# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2017**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 02/01/2017 and ending 12/31/2017

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
ADAMS FAIRACRE FARMS, INC. 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 06/30/1969

**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)
ADAMS FAIRACRE FARMS, INC.

765 DUTCHESS TURNPIKE
POUGHKEEPSIE, NY 12603

**2b** Employer Identification Number (EIN)
14-1489189

**2c** Plan Sponsor's telephone number
845-454-4330

**2d** Business code (see instructions)
445110

**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. | 10/12/2018 | GAYE MALLET |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/12/2018 | GAYE MALLET |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

**3b** Administrator's EIN

**3c** Administrator's telephone number

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

**4b** EIN

**4d** PN

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 997 |
| **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)** | 53 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 1041 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 41 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 1082 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 1082 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 654 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 16 |
| **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:

2E 2J 2F 2G 2K 3D 2S 2T

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

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

OMB No. 1210-0110

**2017**

**This Form is Open to Public Inspection**

For calendar plan year 2017 or fiscal plan year beginning 02/01/2017 and ending 12/31/2017

**A** Name of plan
ADAMS FAIRACRE FARMS, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ADAMS FAIRACRE FARMS, INC.

**D** Employer Identification Number (EIN)
14-1489189

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

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

**1** Coverage Information:

**(a)** Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 04-1590850 | 65935 | MR 62540 | 1082 | 02/01/2017 | 12/31/2017 |

**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 |
|---|---|
| 0 | 0 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | 0 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | 71306 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 20430 | | |
| | (4) Transferred from separate account | 7c(4) | 1468300 | | |
| | (5) Other (specify below) | 7c(5) | 14035 | | |
| | ▶ HOLDING ACCOUNT INTEREST, LN INT, L | | | | |
| | (6) Total additions | | | 7c(6) | 1574071 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 1574071 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 57500 | | |
| | (2) Administration charge made by carrier | 7e(2) | 9691 | | |
| | (3) Transferred to separate account | 7e(3) | 0 | | |
| | (4) Other (specify below) | 7e(4) | 8345 | | |
| | ▶ LN DISTRIB | | | | |
| | (5) Total deductions | | | 7e(5) | 75536 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 1498535 |

## 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)** | |
| **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)** | |
| (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)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2017**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2017 or fiscal plan year beginning 02/01/2017 and ending 12/31/2017

**A** Name of plan
ADAMS FAIRACRE FARMS, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ADAMS FAIRACRE FARMS, INC.

**D** Employer Identification Number (EIN)
14-1489189

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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**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)

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

| (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? |
|---|---|---|---|---|---|---|
| 52 64 72 | CONTRACT ADMINISTRATOR | 31527 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

GKG CPAS

13-3692922

| (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? |
|---|---|---|---|---|---|---|
| 10 | AUDITOR | 19958 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

AMERICAN FUNDS

95-1411037

| (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? |
|---|---|---|---|---|---|---|
| 52 | INVESTMENT PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] 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)

AMERICAN FUNDS

20-5881275

| (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? |
|---|---|---|---|---|---|---|
| 52 | INVESTMENT PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

AMERICAN FUNDS

20-5897363

| (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? |
|---|---|---|---|---|---|---|
| 52 | INVESTMENT PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

AMERICAN FUNDS

20-5897406

| (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? |
|---|---|---|---|---|---|---|
| 52 | INVESTMENT PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] 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)

AMERICAN FUNDS

20-5897447

| (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? |
|---|---|---|---|---|---|---|
| 52 | INVESTMENT PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

AMERICAN FUNDS

20-5897493

| (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? |
|---|---|---|---|---|---|---|
| 52 | INVESTMENT PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

EATON VANCE

04-2325690

| (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? |
|---|---|---|---|---|---|---|
| 52 | INVESTMENT PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] 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)

FIDELITY INVESTMENTS

04-2466841

| (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? |
|---|---|---|---|---|---|---|
| 52 | INVESTMENT PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

FIRST EAGLE

13-3392291

| (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? |
|---|---|---|---|---|---|---|
| 52 | INVESTMENT PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

JOHN HANCOCK

04-3279774

| (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? |
|---|---|---|---|---|---|---|
| 52 | INVESTMENT PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] 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)

OPPENHEIMER

13-3955887

| (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? |
|---|---|---|---|---|---|---|
| 52 | INVESTMENT PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

PIMCO FUNDS

95-2632339

| (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? |
|---|---|---|---|---|---|---|
| 52 | INVESTMENT PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

PIONEER

03-0460956

| (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? |
|---|---|---|---|---|---|---|
| 52 | INVESTMENT PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] 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)

RYDEX SGI

48-6104426

| (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? |
|---|---|---|---|---|---|---|
| 52 | INVESTMENT PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

THE HARTFORD

22-2937447

| (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? |
|---|---|---|---|---|---|---|
| 52 | INVESTMENT PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

VANGUARD

23-1945930

| (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? |
|---|---|---|---|---|---|---|
| 52 | INVESTMENT PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] 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)

VANGUARD

23-1999755

| (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? |
|---|---|---|---|---|---|---|
| 52 | INVESTMENT PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

VANGUARD

52-0794097

| (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? |
|---|---|---|---|---|---|---|
| 52 | INVESTMENT PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] 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 |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 52 | 0 |

| **(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. |
|---|---|
| SAGIC 62540<br><br>04-1590850 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 72 52 | 0 |

| **(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. |
|---|---|
| PREM U.S. GOVT MNY MKT FD BARINGS<br><br>04-3212059 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN FUNDS | 52 | 0 |

| **(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. |
|---|---|
| AMERICAN FNDS 2060 TARGET DT RET FD<br><br>95-1411037 | BASIS POINTS * PLAN ASSETS |

## 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 |
|---|---|---|
| AMERICAN FUNDS | 52 | 0 |

| **(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. |
|---|---|
| AMERICAN FUNDS NEW WORLD FUND<br><br>95-1411037 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN FUNDS | 52 | 0 |

| **(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. |
|---|---|
| AMERICAN FNDS 2010 TARGET DT RET FD<br><br>20-5881275 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN FUNDS | 52 | 0 |

| **(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. |
|---|---|
| AMERICAN FNDS 2020 TARGET DT RET FD<br><br>20-5897363 | BASIS POINTS * PLAN ASSETS |

## 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 |
|---|---|---|
| AMERICAN FUNDS | 52 | 0 |

| **(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. |
|---|---|
| AMERICAN FNDS 2030 TARGET DT RET FD<br><br>20-5897406 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN FUNDS | 52 | 0 |

| **(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. |
|---|---|
| AMERICAN FNDS 2040 TARGET DT RET FD<br><br>20-5897447 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN FUNDS | 52 | 0 |

| **(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. |
|---|---|
| AMERICAN FNDS 2050 TARGET DT RET FD<br><br>20-5897493 | BASIS POINTS * PLAN ASSETS |

