# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2019**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

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

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

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

**1a** Name of plan
ROCKLAND BAKERY 401(K) PLAN

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

**1c** Effective date of plan 01/01/1994

**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)
ROCKLAND BAKERY, INC.

94 DEMAREST MILL RD W
NANUET, NY 10954

**2b** Employer Identification Number (EIN)
13-3350340

**2c** Plan Sponsor's telephone number
845-821-4581

**2d** Business code (see instructions)
311800

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2020 | SALVATORE BATTAGLIA |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2020 | SALVATORE BATTAGLIA |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 351 |
| **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)** | 351 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 664 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 16 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 680 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 681 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 101 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

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

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

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

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

OMB No. 1210-0110

**2019**

**This Form is Open to Public Inspection**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** Name of plan
ROCKLAND BAKERY 401(K) PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
ROCKLAND BAKERY, INC.

**D** Employer Identification Number (EIN)
13-3350340

**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
MASSMUTUAL LIFE INSURANCE CO.

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 04-1590850 | 65935 | GA-836388 | 101 | 01/01/2019 | 12/31/2019 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 10295 | 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

AXA NETWORK LLC
250 INTERSTATE DR STE 250
HARRISBURG, PA 17110

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 10295 | | | 3 |

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 398703 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 4970592 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 461601 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 1178 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 6876 | | |
| | (4) Transferred from separate account | 7c(4) | 0 | | |
| | (5) Other (specify below) ▶ | 7c(5) | 0 | | |
| | (6) Total additions | | | 7c(6) | 8054 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 469655 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 2584 | | |
| | (2) Administration charge made by carrier | 7e(2) | 36 | | |
| | (3) Transferred to separate account | 7e(3) | 65180 | | |
| | (4) Other (specify below) ▶ LOAN W/D | 7e(4) | 3152 | | |
| | (5) Total deductions | | | 7e(5) | 70952 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 398703 |

## 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.** | **2019**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** Name of plan
ROCKLAND BAKERY 401(K) PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
ROCKLAND BAKERY, INC.

**D** Employer Identification Number (EIN)
13-3350340

## 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)

MASSMUTUAL LIFE INSURANCE 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? |
|---|---|---|---|---|---|---|
| 15 23 37 38 50 54 55 59 60 62 63 64 65 66 99 | NONE | 1604 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

ENVESTNET RETIREMENT SOLUTIONS, LLC

61-1732930

| (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? |
|---|---|---|---|---|---|---|
| 27 | NONE | 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 [ ] |

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSMUTUAL LIFE INSURANCE CO. | 15 23 37 38 50 54 55 59 60 62 63 64 65 66 99 | 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. |
|---|---|
| SEE ATTACHED<br><br>04-1590850 | SEE ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ENVESTNET RETIREMENT SOLUTIONS, LLC | 27 | 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. |
|---|---|
| MASSMUTUAL LIFE INSURANCE CO.<br><br>04-1590850 | SEE ATTACHED |

| **(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

**2019**

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

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** Name of plan
ROCKLAND BAKERY 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
ROCKLAND BAKERY, INC.

**D** Employer Identification Number (EIN)
13-3350340

## 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: SEPARATE ACCOUNT SCAI

**b** Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE CO.

| **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) |
|---|---|---|
| 04-1590850-000 | P | 4970592 |

**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 |

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2019**

**This Form is Open to Public Inspection**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** Name of plan
ROCKLAND BAKERY 401(K) PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
ROCKLAND BAKERY, INC.

