-	-	-	-
70 & Over	-	1	1	-	-	-	-	-	-	-	2
Total	-	10	4	8	9	8	10	7	10	1	67

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:	2.33%	4.75%
Segment 2:	3.46%	5.50%
Segment 3:	3.98%	6.27%

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 American Rescue Plan Act of 2021 ('ARPA-21') 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 5.66%. For the prior Plan Year, the EIR was 5.46%.

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.

PBGC Variable Premium Discount Rates

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

	Alternative
Segment 1:	2.33%
Segment 2:	3.46%
Segment 3:	3.98%

Alternative Premium Funding Target rates are based on non-stabilized funding discount rates for the current valuation.

The interest rate and mortality assumptions used to value the Target Liability for determining PBGC premiums are prescribed by law. Alternative Funding Target interest rates are based on elections made by the Plan Sponsor.

ASC 960 Discount Rate

The discount rate used last year and this year was 7.50%.

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

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))
2019	7.50%	6.11%	6.11%
2018	7.50%	6.29%	6.29%

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 \$20,596 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.

Accounting Mortality The Pri-2012 Total Mortality Tables projected generationally using Scale MP-2020.

Because the employer does not have enough data to do a fully credible experience analysis with respect to mortality, the base table and improvement scale have been selected based on the most recent study of the Society of Actuaries.

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	<p>80% of males and 80% of females are assumed to be married.</p> <p>Females are assumed to be 3 years younger than males.</p>
Form of Payment	<p>All benefits are assumed to be paid in the Normal Form defined under the terms of the Plan.</p> <p>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.</p>
Changes in non-required funding assumptions since the prior valuation	None.
Changes in ASC 960 assumptions since the prior valuation	The generational projection scale on the Mortality Assumption changed from MP-2019 to MP-2020.

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.

ASC 960 Cost Method

The Present Value of Total Accumulated Benefits represents the present value of the 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 interest rate.

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, 2021

(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
211 purchases
48 sales

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

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

EIN #34-0428345

PN #005

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

<u>Purchase</u> <u>(c) Price</u>	<u>Selling</u> <u>(d) Price</u>	<u>Lease</u> <u>(e) Rental</u>	(A) Expenses <u>Incurred With</u> <u>(f) Transaction</u>	<u>Cost of</u> <u>(g) Asset</u>	Current Value of Asset on Transaction <u>(h) Date</u>	Net Gain or <u>(i) (Loss)</u>
\$ 6,359,524	N/A	N/A	N/A	N/A	\$ 6,359,524	N/A
N/A	\$ 6,735,357	N/A	N/A	\$ 6,735,357	6,735,357	\$ -

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>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.</div>	<div>OMB No. 1210-0110 2020 This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning	12/01/2020	and ending	11/30/2021
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▶ 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
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C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Alfred Nickles Bakery, Inc.	D Employer Identification Number (EIN) 34-0428345
---	---

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I	Basic Information
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1 Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2020</u>	
---	--

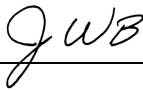
2 Assets:	
a Market value.....	2a 58,230,795
b Actuarial value.....	2b 54,311,774

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.....	320	39,814,964	39,814,964
b For terminated vested participants	112	4,113,723	4,113,723
c For active participants.....	67	10,411,149	10,580,813
d Total.....	499	54,339,836	54,509,500

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 5.66%
6 Target normal cost.....	6 20,596

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		09/13/2022
	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)
P.O. Box 31420			
Independence 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 ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.	Schedule SB (Form 5500) 2020 v. 200204
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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)		136,762
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	136,762
10 Interest on line 9 using prior year's actual return of <u>15.23%</u>	0	20,829
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		432,284
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.46%</u>		23,603
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		455,887
d Portion of (c) to be added to prefunding balance		455,887
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	613,478

Part III Funding Percentages

14 Funding target attainment percentage	14	98.51%
15 Adjusted funding target attainment percentage	15	98.51%
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	93.73%
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
03/12/2021	192,132	0			
06/15/2021	192,132	0			
09/15/2021	192,132	0			
12/15/2021	192,132	0			
Totals ▶			18(b)	768,528	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	741,196

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.50 %	3rd segment: 6.27 %
			☐ 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	20,596	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	811,204	90,651	
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	111,247	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	111,247	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	741,196	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	629,949	
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)
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41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE SB ATTACHMENT