## 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 |
|---|---|---|
| EATON VANCE | 52 | 0 |
| **(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. | |
| EATON VANCE ATLANTA CAP SMID-CAP FD<br><br>04-2325690 | BASIS POINTS * PLAN ASSETS | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS | 52 | 0 |
| **(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. | |
| FIDELITY MID CAP INDEX FUND<br><br>04-2466841 | BASIS POINTS * PLAN ASSETS | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIRST EAGLE | 52 | 0 |
| **(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. | |
| FIRST EAGLE GLOBAL FUND<br><br>13-3392291 | BASIS POINTS * PLAN ASSETS | |

## 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 |
|---|---|---|
| JOHN HANCOCK | 52 | 0 |

| **(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. |
|---|---|
| JHANCOCK3 INTERNATIONAL GROWTH FUND<br><br>04-3279774 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| OPPENHEIMER | 52 | 0 |

| **(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. |
|---|---|
| OPPENHEIMER INT'L SMALL-MID CO FD<br><br>13-3955887 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| PIMCO FUNDS | 52 | 0 |

| **(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. |
|---|---|
| PIMCO DIVERSIFIED INC FUND<br><br>95-2632339 | BASIS POINTS * PLAN ASSETS |

**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 |
|---|---|---|
| PIONEER | 52 | 0 |

| **(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. |
|---|---|
| PIONEER FUNDAMENTAL GROWTH FD<br>03-0460956 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| RYDEX SGI | 52 | 0 |

| **(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. |
|---|---|
| GUGGENHEIM TOTAL RETURN BOND FUND<br>48-6104426 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| THE HARTFORD | 52 | 0 |

| **(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. |
|---|---|
| HARTFORD BALANCED INCOME FUND<br>22-2937447 | BASIS POINTS * PLAN ASSETS |

## 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 |
|---|---|---|
| VANGUARD | 52 | 0 |

| **(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. |
|---|---|
| VANGUARD BALANCED INDEX FUND<br><br>23-1945930 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| VANGUARD | 52 | 0 |

| **(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. |
|---|---|
| VANGUARD EMERG MRKTS STOCK INDX FD<br><br>23-1945930 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| VANGUARD | 52 | 0 |

| **(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. |
|---|---|
| VANGUARD EQUITY-INCOME FUND<br><br>23-1945930 | BASIS POINTS * PLAN ASSETS |

## 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 |
|---|---|---|
| VANGUARD | 52 | 0 |

| **(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. |
|---|---|
| VANGUARD INTERM-TERM BOND INDEX FND<br><br>23-1945930 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| VANGUARD | 52 | 0 |

| **(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. |
|---|---|
| VANGUARD REAL ESTATE INDEX FUND<br><br>23-1945930 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| VANGUARD | 52 | 0 |

| **(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. |
|---|---|
| VANGUARD TOTAL INTL BOND INDEX FD<br><br>23-1945930 | BASIS POINTS * PLAN ASSETS |

## 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 |
|---|---|---|
| VANGUARD | 52 | 0 |

| **(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. |
|---|---|
| VANGUARD TOTAL INTL STOCK INDEX FD<br><br>23-1945930 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| VANGUARD | 52 | 0 |

| **(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. |
|---|---|
| VANGUARD 500 INDEX FUND<br><br>23-1999755 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| VANGUARD | 52 | 0 |

| **(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. |
|---|---|
| VANGUARD ENERGY INDEX FUND<br><br>23-1999755 | BASIS POINTS * PLAN ASSETS |

## 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 |
|---|---|---|
| VANGUARD | 52 | 0 |

| **(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. |
|---|---|
| VANGUARD GROWTH INDEX FUND<br><br>23-1999755 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| VANGUARD | 52 | 0 |

| **(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. |
|---|---|
| VANGUARD HEALTH CARE INDEX FUND<br><br>23-1999755 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| VANGUARD | 52 | 0 |

| **(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. |
|---|---|
| VANGUARD INFORMATION TECH INDX FD<br><br>23-1999755 | BASIS POINTS * PLAN ASSETS |

## 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 |
|---|---|---|
| VANGUARD | 52 | 0 |

| **(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. |
|---|---|
| VANGUARD VALUE INDEX FUND<br><br>23-1999755 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| VANGUARD | 52 | 0 |

| **(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. |
|---|---|
| VANGUARD SMALL CAP INDEX FUND<br><br>52-0794097 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2017**

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

For calendar plan year 2017 or fiscal plan year beginning 02/01/2017 and ending 12/31/2017

**A** Name of plan
ADAMS FAIRACRE FARMS, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
ADAMS FAIRACRE FARMS, INC.

**D** Employer Identification Number (EIN)
14-1489189

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MET MASTER TRUST 25157

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 58-1428634-005 | C | 0 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2017**

**This Form is Open to Public Inspection**

For calendar plan year 2017 or fiscal plan year beginning 02/01/2017 and ending 12/31/2017

**A** Name of plan
ADAMS FAIRACRE FARMS, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ADAMS FAIRACRE FARMS, INC.

**D** Employer Identification Number (EIN)
14-1489189

## 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 | 2139 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 150110 | |
| **(2)** Participant contributions | 1b(2) | 17905 | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 100805 | 0 |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 713044 | 806913 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 1481146 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 20380620 | 23297695 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 1498535 |
| **(15)** Other | 1c(15) | 0 | 290379 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | 0 | 0 |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 22845769 | 25893522 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 102944 | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 102944 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 22742825 | 25893522 |

## 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) | 370878 | |
| | **(B)** Participants | 2a(1)(B) | 990602 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 846683 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 2208163 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 33203 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 33203 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | 0 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 554025 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 554025 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | 35567 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 35567 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 17817 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 2060302 |
| c Other income | 2c | | 12898 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 4921975 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1640645 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 1640645 |
| f Corrective distributions (see instructions) | 2f | | 0 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 10965 |
| h Interest expense | 2h | | |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | 19958 | |
| (2) Contract administrator fees | 2i(2) | 4805 | |
| (3) Investment advisory and management fees | 2i(3) | 76484 | |
| (4) Other | 2i(4) | 18421 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 119668 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1771278 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 3150697 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

**(1)** Name: GKG CERTIFIED PULBIC ACCOUNTANTS **(2)** EIN: 13-3692922

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

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

## Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

**2017**

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

For calendar plan year 2017 or fiscal plan year beginning 02/01/2017 and ending 12/31/2017

**A** Name of plan
ADAMS FAIRACRE FARMS, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ADAMS FAIRACRE FARMS, INC.

**D** Employer Identification Number (EIN)
14-1489189

## 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): 04-1590850 16-1065416

**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**

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# ADAMS FAIRACRE FARMS, INC. 401(K) PLAN

## FINANCIAL STATEMENTS

## DECEMBER 31, 2017 AND JANUARY 31, 2017

ADAMS FAIRACRE FARMS, INC. 401(K) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND JANUARY 31, 2017

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GKG CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS
Goldstein, Karlewicz & Goldstein, LLP

CHESTNUT RIDGE, NY | NEWBURGH, NY

# INDEPENDENT AUDITORS' REPORT

Board of Trustees
Adams Fairacre Farms, Inc. 401(k) Plan
Poughkeepsie, New York 12603

**Report on the Financial Statements**
We were engaged to audit the accompanying financial statements of Adams Fairacre Farms, Inc. 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and January 31, 2017, and the related statement of changes in net assets available for benefits for the eleven month period ended December 31, 2017, and the related notes to the financial statements.