**D** Employer Identification Number (EIN)
13-3350340

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(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) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(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) | 62151 | 88069 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(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) | 3436456 | 4970592 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 461601 | 398703 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | 0 | 0 |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 3960208 | 5457364 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 3960208 | 5457364 |

## 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) | 220163 | |
| | **(B)** Participants | 2a(1)(B) | 299648 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 0 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 519811 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| | **(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) | 4517 | |
| | **(F)** Other | 2b(1)(F) | 6876 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 11393 |
| | **(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) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | 0 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | 1012882 |
| **(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) | | 0 |
| **c** Other income | 2c | | 0 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1544086 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 45326 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | | |
| **(3)** Other | 2e(3) | | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 45326 |
| **f** Corrective distributions (see instructions) | 2f | | 0 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| **(2)** Contract administrator fees | 2i(2) | | |
| **(3)** Investment advisory and management fees | 2i(3) | | |
| **(4)** Other | 2i(4) | 1604 | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 1604 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 46930 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1497156 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | 2l(1) | | 0 |
| **(2)** From this plan | 2l(2) | | 0 |

## Part III Accountant's Opinion

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

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

**(1)** [ ] Unmodified **(2)** [ ] Qualified **(3)** [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: RBT CPA,LLP **(2)** EIN: 14-0304297

**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 | |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2019**

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

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** Name of plan
ROCKLAND BAKERY 401(K) PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
ROCKLAND BAKERY, INC.

**D** Employer Identification Number (EIN)
13-3350340

## 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

**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): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

FINANCIAL REPORT
Audited

# ROCKLAND BAKERY 401(K) PLAN

December 31, 2019

***Audited for:***

Plan Administrator and Participants
Rockland Bakery 401(k) Plan

***Audited by:***
RBT CPAs, LLP
11 Racquet Road
Newburgh, NY 12550
(845) 567-9000

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LIMITED LIABILITY PARTNERSHIP
CERTIFIED PUBLIC ACCOUNTANTS BUSINESS DEVELOPMENT CONSULTANTS

# INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Participants
Rockland Bakery 401(k) Plan
94 Demarest Mill Road
Nanuet, NY 10954

**Report on the Financial Statements**
We were engaged to audit the accompanying financial statements of the Rockland Bakery 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

**Basis for Disclaimer of Opinion**
As permitted by Section 29 CFR 2520.103-8 of the United States 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, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian as of December 31, 2019 and 2018, and for the years then ended, that the information provided to the Plan Administrator by the custodian 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.

**Emphasis of Matter**
As discussed in Note 7 to the financial statements, the spread of the global pandemic, coronavirus disease (COVID-19), has created economic uncertainty.

**Other Matter**
The supplemental schedule of assets (held at end of year) as of December 31, 2019 is required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. 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 schedule.

**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 schedule, other than that derived from the information certified or provided by the custodian, 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.

*RBT CPAs, LLP*

Newburgh, NY
October 13, 2020

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| As of December 31 | 2019 | 2018 |
|---|---|---|
| **ASSETS** | | |
| Investments at Fair Value (Note 3): | | |
| Pooled Separate Accounts | **$ 4,970,592** | $ 3,436,455 |
| Fully Benefit-Responsive Investment Contract at Contract Value (Note 5) | **398,703** | 461,601 |
| Total Investments | **5,369,295** | 3,898,056 |
| Receivables: | | |
| Employer Contributions Receivable | **2,906** | - |
| Participant Contributions Receivable | **4,515** | - |
| Notes Receivable from Participants | **88,069** | 62,152 |
| Total Receivables | **95,490** | 62,152 |
| Net Assets Available for Benefits | **$ 5,464,785** | $ 3,960,208 |

*See Notes to Financial Statements.*

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

| For the Years Ended December 31 | 2019 | 2018 |
|---|---|---|
| Additions to Net Assets Attributed to: | | |
| Investment Income: | | |
| Net Appreciation/(Depreciation) on Investments | **$ 1,012,882** | $ (275,194) |
| Interest and Dividends | **6,876** | 6,757 |
| Total Investment Gain/(Loss) | **1,019,758** | (268,437) |
| Contributions: | | |
| Employer | **223,069** | 209,478 |
| Participant Deferrals | **304,163** | 286,702 |
| Rollovers | **-** | 7,386 |
| Total Contributions | **527,232** | 503,566 |
| Participant Loan Interest | **4,517** | 3,164 |
| Total Additions | **1,551,507** | 238,293 |
| Deductions from Net Assets Attributed to: | | |
| Distributions | **45,326** | 162,342 |
| Administrative Expenses | **1,604** | 2,366 |
| Total Deductions | **46,930** | 164,708 |
| Net Increase in Net Assets | **1,504,577** | 73,585 |
| Net Assets Available for Benefits: | | |
| Beginning | **3,960,208** | 3,886,623 |
| Ending | **$ 5,464,785** | $ 3,960,208 |