Line 19 - Discounted Employer Contributions

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

EIN/PN: 34-0428345/005

Valuation Date: December 1, 2020

Total Contributed: \$768,528 **Total Discounted to Valuation Date:** \$741,196

		Plan Year Beginning	Effective	Amount Discounted	Penalty	Additional	Present
Date	Amount		Interest Rate		Interest Rate	Amount Discounted	Value on Valuation Date
3/12/2021	192,132	12/1/2020	5.66%	2,905	N/A	N/A	189,227
6/15/2021	192,132	12/1/2020	5.66%	5,597	N/A	N/A	186,535
9/15/2021	192,132	12/1/2020	5.66%	8,168	N/A	N/A	183,964
12/15/2021	192,132	12/1/2020	5.66%	10,662	N/A	N/A	181,470

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, 2020

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

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

SUMMARY OF 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% of total compensation earned as a participant (Career Average formula). For service prior to November 30, 1988, a minimum benefit of 1.75% of final five year average compensation 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 or prior to participation.
Vesting Service	One Year upon working 1,000 hours in a Plan Year.
Normal Retirement	<p><u>Eligibility:</u> Upon attainment of 65 and five Years of Service.</p> <p><u>Benefit:</u> Accrued Benefit payable at Normal Retirement (In-Service Distribution available effective August 1, 2018) or actuarially increased to date of retirement.</p>
Early Retirement	<p><u>Eligibility:</u> Upon attainment of age 55 and completion of 15 Years of Service.</p> <p><u>Benefit:</u> The accrued benefit is unreduced for the first three years and reduced 6% per year for each of the next 7 years.</p>
Disability Retirement	<p><u>Eligibility:</u> Upon attainment of age 55 and completion of 15 Years of Service, and not receiving payments for Workman's Compensation.</p> <p><u>Benefit:</u> 110% of the Early Retirement Benefit, but not greater than your Normal Retirement Benefit.</p>

Pre-Retirement Death	<p><u>Eligibility:</u> Upon earning 5 Years of Service.</p> <p><u>Benefit:</u> The spouse is eligible for 50% of the benefit that would have been payable, if the Participant had 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.</p>
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: <ul style="list-style-type: none">• 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, 2021

		Description of Investment, Including Maturity Date, Rate of Interest, Collateral,			
(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	(c) Par or Maturity Value	(d) Cost		Current (e) Value
*	Aetna Life Insurance Company	Contracts with Insurance Company: Group Annuity Contract 000759	\$ (A)	\$	6,798,090

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, 2021

(a)	(b)	(c)	(c)	(d)	(e)
		SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
			CASH & CASH EQUIVALENTS		
			=====		
*	Mellon	263,287.33	CRA (BNY MELLON, N.A., MEMBER FDIC) CUSIP: 991061052	263,287.33	263,287.33
			TOTAL CASH & CASH EQUIVALENTS	263,287.33	263,287.33
			=====	=====	=====
			FIXED INCOME		
			=====		
			FEDERAL AGENCY		
			=====		
		146.72	FNMA POOL # 252255 6.5% 2/01/29 CUSIP: 31371HE46	137.65	163.50
		219.94	FNMA POOL # 535426 6% 6/1/30 CUSIP: 31384VYX4	201.49	244.58
		58.65	FNMA POOL # 545437 7% 2/1/32 CUSIP: 31385H4M9	59.91	66.84
		49.77	GNMA POOL # 780577 7% 12/15/23 CUSIP: 36225AUA6	48.99	51.42
			TOTAL FEDERAL AGENCY	448.04	526.34
			=====	=====	=====
			CORPORATE		
			=====		
		285,000.00	A T & T INC 4.35% 3/01/29 CUSIP: 00206RHJ4	340,344.15	321,112.35
		230,000.00	ABBVIE INC 4.25% 11/14/28 CUSIP: 00287YBF5	257,250.40	258,768.40

RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ALFRED NICKLES BAKERY, INC.
EIN #34-0428345; PN #005
Schedule H, Line 4i - - Schedule of Assets (Held at End of Year)
November 30, 2021