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

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

**Basis for Disclaimer of Opinion**
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Massachusetts Mutual Life Insurance Company and Hand Benefits & Trust Company, the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that Massachusetts Mutual Life Insurance Company held the Plan's investment assets and executed investment transactions from August 1, 2017 to December 31, 2017 and that Hand Benefits & Trust Company held the Plan's investment assets and executed investment transactions as of January 31, 2017 and the period February 1, 2017 to July 31, 2017. The Plan administrator has obtained certifications from the custodians as of and for the eleven month period ended December 31, 2017 and as of January 31, 2017, that the information provided to the Plan administrator by the custodians is complete and accurate.

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



777 Chestnut Ridge Road | Suite 301 | Chestnut Ridge, New York 10977 | TEL 845.356.6100 | FAX 845.356.2560
254 Route 17K | Suite 202 | Newburgh, New York 12550 | TEL 845.567.3600 | FAX 845.762.1620
EMAIL accountants@gkgcpa.com | www.gkgcpa.com

**Other Matter**
The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

**Report on Form and Content in Compliance With DOL Rules and Regulations**
The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

GKG CPAs
Certified Public Accountants

Chestnut Ridge, New York
October 5, 2018

ADAMS FAIRACRE FARMS, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2017 AND JANUARY 31, 2017

| | December 31, 2017 | January 31, 2017 |
|---|---|---|
| Assets: | | |
| Investments, at Fair Value: | | |
| Non-Participant Directed: | | |
| Corporate Stocks | $ - | $ 100,805 |
| Cash and Cash Equivalents | - | 2,139 |
| Participant-Directed: | | |
| Mutual Funds | 23,297,695 | 20,380,620 |
| Guaranteed Interest Accounts | 1,498,535 | - |
| Outside Funds | 290,379 | - |
| Common Collective Trust | - | 1,481,146 |
| Total Investments | 25,086,609 | 21,964,710 |
| Receivables: | | |
| Participants' Notes | 806,913 | 713,044 |
| Participants' Contributions | - | 17,905 |
| Employer's Contribution | - | 150,110 |
| Total Receivables | 806,913 | 881,059 |
| Total Assets | 25,893,522 | 22,845,769 |
| Liabilities: | | |
| Due to Former Third Party Administrator | - | 102,944 |
| Net Assets Available for Benefits | $ 25,893,522 | $ 22,742,825 |

See Independent Auditors' Report
and Notes to the Financial Statements.

ADAMS FAIRACRE FARMS, INC. 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE ELEVEN MONTH PERIOD ENDED DECEMBER 31, 2017

| | | |
|---|---|---|
| Additions to Net Assets Attributed to: | | |
| Investment Income: | | |
| Net Realized and Unrealized Appreciation (Depreciation) in Value of Investments: | | |
| Corporate Stocks | $ (423) | |
| Mutual Funds | 2,060,302 | |
| Guaranteed Interest Accounts | 20,430 | |
| Outside Funds | 15,560 | |
| Common Collective Trust | 17,817 | |
| Net Appreciation | 2,113,686 | |
| Participants' Loan Interest | 33,203 | |
| Dividend Income | 554,025 | |
| Other Income | 12,898 | |
| Investment Expenses | (76,484) | |
| Net Investment Income | | $ 2,637,328 |
| Contributions: | | |
| Participants' | 990,602 | |
| Employer's | 370,878 | |
| Rollovers | 846,683 | |
| Total Contributions | | 2,208,163 |
| Total Additions | | 4,845,491 |
| Deductions From Net Assets Attributed to: | | |
| Benefits Paid to Participants or Beneficiaries | 1,640,645 | |
| Deemed Distributions | 10,965 | |
| Administrative Expenses | 43,184 | |
| Total Deductions | | 1,694,794 |
| Net Increase in Net Assets | | 3,150,697 |
| Net Assets Available for Benefits: | | |
| Beginning of Period | | 22,742,825 |
| End of Period | | $ 25,893,522 |

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See Independent Auditors' Report
and Notes to the Financial Statements.

ADAMS FAIRACRE FARMS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND JANUARY 31, 2017

Note 1 - Plan Description:

The Adams Fairacre Farms, Inc. 401(k) Plan (the "Plan") is a 401(k) Plan for Adams Fairacre Farms, Inc. (the "Company"). The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

On August 1, 2017, the Plan formally adopted a new trust agreement whereby the name of the Plan was changed to Adams Fairacre Farms, Inc. 401(k) Plan. The Plan approved an amendment so that the Plan year commences on February 1, 2017 and concludes December 31, 2017. Following Plan years will commence on January 1 and conclude on December 31.

General - The Plan is a defined contribution plan with a 401(k) feature covering all employees of the Company. There are certain age and service conditions under the Plan, with different minimum age and service requirements, depending on the type of contribution. Employees enter the Plan and are eligible to make elective deferrals and receive employer contributions on the earlier of the first day of the Plan year, or the first day of the fourth, seventh or tenth month of the Plan year coinciding with or next following their completion of three months of service. Effective January 1, 2018, the Plan will automatically enroll newly eligible employees into the Plan. The initial participant contribution will be 3% of gross pay, increasing 1% annually, but not to exceed 7%. Participants can opt out of this Plan feature or change their contribution amount at any time. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees oversees governance of the Plan, determines the appropriateness of the Plan's investment offerings and monitors investment performance, and reports to the Plan's Board of Trustees.

Contributions - Each year, Plan participants may contribute under the 401(k) rules either a percentage of eligible compensation or a fixed dollar amount not to exceed the maximum allowed by law. Participants are permitted to make contributions as "Roth" contributions. Participants may also contribute rollovers from other qualified plans. The Company matches 50% of the participant's deferrals up to 6% of the respective employee's eligible compensation. Effective January 1, 2018, the employer's matching contribution will increase to match 50% of the participant's deferrals up to 7% of the respective employee's eligible compensation. Participants may direct their investments in accordance with uniform and nondiscriminatory rules established by the Plan Administrator or other Fiduciary.

Participant Accounts - Each participant's account is credited with the participant's contributions, the Company's matching and allocations of discretionary contributions and Plan earnings and charged with the participant's withdrawals or distributions and an allocation of administrative expenses. Allocations are based on participant account balances as defined. The benefit to which a participant is entitled is the participant's vested account.

Vesting - Participants are immediately vested in their own contributions, plus earnings thereon. Regarding employer contributions, earnings thereon and forfeitures, employees become 100% vested after six years of service (consisting of 1,000 or more hours of service) at the rate of 20% per year starting with the second year of service. A participant also becomes fully vested upon death, disability or attainment of prescribed retirement requirements.

Notes Receivable - Participants - Participants may borrow from their fund accounts from a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loans require repayment within 5 years, or longer if for the purchase of a primary residence. The Plan allows only one loan per participant. The loans are secured by the balance in the participant's account and bear interest at the prime interest rate plus one percentage point determined at the time the participant takes a loan from the Plan. Principal and interest must be paid ratably through payroll deductions.