*See Notes to Financial Statements.*

## NOTES TO FINANCIAL STATEMENTS

### 1. Plan Description

The following description of the Rockland Bakery 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is a defined contribution profit sharing plan covering all employees other than union employees of Rockland Bakery, Inc. and Penn-Del Baking Distributors Inc. (collectively, the "Company") who attained the age of 21 and have completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

**Contributions**

Each year, participants may contribute pre-tax and Roth contributions, not to exceed the Internal Revenue Service ("IRS") limit, as defined in the Plan agreement. Pursuant to safe harbor rules, an employee who is eligible to make elective deferrals is eligible to receive an allocation of matching contributions. For the years ended December 31, 2019 and 2018, the Company contributed up to 4% of employees' compensation. The Plan allows for discretionary contributions by the Company, with the amount to be determined by the Company's Board of Directors each Plan year. For the years ended December 31, 2019 and 2018, there were no discretionary contributions made by the Company. Contributions are subject to certain limitations.

**Vesting**

Participants are immediately vested in their contributions and safe harbor matching contributions, plus actual earnings thereon. Vesting in Company discretionary contributions is based on years of continuous service. A participant is 100% vested after 3 years of service.

**Participant Accounts**

Participant accounts are credited with the participant's contributions and an allocation of the Company's contributions and Plan earnings/(losses). Allocations are based on each participant's earnings or account balance, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested accounts.

**Notes Receivable from Participants**

Participants may borrow from their fund account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or fifty percent of their vested account balance. Loan terms range from one to five years, with the exception of loans for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus one percent per annum. Principal and interest are paid ratably through payroll deductions.

**Distributions**

Upon termination, retirement or death, a participant receives a lump-sum amount equal to the value of his or her vested account. Upon termination, any non-vested portion of the account balance is forfeited.

**Forfeitures**

Forfeitures in the amount of $0 and $2,416 were used to reduce employer contributions during 2019 and 2018, respectively. Forfeiture balances amounted to $2,571 and $2,348 as of December 31, 2019 and 2018, respectively.

**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 be 100% vested in their account balances.

**Administration**

The Plan is administered by the Company, which is the "Plan Sponsor". Massachusetts Mutual Life Insurance Company ("MassMutual") is the custodian and recordkeeper for the Plan.

**2. Summary of Significant Accounting Policies:**

**Basis of Accounting**
The Plan uses the accrual method of accounting which recognizes income when it is earned and expenses as they are incurred.

**Pervasiveness of Estimates**
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results may differ from those estimates.

**Investment Valuation and Income Recognition**
The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value.

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

**Notes Receivable from Participants**
Notes receivable from participants are measured at their unpaid principal balance. Any accrued but unpaid interest is included in the balance. Delinquent loans are treated as distributions based upon the terms of the Plan document.

**Payment of Benefits**
Benefits are recorded when paid.

**Administrative Expenses**
All expenses of maintaining the Plan, to the extent that the Company does not pay such expenses, are paid by the Plan. Participant loan setup fees and distribution fees are deducted from the proceeds paid to the initiating participants.

**Income Taxes**
Effective March 31, 2014, the Plan adopted a Volume Submitter Profit Sharing Plan with CODA sponsored by MassMutual. The Plan has received an opinion letter from the IRS as to the Plan's qualified status. The profit sharing plan opinion letter has been relied upon by this Plan. The Plan Administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code ("IRC").

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan Administrator has analyzed the tax positions taken by the Plan and concluded that, as of December 31, 2019, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2016.

**Risks and Uncertainties**
The Plan utilizes various investment instruments which are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements. The Plan's investments are not insured or protected by the Plan's custodian. Accordingly, the Plan is subject to the normal investment risks associated with money market funds, mutual funds, stocks, bonds and other similar types of investments.