(a)	(b)	(c)	(c)	(d)	(e)
	SHARES/ PAR VALUE	DESCRIPTION		COST	MARKET VALUE
	270,000.00	ACTIVISION BLIZZARD CUSIP: 00507VAK5	3.4% 9/15/26	280,729.80	288,954.00
	245,000.00	AMGEN INC 2.2% 2/21/27 CUSIP: 031162CT5		256,113.20	248,275.65
	240,000.00	ANHEUSER-BUSCH INBEV CUSIP: 035240AQ3	4.75% 1/23/29	251,169.30	279,799.20
	200,000.00	ARROW ELECTRONICS INC CUSIP: 042735B01	3.5% 4/01/22	200,868.50	200,904.00
	280,000.00	BANK OF AMERICA CORP CUSIP: 06051GFU8	4.45% 3/03/26	282,248.40	308,114.80
	200,000.00	BRANDYWINE OPER PARTN CUSIP: 105340AQ6	3.95% 11/15/27	193,360.00	215,756.00
	215,000.00	BROADCOM CRP / CAYM CUSIP: 11134LARO	3.5% 1/15/28	231,086.30	229,948.95
	255,000.00	C V S HEALTH CORP CUSIP: 126650CX6	4.3% 3/25/28	276,488.45	287,122.35
	290,000.00	CITIGROUP INC CUSIP: 172967MQ1	3.106% 4/08/26	311,752.90	304,004.10
	215,000.00	CITIZENS BANK NA CUSIP: 17401QAQ4	3.7% 3/29/23	214,922.60	222,843.20
	280,000.00	COMCAST CORP CUSIP: 20030NCA7	3.15% 2/15/28	315,697.20	300,585.60
	165,000.00	DISCOVERY COMMUNICATI CUSIP: 25470DARO	3.95% 3/20/28	185,384.10	179,995.20
	200,000.00	DOWDUPONT INC CUSIP: 26078JAD2	4.725% 11/15/28	209,392.50	233,036.00
	290,000.00	EBAY INC CUSIP: 278642AL7	3.45% 8/01/24	294,463.30	305,488.90

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 November 30, 2021

(a)	(b)	(c)	(c)	(d)	(e)
	SHARES/ PAR VALUE	DESCRIPTION		COST	MARKET VALUE
	285,000.00	ESSEX PORTFOLIO L P CUSIP: 29717PAN7	3.875% 5/01/24	294,477.55	301,407.45
	240,000.00	FISERV INC CUSIP: 337738AU2	3.5% 7/01/29	252,645.60	255,746.40
	125,000.00	GENERAL MOTORS FINL CUSIP: 37045XALO	4.25% 5/15/23	125,576.25	130,807.50
	295,000.00	GOLDMAN SACHS GROUP CUSIP: 38141GVR2	4.25% 10/21/25	299,536.85	320,794.80
	280,000.00	INTEL CORP CUSIP: 458140AM2	2.7% 12/15/22	281,734.85	286,484.80
	245,000.00	JOHN DEERE CAPITAL C CUSIP: 24422EVR7	1.05% 6/17/26	245,154.35	240,812.95
	290,000.00	JPMORGAN CHASE & CO CUSIP: 46625HJY7	3.875% 9/10/24	300,690.70	309,438.70
	260,000.00	K L A-TENCOR CORP CUSIP: 482480AG5	4.1% 3/15/29	285,136.80	295,518.60
	290,000.00	KIMCO RLTY CORP CUSIP: 49446RAR0	2.7% 3/01/24	288,132.40	298,404.20
	180,000.00	KROGER CO CUSIP: 501044DQ1	1.7% 1/15/31	170,877.60	170,598.60
	245,000.00	MCCORMICK & CO CUSIP: 579780AM9	3.15% 8/15/24	246,980.55	256,402.30
	275,000.00	MORGAN STANLEY CUSIP: 61747YEC5	1.512% 7/20/27	274,337.25	269,739.25
	275,000.00	ORACLE CORP CUSIP: 68389XBT1	2.5% 4/01/25	288,618.00	283,060.25
	205,000.00	PEPSICO INC CUSIP: 713448EZ7	1.625% 5/01/30	203,874.55	199,292.80

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 EIN #34-0428345; PN #005
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 November 30, 2021