Note 1 - Plan Description (Continued):

Payment of Benefits - Upon termination of service due to disability or retirement, a participant, or his or her beneficiary, may elect to receive one of the following forms of payment equal to the value of the participant's vested interest in his or her account: 1) Lump sum; 2) Life annuity; 3) Survivor annuity; or 4) partial distribution. In those cases where the vested balance, excluding rollovers, is less than $5,000, a participant will receive the value of the vested interest as a lump sum distribution. Death benefits paid to a beneficiary will be paid in a lump sum distribution. Effective August 1, 2017 the Plan allows participants to take hardship distributions from the Plan.

Forfeited Accounts - Forfeitures may first be used to pay any administrative expense; any remaining forfeitures will be used to reduce employer contributions for the Plan year in which the forfeiture occurs. For the eleven month period ended December 31, 2017, $21,956 of forfeitures was used to pay Plan administrative expenses. As of December 31, 2017, forfeitures available to reduce future administrative expenses totaled $3,422. There were forfeitures of $22,848 during the eleven month period ended December 31, 2017.

Note 2 - Summary of Significant Accounting Policies:

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

Accounting Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Purchases and sales of securities are recorded on a trade-date basis. Dividends and other interest are recorded as received into the Plan. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year. See Note 5 for discussion of fair value measurements.

Notes Receivable - Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2017 and January 31, 2017, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Expenses - Professional fees and other administrative expenses are paid by the Plan, unless paid by the Company.

Payments of Benefits - Benefits are recorded when paid.

Subsequent Events - The Company evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure. The accompanying financial statements consider events through October 5, 2018, the date the financial statements were available to be issued.

Note 3 - Information Prepared and Certified by Custodian:

On August 1, 2017 the Plan changed custodians from Hand Benefits & Trust Company to Massachusetts Mutual Life Insurance Company.

The following information included in the accompanying financial statements and supplemental schedules were obtained from data that has been prepared and certified to as complete and accurate by Massachusetts Mutual Life Insurance Company, the custodian from August 1, 2017 to December 31, 2017 and Hand Benefits & Trust Company as of January 31, 2017 and the period February 1, 2017 to July 31, 2017.

| | December 31, 2017 | January 31, 2017 |
|---|---|---|
| Fair Value of Interest in: | | |
| Mutual Funds | $ 23,297,695 | $ 20,380,620 |
| Guaranteed Interest Accounts | 1,498,535 | - |
| Outside Funds | 290,379 | - |
| Common Collective Trust | - | 1,481,146 |
| Total | $ 25,086,609 | $ 21,861,766 |

Note 4 - Due to Former Third Party Administrator ("TPA"):

The Plan owed the former TPA for funds provided to replace auction rate securities still held in the Plan's name that could not be liquidated upon the Plan's conversion of its non-participant directed investments to participant directed. This liability will be satisfied upon the sale or repurchase of the securities at par. The advance bears interest at 1% per annum. No provision for interest expense pertaining to this note has been recorded in the latest eleven month period presented. On June 8, 2017, the Plan liquidated the non-participant directed investments in order to satisfy the amount due to the prior TPA. As of December 31, 2017 and January 31, 2017, the Plan owed $0 and $102,944, respectively.

Note 5 - Fair Value Measurements:

FASB ASC 820, Fair Value Measurement, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used when Level 1 or Level 2 inputs were not available. There are no Plan assets requiring the use of Level 3 inputs for the periods presented.

Level 1 Fair Value Measurements - The fair values of Corporate Stocks and Mutual Funds are valued at the closing market prices reported on the active market on which the individual securities (or underlying securities, for Mutual Funds) are traded. The fair value of Cash Equivalents is based on money market cash balances held by the Plan at year end.

Level 2 Fair Value Measurements - The fair values of Common Collective Trusts, Guaranteed Interest Accounts and Outside Funds are based on estimated fair values of the underlying investments in the respective trust at year end.

Note 5 - Fair Value Measurements (Continued):

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017 and January 31, 2017:

| | | Fair Value Measurements Using: | |
|---|---|---|---|
| | Fair Value | Quoted Prices in Active Markets For Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) |
| December 31, 2017: | | | |
| Mutual Funds | $ 23,297,695 | $ 23,297,695 | $ - |
| Guaranteed Interest Accounts | 1,498,535 | - | 1,498,535 |
| Outside Funds | 290,379 | - | 290,379 |
| Total | $ 25,086,609 | $ 23,297,695 | $ 1,788,914 |
| January 31, 2017: | | | |
| Corporate Stocks | $ 100,805 | $ 100,805 | $ - |
| Cash and Cash Equivalents | 2,139 | 2,139 | - |
| Mutual Funds | 20,380,620 | 20,380,620 | - |
| Common Collective Trust | 1,481,146 | - | 1,481,146 |
| Total | $ 21,964,710 | $ 20,483,564 | $ 1,481,146 |

Gains and losses included in changes in net assets available for benefits for the eleven month period ended December 31, 2017 and the year ended January 31, 2017, are reported in net appreciation in fair value of investments. For the eleven month period ended December 31, 2017, there were no significant transfers between Levels 1 and 2.

Note 6 - Party-In-Interest Transactions:

As of December 31, 2017, Plan assets include funds held in mutual funds managed by Massachusetts Mutual Life Insurance Company, the custodian of the Plan. Therefore, these transactions qualify as party-in-interest. As of January 31, 2017, there were no transactions that qualify as party-in-interest.

Note 7 - Analysis of Changes in Net Assets:

| | Participant Directed | Non-Participant Directed | Total |
|---|---|---|---|
| Eleven Month Period Ended December 31, 2017: | | | |
| Contributions | $ 2,208,163 | $ - | $ 2,208,163 |
| Participant Loan Interest | 33,203 | - | 33,203 |
| Investment Income Including Realized and Unrealized Appreciation - Net | 2,680,597 | 12 | 2,680,609 |
| Benefits Paid to Participants | (1,651,610) | - | (1,651,610) |
| Investment and Administrative Expenses | (119,656) | (12) | (119,668) |
| Net Increase | | | 3,150,697 |
| Net Assets Available: | | | |
| Beginning of Period | | | 22,742,825 |
| End of Period | | | $ 25,893,522 |

Note 8 - Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 9 - Current Vulnerability Due to Concentrations of Risk:

The Plan may invest in various types of investment securities. Investment securities are exposed to various market risks, such as interest rate, market and credit risk. 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 those changes could materially affect the amounts reported in the statement of net assets available for plan benefits.