On March 11, 2020, the World Health Organization characterized coronavirus (COVID-19) as a pandemic, and on March 13, 2020, the President of the United States declared a national emergency relating to the disease. In addition to the President's declaration, state and local authorities have recommended social distancing and have imposed quarantine and isolation measures on large portions of the population, including mandatory business closures. These measures are designed to protect the overall public health, however are expected to have material adverse impacts on domestic and foreign economies and may result in the United States entering a period of recession.

**2. Summary of Significant Accounting Policies (continued):**

As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits, as mentioned above. Because of the uncertainty of the markets during this time, Plan management is unable to estimate the total impact the pandemic will have.

**3. Information Certified by Custodian:**

The following is a summary of the Plan's asset information as of December 31, 2019 and 2018, and for the years then ended, included throughout the Plan's financial statements and the supplemental schedule, that was prepared by or derived from information provided by the custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and the supplemental schedule.

The following table presents the fair value of the assets in the Plan certified by MassMutual.

| As of December 31 | | **2019** | | 2018 |
|---|---|---|---|---|
| Pooled Separate Accounts | **$** | **4,970,592** | $ | 3,436,455 |
| Fully Benefit-Responsive Investment Contract at Contract Value | | **398,703** | | 461,601 |
| Total Certified Investments | | **5,369,295** | | 3,898,056 |
| Notes Receivable from Participants | | **88,069** | | 62,152 |
| Total Certified Plan Assets | **$** | **5,457,364** | $ | 3,960,208 |

MassMutual also certified to the completeness and accuracy of $1,012,882 and $(275,194) of net appreciation/(depreciation) in fair value of investments and $11,393 and $9,921 of interest and dividends related to the aforementioned Plan Assets for the years ended December 31, 2019 and 2018, respectively.

**4. Fair Value Measurements:**

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures* provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to the valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

a. Quoted prices for similar assets or liabilities in active markets;
b. Quoted prices for identical or similar assets or liabilities in inactive markets;
c. Inputs other than quoted prices that are observable for the asset or liability;
d. Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

**4. Fair Value Measurements (continued):**

*Pooled Separate Accounts*: Pooled separate accounts are stated at the fair value based on the year end market value of each unit held, which is based upon the market value of the underlying assets of the funds less management fees. The pooled separate accounts do not have any unfunded commitments relating to their investments, or any significant restrictions or redemptions. Participant-directed redemptions can be made on any business day and do not have a redemption notice period

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

| | **December 31, 2019** | | | |
|---|---|---|---|---|
| | **Total** | **Level 1** | **Level 2** | **Level 3** |
| Pooled Separate Accounts | **$ 4,970,592** | **$ -** | **$ 4,970,591** | **$ -** |

| | December 31, 2018 | | | |
|---|---|---|---|---|
| | Total | Level 1 | Level 2 | Level 3 |
| Pooled Separate Accounts | $ 3,436,455 | $ - | $ 3,436,455 | $ - |

Management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to the total net assets available for benefits. For the yearss ended December 31, 2019 and 2018 there were no significant transfers in or out of Level 3.

**5. Investment Contract:**
The Plan is party to an investment contract with MassMutual whereby allocated contributions are maintained in a guaranteed interest account. The contract is included in the financial statements at contract value (which represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses), because it is fully-benefit responsive. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with MassMutual. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable. The investment contract does not permit MassMutual to terminate the agreement prior to the scheduled maturity date.

**6. Related Party Transactions:**
Certain Plan investments are managed by MassMutual. Therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment management services and recordkeeping services amounted to $1,604 and $2,366 for the years ended December 31, 2019 and 2018, respectively.

**7. Subsequent Events:**
In March 2020, the World Health Organization categorized COVID-19 as a pandemic, and the President of the United States declared the COVID-19 outbreak a national emergency. The COVID-19 pandemic has led to volatility in financial markets and has affected, and may continue to affect, the market price of the Plan assets. The potential economic impact brought by, and the duration of, COVID-19 is difficult to assess or predict and will depend on future developments that are highly uncertain and cannot be predicted.