(a)	(b)	(c)	(c)	(d)	(e)
	SHARES/ PAR VALUE	DESCRIPTION		COST	MARKET VALUE
	215,000.00	T-MOBILE USA INC CUSIP: 87264ABD6	3.75% 4/15/27	236,794.55	231,148.65
	215,000.00	TAKEDA PHARMACEUTICAL CUSIP: 874060AM6	5.0% 11/26/28	269,493.90	253,052.85
	330,000.00	VERIZON COMMUNICATIO CUSIP: 92343VDD3	2.625% 8/15/26	292,756.20	343,972.20
	260,000.00	WALT DISNEY COMPANY/ CUSIP: 254687FX9	2.65% 1/13/31	279,247.80	269,900.80
		TOTAL CORPORATE		8,737,336.85	8,901,291.80
		INTERNATIONAL			
	270,000.00	AERCAP CUSIP: 00774MAG0	4.45% 10/01/25	266,630.40	291,816.00
	210,000.00	B P CAPITAL MARKETS CUSIP: 05565QCJ5	3.994% 9/26/23	219,548.60	221,692.80
	280,000.00	BANCO SANTANDER SA CUSIP: 05964HAE5	3.125% 2/23/23	266,761.60	287,434.00
	290,000.00	BARCLAYS PLC CUSIP: 06738EBB0	4.338% 5/16/24	302,583.10	303,641.60
	275,000.00	COOPERATIEVE RABOBAN CUSIP: 21684AAA4	4.625% 12/01/23	296,258.20	294,236.25
	260,000.00	CREDIT SUISSE NEW YOR CUSIP: 22550L2G5	1.25% 8/07/26	257,779.60	253,604.00
	275,000.00	HSBC HOLDINGS PLC CUSIP: 404280BZ1	3.803% 3/11/25	300,022.25	289,542.00
	280,000.00	LLOYDS BANKING GROUP CUSIP: 53944YAB9	4.65% 3/24/26	290,307.45	309,066.80

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 Schedule H, Line 4i - - Schedule of Assets (Held at End of Year)
 November 30, 2021

(a)	(b)	(c)	(c)	(d)	(e)
	SHARES/ PAR VALUE		DESCRIPTION	COST	MARKET VALUE
	275,000.00	ROYAL BANK OF CANADA CUSIP: 780082AD5	4.65% 1/27/26	286,847.75	305,208.75
	285,000.00	TELEFONICA EMISIONES CUSIP: 87938WATO	4.103% 3/08/27	283,901.40	314,403.45
		TOTAL INTERNATIONAL		2,770,640.35	2,870,645.65
		MUTUAL FUNDS			
* Mellon	137,158.83	BNY MELLON HIGH YIELD-I CUSIP: 05588E850		836,977.26	827,067.73
* Mellon	37,158.10	BNYM FLTNB RT INC-Y CUSIP: 05589K400		445,897.21	423,602.34
	8,000.00	SPDR BLOOMBERG HIGH YIELD BOND ETF CUSIP: 78468R622		762,634.40	854,640.00
	61,124.69	TCM EMERGING MARKETS INCOME FUND-I CUSIP: 87234N765		500,000.00	464,547.67
		TOTAL MUTUAL FUNDS		2,545,508.87	2,569,857.74
		TOTAL FIXED INCOME		14,053,934.11	14,342,321.53
		EQUITIES			
		ENERGY			
	2,919.00	CHEVRON CORPORATION CUSIP: 166764100		328,062.73	329,467.53

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 Schedule H, Line 4i - - Schedule of Assets (Held at End of Year)
 November 30, 2021

(a)	(b)	(c)	(c)	(d)	(e)
	SHARES/ PAR VALUE		DESCRIPTION	COST	MARKET VALUE
	2,269.00		PIONEER NATURAL RESOURCES CO CUSIP: 723787107	352,653.12	404,608.08
	2,179.00		VALERO ENERGY CORP NEM CUSIP: 91913Y100	96,838.03	145,862.26
			TOTAL ENERGY	777,553.88	879,937.87
			MATERIALS		
	1,250.00		AIR PRODS & CHEMS INC CUSIP: 009158106	293,006.82	359,300.00
	2,209.00		CELANESE CORP CUSIP: 150870103	244,346.99	334,354.24
			TOTAL MATERIALS	537,353.81	693,654.24
			INDUSTRIALS		
	9,820.00		C S X CORP CUSIP: 126408103	190,566.25	340,361.20
	876.00		DEERE & CO CUSIP: 244199105	133,982.97	302,693.04
	1,575.00		HONEYWELL INTL INC CUSIP: 438516106	119,151.25	318,528.00
	1,389.00		ILLINOIS TOOL WKS INC CUSIP: 452308109	228,563.00	322,456.35
	4,525.00		RAYTHEON TECHNOLOGIES CORP CUSIP: 75513E101	355,771.78	366,163.00