Note 10 - Tax Status:

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code and, accordingly, the trust's net investment income is exempt from income taxes. The Plan utilizes a prototype plan document and relies on the opinion letter issued to the prototype document sponsor. The prototype document sponsor received an opinion letter on March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since the prototype document sponsor received the opinion letter. The Plan Administrator and the Plan's compliance consultant believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

**Schedule H, Line 4i**
**Schedule of Assets (Held At End of Year)**

Name of Plan:

► Adams Fairacre Farms, Inc. 401(k) Plan

| | | | |
|---|---|---|---|
| Employer Identification Number:► | 14-1489189 | | |
| For plan year (beginning/ending):► | 2/1/2017 / 12/31/2017 | Plan number:► | 001 |

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | SAGIC Diversified Bond II | Guaranteed Interest Account | NR | $ 1,498,535 |
| * | MassMutual Premier | Holding Account - MF-G | NR | 88 |
| * | Vanguard Total Intl Bond Index Fd(MF-3373) | Mutual Fund | NR | 800,517 |
| * | Vanguard Interm-Term Bond Index Fnd(MF-2247) | Mutual Fund | NR | 2,079,668 |
| * | Guggenheim Total Return Bond Instl | Mutual Fund | NR | 1,106,160 |
| * | PIMCO Diversified Inc Fund(MF-1054) | Mutual Fund | NR | 1,336,867 |
| * | Vanguard Value Index Fund(MF-2051) | Mutual Fund | NR | 2,778,032 |
| * | Vanguard Equity-Income Fund(MF-1284) | Mutual Fund | NR | 59,340 |
| * | Vanguard 500 Index Fund(MF-469) | Mutual Fund | NR | 2,787,003 |
| * | Vanguard Growth Index Fund(MF-2071) | Mutual Fund | NR | 1,911,264 |
| * | Eaton Vance Atlanta Cap SMID-Cap Fd(MF-J8F) | Mutual Fund | NR | 708,591 |
| * | Vanguard Small Cap Index Fund(MF-2065) | Mutual Fund | NR | 643,397 |
| * | Vanguard Total Intl Stock Index Fd(MF-2066) | Mutual Fund | NR | 286,333 |
| * | Oppenheimer Int'l Small-Mid Co Fd(MF-1575) | Mutual Fund | NR | 653,147 |
| * | American Funds New World Fund(MF-1756) | Mutual Fund | NR | 176,226 |
| * | JHancock3 International Growth Fund(MF-3488) | Mutual Fund | NR | 318,424 |
| * | First Eagle Global Fund(MF-1747) | Mutual Fund | NR | 2,678,719 |
| * | Vanguard Health Care Index Fund(MF-2681) | Mutual Fund | NR | 434,504 |
| * | Vanguard REIT Index Fund(MF-2097) | Mutual Fund | NR | 386,566 |
| * | Hartford Balanced Income Fund(MF-JGE) | Mutual Fund | NR | 1,807,866 |
| * | American Fnds 2010 Target Dt Ret Fd(MF-1717) | Mutual Fund | NR | 70,808 |
| * | American Fnds 2020 Target Dt Ret Fd(MF-1719) | Mutual Fund | NR | 322,918 |
| * | American Fnds 2030 Target Dt Ret Fd(MF-1721) | Mutual Fund | NR | 248,132 |
| * | American Fnds 2040 Target Dt Ret Fd(MF-1723) | Mutual Fund | NR | 617,625 |
| * | American Fnds 2050 Target Dt Ret Fd(MF-1725) | Mutual Fund | NR | 154,804 |
| * | American Fnds 2060 Target Dt Fd | Mutual Fund | NR | 8,426 |
| * | Vangard Emerging Markets Stock Fund Index | Mutual Fund | NR | 6,892 |
| * | Vanguard Info Tech Index Fund | Mutual Fund | NR | 41,881 |
| * | Pioneer Fundamental Growth Fund | Mutual Fund | NR | 8,099 |
| * | Fideltiy Mid Cap Index Fund | Mutual Fund | NR | 865,398 |
| * | Managed Balanced Portfolio | Outside Fund | NR | 290,379 |
| * | Participant Loans | Interest Rate (4.25%-5.50%) | -0- | 806,913 |
| | | Total | | $ 25,893,522 |

* Party-In-Interest to the Plan
NR Not Required

See Independent Auditors' Report
and Notes to the Financial Statements.

**Schedule H , Line 4j - Schedule of Reportable Transactions**

**Adams Fairacre Farms, Inc. 401(k) Plan**
**EIN 14-1489189, PN 001**
**For Plan Year Ended December 31, 2017**

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expense Incurred with Transaction | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain (Loss) |
|---|---|---|---|---|---|---|---|---|
| **Description** | | | | | | | | |
| American Funds AmCap Fund R6 | Mutual Fund | 960,064 | 1,155,354 | N/A | - | 960,064 | 1,155,354 | 195,290 |
| Vanguard Growth Index Fund(MF-2071) | Mutual Fund | 1,775,109 | N/A | N/A | - | 1,775,109 | N/A | N/A |
| Delware Value Instl | Mutual Fund | 1,874,236 | 2,135,267 | N/A | - | 1,874,236 | 2,135,267 | 261,031 |
| Vanguard Value Index Fund(MF-2051) | Mutual Fund | 2,605,160 | N/A | N/A | - | 2,605,160 | N/A | N/A |
| Doubleline Total Return Instl | Mutual Fund | 1,209,749 | 1,182,994 | N/A | - | 1,209,749 | 1,182,994 | (26,755) |
| Guggenheim Total Return Bond Instl | Mutual Fund | 1,186,518 | N/A | N/A | - | 1,186,518 | N/A | N/A |
| Fidelity Strategic Income | Mutual Fund | 1,327,411 | 1,364,428 | N/A | - | 1,327,411 | 1,364,428 | 37,017 |
| PIMCO Diversified Inc Fund(MF-1054) | Mutual Fund | 1,364,428 | N/A | N/A | - | 1,364,428 | N/A | N/A |
| First Eagle Global I | Mutual Fund | 2,156,493 | 2,257,343 | N/A | - | 2,156,493 | 2,257,343 | 100,850 |
| First Eagle Global Fund(MF-1747) | Mutual Fund | 2,670,965 | N/A | N/A | - | 2,670,965 | N/A | N/A |
| Hartford Balanced Income Y | Mutual Fund | 1,232,818 | 1,300,451 | N/A | - | 1,232,818 | 1,300,451 | 67,633 |
| Hartford Balanced Income Fund(MF-JGE) | Mutual Fund | 1,300,451 | N/A | N/A | - | 1,300,451 | N/A | N/A |
| Metlife Stable Value Fund | Common Collective Trust | 1,337,125 | 1,437,993 | N/A | - | 1,337,125 | 1,437,993 | 100,868 |
| SAGIC Diversified Bond II | Guaranteed Interest Account | 1,437,993 | N/A | N/A | - | 1,437,993 | N/A | N/A |
| Touchstone Focused Y | Mutual Fund | 1,889,806 | 2,305,804 | N/A | - | 1,889,806 | 2,305,804 | 415,998 |
| Vanguard 500 Index Fund(MF-469) | Mutual Fund | 2,702,123 | N/A | N/A | - | 2,702,123 | N/A | N/A |
| Vanguard Interm-Term Bond Index Admiral | Mutual Fund | 2,309,982 | 2,304,437 | N/A | - | 2,309,982 | 2,304,437 | (5,545) |
| Vanguard Interm-Term Bond Index Fnd(MF-2247) | Mutual Fund | 2,304,437 | N/A | N/A | - | 2,304,437 | N/A | N/A |