**7. Subsequent Events (continued):**

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which laws change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions. The optional features within these acts are currently being assessed but have not been implemented to date. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance. No other subsequent events were identified through October 13, 2020, the date these financial statements were issued.

**8. Reconciliation to the Form 5500:**

A reconciliation of net assets available for Plan benefits per the financial statements to the Form 5500 is as follows:

| As of December 31 | | **2019** | | 2018 |
|---|---|---|---|---|
| Net assets available for benefits per the financial statements | **$** | **5,464,785** | $ | 3,960,208 |
| Adjustments: | | | | |
| Contributions Receivable - Ending | | **(7,421)** | | - |
| Net assets available for benefits as presented on Form 5500 | **$** | **5,457,364** | $ | 3,960,208 |

The following is a reconciliation of total additions per the financial statements to the Form 5500:

| For the Year Ended December 31 | | **2019** | | 2018 |
|---|---|---|---|---|
| Total Additions per the Financial Statements | **$** | **1,551,507** | $ | 238,293 |
| Adjustment: | | | | |
| Contributions Receivable - Ending | | **(7,421)** | | - |
| Excess Contributions Payable - Beginning | | **-** | | 8,605 |
| Other Income per Form 5500 | | **-** | | 4,032 |
| Total Additions as presented on Form 5500 | **$** | **1,544,086** | $ | 250,930 |

The following is a reconciliation of total deductions per the financial statements to the Form 5500:

| For the Year Ended December 31 | | **2019** | | 2018 |
|---|---|---|---|---|
| Total Deductions per the Financial Statements | **$** | **46,930** | $ | 164,708 |
| Adjustments: | | | | |
| Excess Contributions Payable - Beginning | | **-** | | 8,605 |
| Other Income per Form 5500 | | **-** | | 4,032 |
| Total Deductions as presented on Form 5500 | **$** | **46,930** | $ | 177,345 |

# SUPPLEMENTARY INFORMATION

**SCHEDULE 1 - SCHEDULE OF ASSETS (HELD AT END OF YEAR))**
**FORM 5500, SCHEDULE H, LINE 4I**
**PLAN NUMBER 001, PLAN EIN 13-3350340**

| As of December 31, 2019 | Shares/Units | Cost | Value |
|---|---|---|---|
| Pooled Separate Accounts: | | | |
| The Hartford Healthcare R4 | N/A | ** | $ 32,978 |
| Royce Total Return Svc | N/A | ** | 53,468 |
| Ivy Science and Technology Y | N/A | ** | 764,270 |
| Franklin Growth A | N/A | ** | 268,008 |
| Franklin Mutual Global Disc A | N/A | ** | 80,352 |
| Oppenheimer International Bond A | N/A | ** | 864 |
| Oppenheimer Real Estate A | N/A | ** | 55,339 |
| Franklin Small Cap Value A | N/A | ** | 42,801 |
| Oppenheimer Gold & Special Minerals A | N/A | ** | 1,279 |
| AF Washington Mutual | N/A | ** | 16,982 |
| Victory Sycamore Est Val A | N/A | ** | 113,597 |
| MFS Total Return R3 | N/A | ** | 1,655,792 |
| Invesco Comstock A | N/A | ** | 249,908 |
| Invesco Small Cap Growth A | N/A | ** | 69,500 |
| BlackRock Health Science Opps A | N/A | ** | 23,652 |
| The Hartford MidCap R4 | N/A | ** | 46,293 |
| MFS Emerging Markets Debt R3 | N/A | ** | 4,874 |
| Delaware Emerging Markets A | N/A | ** | 65,158 |
| JPMorgan SmartRetirement 2035 A | N/A | ** | 34,666 |
| * MM S&P 500 Index R4 | N/A | ** | 974,922 |
| BlackRock Global Dividend Inv A | N/A | ** | 30,941 |
| BlackRock Total Return A | N/A | ** | 15,453 |
| Dreyfus Opportunistic Mdcp Val A | N/A | ** | 14,552 |
| * MM MSCI EAFE International Index R4 | N/A | ** | 14,796 |
| * MM S&P Mid Cap Index R4 | N/A | ** | 63,789 |
| Premier Opp Funds Inc SC Opps R4 | N/A | ** | 44,234 |
| Columbia Large Cap Growth III A | N/A | ** | 209,146 |
| Oppenheimer Total Return Bond A | N/A | ** | 1,113 |
| JPMorgan SmartRetirement 2030 A | N/A | ** | 17,800 |
| CLB Mid Cap | N/A | ** | 410 |
| JPMorgan SmartRetirement 2020 A | N/A | ** | 510 |
| JPMorgan SmartRetirement 2025 A | N/A | ** | 514 |
| JPMorgan SmartRetirement 2040 A | N/A | ** | 529 |
| JPMorgan SmartRetirement 2045 A | N/A | ** | 531 |
| JPMorgan SmartRetirement 2050 A | N/A | ** | 531 |
| JPMorgan SmartRetirement Income A | N/A | ** | 508 |
| JPMorgan SmartRetirement 2055 A | N/A | ** | 531 |
| | N/A | ** | 1 |
| | | | 4,970,592 |
| Fully Benefit-Responsive Investment Contract at Contract Value: | | | |
| * Fixed Income | N/A | ** | 398,703 |
| Notes Receivable from Participants: | | | |
| * Participant Loans, varying maturity dates, Interest rates range from 4.50% to 6.50% | 13 loans outstanding | | 88,069 |
| | | | $ 5,457,364 |