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 November 30, 2021

(a)	(b)	(c)	(c)	(d)	(e)
		SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
		1,555.00	TRANE TECHNOLOGIES PLC CUSIP: G8994E103	104,623.56	290,240.75
			TOTAL INDUSTRIALS	1,132,658.81	1,940,442.34
			CONSUMER DISCRETIONARY		
		361.00	AMAZON.COM INC CUSIP: 023135106	75,590.93	1,266,052.27
		5,600.00	GENERAL MOTORS CO CUSIP: 37045V100	314,911.59	324,072.00
		602.00	HOME DEPOT INC CUSIP: 437076102	44,697.41	241,167.22
		1,741.00	MARRIOTT INTL INC NEW CL A CUSIP: 571903202	272,905.58	256,901.96
		1,614.00	NIKE INC CLASS B CUSIP: 654106103	102,365.41	273,153.36
		4,300.00	PULTE GROUP INC CUSIP: 745867101	210,801.30	215,129.00
		274.00	TESLA INC CUSIP: 88160R101	194,050.27	313,664.24
			TOTAL CONSUMER DISCRETIONARY	1,215,322.49	2,890,140.05
			CONSUMER STAPLES		
		2,670.00	COCA - COLA CO CUSIP: 191216100	137,286.51	140,041.50

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November 30, 2021

(a)	(b)	(c)	(c)	(d)	(e)
		SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
		723.00	COSTCO WHSL CORP NEW CUSIP: 22160K105	218,436.15	389,971.74
		794.00	ESTEE LAUDER COMPANIES CLASS A CUSIP: 518439104	244,516.60	263,663.58
		1,428.00	PHILIP MORRIS INTERNAT CUSIP: 718172109	63,715.19	122,722.32
			TOTAL CONSUMER STAPLES	663,954.45	916,399.14
			HEALTHCARE		
		2,861.00	ABBOTT LABORATORIES CUSIP: 002824100	269,878.68	359,827.97
		3,760.00	ABBVIE INC. CUSIP: 00287Y109	309,258.67	433,452.80
		6,150.00	BOSTON SCIENTIFIC CORP CUSIP: 101137107	221,932.58	234,130.50
		3,210.00	CENTENE CORP DEL CUSIP: 15135B101	203,753.36	229,226.10
		3,120.00	CVS HEALTH CORPORATION CUSIP: 126650100	219,698.29	277,867.20
		1,164.00	DANAHER CORP CUSIP: 235851102	278,081.55	374,388.96
		1,748.00	HORIZON THERAPEUTICS PUB LTD CO CUSIP: 046188101	130,938.26	181,372.48
		972.00	LILLY ELI & CO CUSIP: 532457108	178,803.73	241,094.88
		4,780.00	PFIZER INC CUSIP: 717081103	208,768.04	256,829.40

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 November 30, 2021

(a)	(b)	(c)	(c)	(d)	(e)
		SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
		446.00	THERMO FISHER SCIENTIFIC INC. CUSIP: 883556102	153,037.32	282,242.18
		1,417.00	UNITEDHEALTH GROUP INC CUSIP: 91324P102	291,371.21	629,459.74
			TOTAL HEALTHCARE	2,465,521.69	3,499,892.21
			FINANCIALS		
		6,380.00	AMERICAN INTERNATIONAL GROUP CUSIP: 026874784	213,171.55	335,588.00
		550.00	AMERICAN TOWER CORP CUSIP: 03027X100	87,297.74	144,364.00
		1,120.00	AMERIPRISE FINANCIAL INC CUSIP: 03076C106	256,300.62	324,352.00
		5,500.00	BANK OF AMERICA CORP CUSIP: 060505104	161,387.05	244,585.00
		1,527.00	CME GROUP INC CUSIP: 12572Q105	284,542.66	336,734.04
		146.00	EQUINIX INC CUSIP: 29444U700	60,772.76	118,581.20
		2,891.00	JP MORGAN CHASE & CO CUSIP: 46625H100	126,007.25	459,177.53
		865.00	S & P GLOBAL INC CUSIP: 78409V104	195,269.85	394,206.45
		1,923.00	SIMON PROPERTY GROUP INC REIT CUSIP: 828806109	235,578.86	293,911.32
		7,790.00	SYNCHRONY FINANCIAL CUSIP: 87165B103	192,147.98	348,914.10