See Independent Auditors' Report
and Notes to the Financial Statements.

| A Name of Plan | B Three-digit plan Number |
|---|---|
| **Adams Fairacre Farms, Inc. 401(k) Plan** | **001** |
| **C Plan sponsor's name as shown on line 2a of Form 5500** | **D Employer Identification Number** |
| **Adams Fairacre Farms, Inc.** | **141489189** |

# Schedule C Formula Description and/or EIC Statement Description

| Service Provider Name | Service Provider EIN | Service Provider Address | Formula / EIC Statement |
|---|---|---|---|
| American Funds | 951411037 | | American Funds received estimated Investment Management Fees of 0.54% with respect to plan assets held in the American Funds New World Fund (MR-1756). |
| American Funds | 205881275 | | American Funds received estimated Investment Management Fees of 0.32% with respect to plan assets held in the American Fnds 2010 Target Dt Ret Fd (MR-1717). |
| American Funds | 205897363 | | American Funds received estimated Investment Management Fees of 0.34% with respect to plan assets held in the American Fnds 2020 Target Dt Ret Fd (MR-1719). |
| American Funds | 205897406 | | American Funds received estimated Investment Management Fees of 0.38% with respect to plan assets held in the American Fnds 2030 Target Dt Ret Fd (MR-1721). |
| American Funds | 205897447 | | American Funds received estimated Investment Management Fees of 0.40% with respect to plan assets held in the American Fnds 2040 Target Dt Ret Fd (MR-1723). |
| American Funds | 205897493 | | American Funds received estimated Investment Management Fees of 0.40% with respect to plan assets held in the American Fnds 2050 Target Dt Ret Fd (MR-1725). |
| American Funds | 951411037 | | American Funds received estimated Investment Management Fees of 0.40% with respect to plan assets held in the American Fnds 2060 Target Dt Ret Fd (MR-3048). |
| Eaton Vance | 042325690 | | Eaton Vance received estimated Investment Management Fees of 0.81% with respect to plan assets held in the Eaton Vance Atlanta Cap SMID-Cap Fd (MR-J8F). |
| Eaton Vance | 042325690 | | Eaton Vance received estimated Investment Management Fees of 0.81% with respect to plan assets held in Eaton Vance Atlanta Cap SMID-Cap Fd (MR-J8F) which is a component of Managed Balanced Portfolio (OF 42069). |
| Fidelity Investments | 042466841 | | Fidelity Investments received estimated Investment Management Fees of 0.04% with respect to plan assets held in the Fidelity Mid Cap Index Fund (MR-3917). |
| First Eagle | 133392291 | | First Eagle received estimated Investment Management Fees of 0.75% with respect to plan assets held in the First Eagle Global Fund (MR-1747). |
| First Eagle | 133392291 | | First Eagle received estimated Investment Management Fees of 0.75% with respect to plan assets held in First Eagle Global Fund (MR-1747) which is a component of Managed Balanced Portfolio (OF 42069). |
| John Hancock | 043279774 | | John Hancock received estimated Investment Management Fees of 0.83% with respect to plan assets held in the JHancock3 International Growth Fund (MR-3488). |
| John Hancock | 043279774 | | John Hancock received estimated Investment Management Fees of 0.83% with respect to plan assets held in JHancock3 International Growth Fund (MR-3488) which is a component of Managed Balanced Portfolio (OF 42069). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual. |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual received estimated Management Fees of 0.32% with respect to plan assets held in the SAGIC (62540) (62540). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual received estimated Administrative Fees of 0.10% with respect to plan assets held in the Prem U.S. Govt Mny Mkt Fd (Barings) (MR-G). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual received estimated Investment Management Fees of 0.35% with respect to plan assets held in the Prem U.S. Govt Mny Mkt Fd (Barings) (MR-G). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual received estimated Management Fees of 0.32% with respect to plan assets held in SAGIC (62540) (62540) which is a component of Managed Balanced Portfolio (OF 42069). |
| Oppenheimer | 133955887 | | Oppenheimer received estimated Investment Management Fees of 0.92% with respect to plan assets held in the Oppenheimer Int'l Small-Mid Co Fd (MR-1575). |

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

| | | |
|---|---|---|
| Oppenheimer | 133955887 | Oppenheimer received estimated Investment Management Fees of 0.92% with respect to plan assets held in Oppenheimer Int'l Small-Mid Co Fd (MR-1575) which is a component of Managed Balanced Portfolio (OF 42069). |
| PIMCO Funds | 952632339 | PIMCO Funds received estimated Investment Management Fees of 0.75% with respect to plan assets held in the PIMCO Diversified Inc Fund (MR-1054). |
| PIMCO Funds | 952632339 | PIMCO Funds received estimated Investment Management Fees of 0.75% with respect to plan assets held in PIMCO Diversified Inc Fund (MR-1054) which is a component of Managed Balanced Portfolio (OF 42069). |
| Pioneer | 030460956 | Pioneer received estimated Investment Management Fees of 0.61% with respect to plan assets held in the Pioneer Fundamental Growth Fd (MR-2701). |
| Pioneer | 030460956 | Pioneer received estimated Investment Management Fees of 0.61% with respect to plan assets held in Pioneer Fundamental Growth Fd (MR-2701) which is a component of Managed Balanced Portfolio (OF 42069). |
| Rydex SGI | 486104426 | Rydex SGI received estimated Investment Management Fees of 0.39% with respect to plan assets held in the Guggenheim Total Return Bond Fund (MR-3971). |
| Rydex SGI | 486104426 | Rydex SGI received estimated Investment Management Fees of 0.39% with respect to plan assets held in Guggenheim Total Return Bond Fund (MR-3971) which is a component of Managed Balanced Portfolio (OF 42069). |
| The Hartford | 222937447 | The Hartford received estimated Investment Management Fees of 0.55% with respect to plan assets held in the Hartford Balanced Income Fund (MR-JGE). |
| Vanguard | 231999755 | Vanguard received estimated Investment Management Fees of 0.03% with respect to plan assets held in the Vanguard 500 Index Fund (MR-469). |
| Vanguard | 231999755 | Vanguard received estimated Investment Management Fees of 0.05% with respect to plan assets held in the Vanguard Value Index Fund (MR-2051). |
| Vanguard | 231999755 | Vanguard received estimated Investment Management Fees of 0.05% with respect to plan assets held in the Vanguard Growth Index Fund (MR-2071). |
| Vanguard | 231999755 | Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Energy Index Fund (MR-2722). |
| Vanguard | 231945930 | Vanguard received estimated Investment Management Fees of 0.16% with respect to plan assets held in the Vanguard Equity-Income Fund (MR-1284). |
| Vanguard | 231945930 | Vanguard received estimated Investment Management Fees of 0.06% with respect to plan assets held in the Vanguard Balanced Index Fund (MR-2102). |
| Vanguard | 520794097 | Vanguard received estimated Investment Management Fees of 0.05% with respect to plan assets held in the Vanguard Small Cap Index Fund (MR-2065). |
| Vanguard | 231945930 | Vanguard received estimated Investment Management Fees of 0.11% with respect to plan assets held in the Vanguard Real Estate Index Fund (MR-2097). |
| Vanguard | 231999755 | Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Vanguard Health Care Index Fund (MR-2681). |
| Vanguard | 231945930 | Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Vanguard Total Intl Bond Index Fd (MR-3373). |
| Vanguard | 231999755 | Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Vanguard Information Tech Indx Fd (MR-2472). |
| Vanguard | 231945930 | Vanguard received estimated Investment Management Fees of 0.07% with respect to plan assets held in the Vanguard Emerg Mrkts Stock Indx Fd (MR-2067). |
| Vanguard | 231945930 | Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Total Intl Stock Index Fd (MR-2066). |
| Vanguard | 231945930 | Vanguard received estimated Investment Management Fees of 0.06% with respect to plan assets held in the Vanguard Interm-Term Bond Index Fnd (MR-2247). |
| Vanguard | 231999755 | Vanguard received estimated Investment Management Fees of 0.03% with respect to plan assets held in Vanguard 500 Index Fund (MR-469) which is a component of Managed Balanced Portfolio (OF 42069). |
| Vanguard | 231999755 | Vanguard received estimated Investment Management Fees of 0.05% with respect to plan assets held in Vanguard Growth Index Fund (MR-2071) which is a component of Managed Balanced Portfolio (OF 42069). |
| Vanguard | 231945930 | Vanguard received estimated Investment Management Fees of 0.16% with respect to plan assets held in Vanguard Equity-Income Fund (MR-1284) which is a component of Managed Balanced Portfolio (OF 42069). |
| Vanguard | 231945930 | Vanguard received estimated Investment Management Fees of 0.06% with respect to plan |