N/A Share data is not available
* Represents a party-in-interest as defined by ERISA
** Cost omitted for participant directed investments

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, the funds listed below had soft dollar arrangements during the previous fiscal year-end. For details, please refer to the Portfolio Transactions and Brokerage section of the Statement of Additional Information ("SAI"). 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.

**MassMutual Premier Funds**

MassMutual Premier Global Fund
MassMutual Premier International Eq Fund
MassMutual Premier Main Street Fund
MassMutual Premier Small Cap Opps Fund
MassMutual Premier Strat Emerg Mkts Fund

**MassMutual Select Funds**

MassMutual Select BlackRock Glbl Allc Fund
MassMutual Select Blue Chip Growth Fund
MassMutual Select Diversified Value Fund
MassMutual Select Equity Opports Fund
MassMutual Select Fundamental Value Fund
MassMutual Select Growth Opps Fund
MassMutual Select Mid Cap Growth Fund
MassMutual Select Mid Cap Value Fund
MassMutual Select Overseas Fund
MassMutual Select Small Cap Growth Eq Fund
MassMutual Select Small Cap Val Eq Fund
MassMutual Select Small Company Val Fund
MassMutual Select TRP Intl Equity
MassMutual Select TRP Retirement 2005
MassMutual Select TRP Retirement 2010
MassMutual Select TRP Retirement 2015
MassMutual Select TRP Retirement 2020
MassMutual Select TRP Retirement 2025
MassMutual Select TRP Retirement 2030
MassMutual Select TRP Retirement 2035
MassMutual Select TRP Retirement 2040
MassMutual Select TRP Retirement 2045
MassMutual Select TRP Retirement 2050
MassMutual Select TRP Retirement 2055
MassMutual Select TRP Retirement 2060
MassMutual Select TRP Retirement Bal

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# Fee and Compensation Disclosure Report

Please refer to the plan's ERISA Section 408(b)(2) Disclosure materials, including the 408(b)(2) Disclosure Statement(s), Investment Option Disclosure(s), Service Agreement and Contract Amendments and 408(b)(2) Disclosure Statement Change Notices (the "408(b)(2) Disclosure Materials") previously delivered to you. You can also access copies of your 408(b)(2) Disclosure Materials through your MassMutual plan sponsor portal or you can contact your account manager for assistance.