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 November 30, 2021

(a)	(b)	(c)	(c)	(d)	(e)
		SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
		4,661.00	TRUIST FINL CORP CUSIP: 89832Q109	185,275.33	276,443.91
		3,870.00	VOYA FINANCIAL INC CUSIP: 929089100	170,924.89	240,481.80
			TOTAL FINANCIALS	2,168,676.54	3,517,339.35
			INFORMATION TECHNOLOGY		
		574.00	ADOBE INC CUSIP: 00724F101	63,719.41	384,493.90
		2,961.00	ADVANCED MICRO DEVICES INC CUSIP: 007903107	74,583.89	468,933.57
		6,130.00	APPLE INC CUSIP: 037833100	31,653.31	1,013,289.00
		1,082.00	ATLASSIAN CORP PLC-CLASS A CUSIP: G06242104	144,084.94	407,178.24
		1,213.00	CROWDSTRIKE HOLDINGS INC - A CUSIP: 22788C105	160,528.18	263,390.82
		872.00	DATADOG INC CUSIP: 23804L103	135,124.07	155,468.88
		376.00	INTUIT CUSIP: 461202103	105,239.03	245,264.80
		980.00	KLA CORPORATION CUSIP: 482480100	199,717.11	399,967.40
		1,443.00	MASTERCARD INCORPORATED CUSIP: 57636Q104	495,216.11	454,429.56
		5,860.00	MICRON TECHNOLOGY INC CUSIP: 595112103	229,551.40	492,240.00

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November 30, 2021

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		SHARES/ PAR. VALUE	DESCRIPTION	COST	MARKET VALUE
		5,381.00	MICROSOFT CORPORATION CUSIP: 594918104	533,872.61	1,778,904.79
		2,426.00	NVIDIA CORP CUSIP: 670666104	192,603.87	792,719.76
		1,982.00	PAYPAL HOLDINGS INC CUSIP: 70450Y103	228,620.62	366,451.98
		484.00	SALESFORCE.COM INC CUSIP: 79466L302	26,639.30	137,920.64
		843.00	SKYWORKS SOLUTIONS INC CUSIP: 83088M102	110,809.15	127,849.38
		1,209.00	SQUARE INC - A CUSIP: 852234103	128,371.15	251,870.97
		557.00	TEXAS INSTRUMENTS INC CUSIP: 882508104	54,670.78	107,150.09
		4,970.00	TRADE DESK INC/THE -CLASS A CUSIP: 88339J105	212,656.26	513,997.40
		0.00	VISA INC-CLASS A SHRS CUSIP: 92826C839	0.00	0.00
			TOTAL INFORMATION TECHNOLOGY	3,127,661.19	8,361,521.18
			TELECOMMUNICATIONS SERVICES		
		493.00	ALPHABET INC/CA-CL A CUSIP: 02079K305	498,339.87	1,399,109.35
		232.00	CHARTER COMMUNICATIONS INC-A CUSIP: 16119P108	138,136.92	149,936.96
		2,410.00	COMCAST CORP CL A CUSIP: 20030N101	50,282.84	120,451.80

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 EIN #34-0428345; PN #005
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 November 30, 2021

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		SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE
		2,514.00	LIVE NATION ENTERTAINMENT, INC. CUSIP: 538034109	225,993.34	268,118.10
		1,068.00	META PLATFORMS INC CUSIP: 30303M102	40,331.72	346,523.28
		616.00	NETFLIX COM INC CUSIP: 64110L106	283,459.05	395,410.40
		924.00	T-MOBILE US INC CUSIP: 872590104	59,219.61	100,540.44
			TOTAL TELECOMMUNICATIONS SERVICES	1,295,763.35	2,780,090.33
			UTILITIES		
		3,730.00	EXELON CORP CUSIP: 30161N101	154,726.01	196,682.90
		1,916.00	NEXTERA ENERGY INC CUSIP: 65339F101	92,672.61	166,270.48
			TOTAL UTILITIES	247,398.62	362,953.38
			INTERNATIONAL		
		751.00	ACCENTURE PLC-CL A CUSIP: G1151C101	267,325.86	268,407.40
		1,874.00	EATON CORP PLC CUSIP: G29183103	96,801.46	303,700.44
		1,675.00	MEDTRONIC PLC ADR CUSIP: G5960L103	146,611.80	178,722.50