| | | |
|---|---|---|
| | | assets held in Vanguard Balanced Index Fund (MR-2102) which is a component of Managed Balanced Portfolio (OF 42069). |
| Vanguard | 520794097 | Vanguard received estimated Investment Management Fees of 0.05% with respect to plan assets held in Vanguard Small Cap Index Fund (MR-2065) which is a component of Managed Balanced Portfolio (OF 42069). |
| Vanguard | 231945930 | Vanguard received estimated Investment Management Fees of 0.11% with respect to plan assets held in Vanguard Real Estate Index Fund (MR-2097) which is a component of Managed Balanced Portfolio (OF 42069). |
| Vanguard | 231999755 | Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in Vanguard Health Care Index Fund (MR-2681) which is a component of Managed Balanced Portfolio (OF 42069). |
| Vanguard | 231945930 | Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in Vanguard Total Intl Bond Index Fd (MR-3373) which is a component of Managed Balanced Portfolio (OF 42069). |
| Vanguard | 231945930 | Vanguard received estimated Investment Management Fees of 0.07% with respect to plan assets held in Vanguard Emerg Mrkts Stock Indx Fd (MR-2067) which is a component of Managed Balanced Portfolio (OF 42069). |
| Vanguard | 231945930 | Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in Vanguard Total Intl Stock Index Fd (MR-2066) which is a component of Managed Balanced Portfolio (OF 42069). |
| Vanguard | 231945930 | Vanguard received estimated Investment Management Fees of 0.06% with respect to plan assets held in Vanguard Interm-Term Bond Index Fnd (MR-2247) which is a component of Managed Balanced Portfolio (OF 42069). |

MassMutual

# Schedule C Soft Dollar Compensation
# Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in the MassMutual Premier or Select Funds, MassMutual provided the required written disclosure regarding soft dollar compensation on the Schedule C Formula Description and/or EIC Statement Description Attachment. For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information ("SAI").

For additional information on soft dollar compensation, refer to the section of the mutual fund's SAI that discusses brokerage allocation and other practices.

| A Name of Plan | B Three-digit Plan Number |
|---|---|
| **Adams Fairacre Farms, Inc. 401(k) Plan** | **001** |
| **C Plan sponsor's name as shown on line 2a of Form 5500** | **D Employee Identification Number** |
| **Adams Fairacre Farms, Inc.** | **141489189** |

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

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease Rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| MassMutual | Guaranteed Interest | 1,439,295 | 0 | | 0 | 0 | 0 | 0 |
| Vanguard | MF-469 | 2,702,123 | 38,838 | | 0 | 38,838 | 38,838 | 0 |
| | MF-1284 | 7,457 | 87 | | 0 | 87 | 87 | 0 |
| | MF-2051 | 2,605,160 | 30,577 | | 0 | 30,577 | 30,577 | 0 |
| | MF-2065 | 510,128 | 17,123 | | 0 | 17,123 | 17,123 | 0 |
| | MF-2066 | 148,090 | 2,607 | | 0 | 2,607 | 2,607 | 0 |
| | MF-2071 | 1,775,109 | 31,967 | | 0 | 31,967 | 31,967 | 0 |
| | MF-2097 | 451,223 | 10,608 | | 0 | 10,608 | 10,608 | 0 |
| | MF-2247 | 2,311,512 | 0 | | 0 | 0 | 0 | 0 |
| | MF-2681 | 418,787 | 7,823 | | 0 | 7,823 | 7,823 | 0 |
| | MF-3373 | 823,553 | 0 | | 0 | 0 | 0 | 0 |
| Rydex SGI | MF-3971 | 1,192,659 | 0 | | 0 | 0 | 0 | 0 |
| Eaton Vanc | MF-J8F | 700,978 | 21,885 | | 0 | 21,885 | 21,885 | 0 |
| First Eagle | MF-1747 | 2,670,965 | 29,287 | | 0 | 29,287 | 29,287 | 0 |
| Oppenheim | MF-1575 | 610,251 | 10,485 | | 0 | 10,485 | 10,485 | 0 |
| PIMCO Fun | MF-1054 | 1,367,872 | 2,492 | | 0 | 2,492 | 2,492 | 0 |
| The Hartfor | MF-JGE | 1,300,451 | 9,758 | | 0 | 9,758 | 9,758 | 0 |
| John Hanco | MF-3488 | 268,116 | 6,049 | | 0 | 6,049 | 6,049 | 0 |
| American F | MF-1717 | 68,005 | 438 | | 0 | 438 | 438 | 0 |
| | MF-1719 | 160,430 | 1,289 | | 0 | 1,289 | 1,289 | 0 |
| | MF-1721 | 89,419 | 1,149 | | 0 | 1,149 | 1,149 | 0 |
| | MF-1723 | 285,005 | 4,493 | | 0 | 4,493 | 4,493 | 0 |
| | MF-1725 | 51,860 | 861 | | 0 | 861 | 861 | 0 |
| | MF-1756 | 171,516 | 2,983 | | 0 | 2,983 | 2,983 | 0 |
| Fidelity Inve | MF-3917 | 686,477 | 18,029 | | 0 | 18,029 | 18,029 | 0 |

**Schedule H, Line 4i**
**Schedule of Assets (Held At End of Year)**

Name of Plan:

► Adams Fairacre Farms, Inc. 401(k) Plan

Employer Identification Number:► 14-1489189

For plan year (beginning/ending):► 2/1/2017 / 12/31/2017 Plan number:► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | SAGIC Diversified Bond II | Guaranteed Interest Account | NR | $ 1,498,535 |
| * | MassMutual Premier | Holding Account - MF-G | NR | 88 |
| * | Vanguard Total Intl Bond Index Fd(MF-3373) | Mutual Fund | NR | 800,517 |
| * | Vanguard Interm-Term Bond Index Fnd(MF-2247) | Mutual Fund | NR | 2,079,668 |
| * | Guggenheim Total Return Bond Instl | Mutual Fund | NR | 1,106,160 |
| * | PIMCO Diversified Inc Fund(MF-1054) | Mutual Fund | NR | 1,336,867 |
| * | Vanguard Value Index Fund(MF-2051) | Mutual Fund | NR | 2,778,032 |
| * | Vanguard Equity-Income Fund(MF-1284) | Mutual Fund | NR | 59,340 |
| * | Vanguard 500 Index Fund(MF-469) | Mutual Fund | NR | 2,787,003 |
| * | Vanguard Growth Index Fund(MF-2071) | Mutual Fund | NR | 1,911,264 |
| * | Eaton Vance Atlanta Cap SMID-Cap Fd(MF-J8F) | Mutual Fund | NR | 708,591 |
| * | Vanguard Small Cap Index Fund(MF-2065) | Mutual Fund | NR | 643,397 |
| * | Vanguard Total Intl Stock Index Fd(MF-2066) | Mutual Fund | NR | 286,333 |
| * | Oppenheimer Int'l Small-Mid Co Fd(MF-1575) | Mutual Fund | NR | 653,147 |
| * | American Funds New World Fund(MF-1756) | Mutual Fund | NR | 176,226 |
| * | JHancock3 International Growth Fund(MF-3488) | Mutual Fund | NR | 318,424 |
| * | First Eagle Global Fund(MF-1747) | Mutual Fund | NR | 2,678,719 |
| * | Vanguard Health Care Index Fund(MF-2681) | Mutual Fund | NR | 434,504 |
| * | Vanguard REIT Index Fund(MF-2097) | Mutual Fund | NR | 386,566 |
| * | Hartford Balanced Income Fund(MF-JGE) | Mutual Fund | NR | 1,807,866 |
| * | American Fnds 2010 Target Dt Ret Fd(MF-1717) | Mutual Fund | NR | 70,808 |
| * | American Fnds 2020 Target Dt Ret Fd(MF-1719) | Mutual Fund | NR | 322,918 |
| * | American Fnds 2030 Target Dt Ret Fd(MF-1721) | Mutual Fund | NR | 248,132 |
| * | American Fnds 2040 Target Dt Ret Fd(MF-1723) | Mutual Fund | NR | 617,625 |
| * | American Fnds 2050 Target Dt Ret Fd(MF-1725) | Mutual Fund | NR | 154,804 |
| * | American Fnds 2060 Target Dt Fd | Mutual Fund | NR | 8,426 |
| * | Vangard Emerging Markets Stock Fund Index | Mutual Fund | NR | 6,892 |
| * | Vanguard Info Tech Index Fund | Mutual Fund | NR | 41,881 |
| * | Pioneer Fundamental Growth Fund | Mutual Fund | NR | 8,099 |
| * | Fideltiy Mid Cap Index Fund | Mutual Fund | NR | 865,398 |
| * | Managed Balanced Portfolio | Outside Fund | NR | 290,379 |
| * | Participant Loans | Interest Rate (4.25%-5.50%) | -0- | 806,913 |
| | | Total | | $ 25,893,522 |

* Party-In-Interest to the Plan
NR Not Required

See Independent Auditors' Report
and Notes to the Financial Statements.

**Schedule H , Line 4j - Schedule of Reportable Transactions**

**Adams Fairacre Farms, Inc. 401(k) Plan**
**EIN 14-1489189, PN 001**
**For Plan Year Ended December 31, 2017**

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expense Incurred with Transaction | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain (Loss) |
|---|---|---|---|---|---|---|---|---|
| **Description** | | | | | | | | |
| American Funds AmCap Fund R6 | Mutual Fund | 960,064 | 1,155,354 | N/A | - | 960,064 | 1,155,354 | 195,290 |
| Vanguard Growth Index Fund(MF-2071) | Mutual Fund | 1,775,109 | N/A | N/A | - | 1,775,109 | N/A | N/A |
| Delware Value Instl | Mutual Fund | 1,874,236 | 2,135,267 | N/A | - | 1,874,236 | 2,135,267 | 261,031 |
| Vanguard Value Index Fund(MF-2051) | Mutual Fund | 2,605,160 | N/A | N/A | - | 2,605,160 | N/A | N/A |
| Doubleline Total Return Instl | Mutual Fund | 1,209,749 | 1,182,994 | N/A | - | 1,209,749 | 1,182,994 | (26,755) |
| Guggenheim Total Return Bond Instl | Mutual Fund | 1,186,518 | N/A | N/A | - | 1,186,518 | N/A | N/A |
| Fidelity Strategic Income | Mutual Fund | 1,327,411 | 1,364,428 | N/A | - | 1,327,411 | 1,364,428 | 37,017 |
| PIMCO Diversified Inc Fund(MF-1054) | Mutual Fund | 1,364,428 | N/A | N/A | - | 1,364,428 | N/A | N/A |
| First Eagle Global I | Mutual Fund | 2,156,493 | 2,257,343 | N/A | - | 2,156,493 | 2,257,343 | 100,850 |
| First Eagle Global Fund(MF-1747) | Mutual Fund | 2,670,965 | N/A | N/A | - | 2,670,965 | N/A | N/A |
| Hartford Balanced Income Y | Mutual Fund | 1,232,818 | 1,300,451 | N/A | - | 1,232,818 | 1,300,451 | 67,633 |
| Hartford Balanced Income Fund(MF-JGE) | Mutual Fund | 1,300,451 | N/A | N/A | - | 1,300,451 | N/A | N/A |
| Metlife Stable Value Fund | Common Collective Trust | 1,337,125 | 1,437,993 | N/A | - | 1,337,125 | 1,437,993 | 100,868 |
| SAGIC Diversified Bond II | Guaranteed Interest Account | 1,437,993 | N/A | N/A | - | 1,437,993 | N/A | N/A |
| Touchstone Focused Y | Mutual Fund | 1,889,806 | 2,305,804 | N/A | - | 1,889,806 | 2,305,804 | 415,998 |
| Vanguard 500 Index Fund(MF-469) | Mutual Fund | 2,702,123 | N/A | N/A | - | 2,702,123 | N/A | N/A |
| Vanguard Interm-Term Bond Index Admiral | Mutual Fund | 2,309,982 | 2,304,437 | N/A | - | 2,309,982 | 2,304,437 | (5,545) |
| Vanguard Interm-Term Bond Index Fnd(MF-2247) | Mutual Fund | 2,304,437 | N/A | N/A | - | 2,304,437 | N/A | N/A |

See Independent Auditors' Report
and Notes to the Financial Statements.