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 November 30, 2021

(a) (b)	(c) SHARES/ PAR VALUE	(c) DESCRIPTION	(d) COST	(e) MARKET VALUE
	3,690.00	ROYAL CARIBBEAN CRUISES LTD CUSIP: V7780T103	270,765.09	257,635.80
		TOTAL INTERNATIONAL	781,504.21	1,008,466.14
		MUTUAL FUNDS		
* Mellon	100,297.06	BNY MELLON INTERNATIONAL-M CUSIP: 05569M871	1,242,563.42	1,466,343.08
* Mellon	12,525.05	BNY MELLON INTL EQTY-Y CUSIP: 05588D753	250,000.00	309,368.74
* Mellon	41,116.20	BNY MELLON M/C MULTI-STRATEGY FUND CUSIP: 05569M509	1,000,000.00	985,555.36
* Mellon	52,715.41	BNY MELLON S/C MULTI-STRATEGY FUND CUSIP: 05569M806	1,300,000.00	1,342,661.42
* Mellon	28,259.23	BNYM DIV EMG MKTS-Y CUSIP: 05588D811	750,000.00	832,799.57
* Mellon	64,046.57	BNYM DIVERSIFIED INTL-Y CUSIP: 05588F600	651,320.54	997,205.16
* Mellon	54,495.07	BNYM GLBL RL EST SEC-Y CUSIP: 05588F709	484,461.17	566,748.74
* Mellon	38,481.27	BNYM GLOBAL EMERGING MARKETS FUND CUSIP: 05588L409	750,000.00	1,012,057.48
* Mellon	13,361.84	BNYM INTL STCK-Y CUSIP: 05587K857	250,000.00	341,662.20
* Mellon	79,044.84	BNYM MIDCAP INDEX FUND, INC. CUSIP: 05588M100	2,753,046.24	3,092,234.18
* Mellon	9,876.49	BNYM SEL MGR S/C VAL-Y CUSIP: 05587K824	207,603.89	291,652.87

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, 2021

(a)	(b)	(c)	(c)	(d)	(e)
	SHARES/ PAR VALUE	DESCRIPTION	COST	MARKET VALUE	
*					
Mellon	8,983.65	BNYM SELECT MGR S/C GRM-Y CUSIP: 05587K865	218,123.03	322,333.36	
	9,500.00	ISHARES CORE S&P SMALL-CAP ETF CUSIP: 464287804	1,030,518.20	1,047,945.00	
	7,500.00	ISHARES GOLD TRUST CUSIP: 464285204	231,175.50	252,600.00	
	13,500.00	ISHARES MSCI EAFE SMALL-CAP ETF CUSIP: 464288273	1,000,416.15	970,920.00	
	4,600.00	ISHARES RUSSELL 2000 ETF CUSIP: 464287655	1,011,621.88	1,003,582.00	
	72,818.16	VIRTUS EMERGING MKTS OPPOR-I CUSIP: 92828W361	950,742.41	880,371.51	
		TOTAL MUTUAL FUNDS	14,081,592.43	15,716,040.67	
		TOTAL EQUITIES	28,494,961.47	42,566,876.90	
			=====	=====	
		TOTAL ASSETS	42,812,182.91	57,172,485.76	
			=====	=====	
		NET ASSETS		57,172,485.76	
		PLUS ACCRUED INCOME		125,300.84	
		TOTAL ACCOUNT	42,812,182.91	57,297,786.60	
			=====	=====	

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, 2020

<u>Original Valuation</u>	<u>Remaining Years</u>	<u>Amortization Type</u>	<u>Outstanding Balance</u>	<u>Current Year Amortization</u>
12/1/2020	15.00 (Relief 15)	Relief 15	(2,512,882)	(235,926)
12/1/2019	14.00 (Relief 15)	Relief 15	3,324,086	326,577