The 408(b)(2) Disclosure Materials and this document, together, can assist a plan administrator ("you") in completing the Form 5500 Schedule C[1] by identifying different types of services and the different types of compensation paid with respect to the product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

**Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2019 - 12/31/2019 and indirect compensation is presented on a calendar year basis ending 12/31/2019.**

This report includes compensation actually paid to or by MassMutual within the indicated plan year as part of your MassMutual-serviced product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your MassMutual customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than MassMutual). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes (based on the information in our records) with respect to services provided through our product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

**Please contact your MassMutual Service Team should you require additional information regarding the compensation paid to or by MassMutual with respect to your plan.**

*****

**Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan's service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.**

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[1]Please refer to the Schedule C of the Form 5500 and its instructions (available at: http://www.dol.gov/ebsa/5500main.html), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

# FORM 5500 SCHEDULE C REPORT
# SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

## ROCKLAND BAKERY 401(K) PLAN (836388)
## EIN #: 13-3350340

***Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2019 - 12/31/2019 and indirect compensation is presented on a calendar year basis ending 12/31/2019.***

***For use with lines 2(h), 3(c), 3(d), 3(e)***

***Total Direct Compensation Paid*** **$1,622.00**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

***Recipient: Massachusetts Mutual Life Insurance Company EIN: 04-1590850***

**Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)**

*Direct Compensation* **$1,622.00**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2019 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Massachusetts Mutual Life Insurance Company ("MMLIC") are the net result of aggregating direct compensation after the effects of adjustments processed in 2019, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

*Indirect Compensation*

**Float compensation** **$13.03**

Bank accounts and investments associated with short-term investment pool

This is an estimate based on the annual average rate of float (0.399% for 2019) earned on the bank accounts and investments associated with the short-term investment pool for the 2019 calendar year multiplied by an estimate of the assets related to uncashed checks.* This estimate does not include float earned for any other reason (e.g., if amounts remitted cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

* A complete listing of distribution checks that remain outstanding for your plan is available on the Retirement Plan Access web site under the Standard Reports section (Report R03998-Outstanding Distribution Checks). Uncashed check assets will continue to remain in a float-earning bank account until such time direction is received from the Plan Sponsor, subject to applicable regulation. The Plan Sponsor should consult with the Plan’s/Plan Sponsor’s tax advisor or benefits counsel to determine if assets attributable to uncashed checks should be included on the Form 5500 filing.

**Non Monetary Compensation**

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. In addition, if applicable to the plan, MassMutual agents may qualify for certain forms of non-monetary compensation as a result of the sale of MassMutual contracts. These forms of non-monetary compensation include health, vision, life and disability coverage; matching contributions to 401(k) plans; cash balance and nonqualified pension plan contributions; participation at MassMutual-sponsored conferences based on recognition; and other non-monetary compensation (meals, entertainment, prizes, awards, gifts). If applicable, each plan in the agent's book of business is allocated compensation based on a pro rata basis using the number of plans representing the agent's book of business as of 12/31/2019.Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual. Please consult with your legal or tax advisors if you have any questions.

**Compensation paid with respect to Funds***

*Note: If your plan's investment options are available through a group variable insurance contract, your plan does not invest directly in the underlying funds listed below. For information regarding the plan's investment option menu, including but not limited to any fees and charges associated with the plan's investment contract, please refer to the 408(b)(2) Disclosure Materials.

| *Underlying Investment Option Name* | *EIN* | *Revenue Sharing Rate (%) Paid to MassMutual (rates as of 12/31/2019)* | *Underlying Fund Gross Expense Ratio as of the Fund's Year End** | *Separate Account Charge*** |
|---|---|---|---|---|
| AMERICAN FUNDS WASHMUTUAL INV R3 | 52-0793788 | .65 | 0.92% | 0.10% |
| BLACKROCK GLBL DIV PORT INVSTR A | 13-3806694 | .55 | 1.01% | 0.10% |
| BLACKROCK HEALTH SCIENCES OPPS A | 51-0318674 | .55 | 1.13% | 0.10% |
| BLACKROCK TOTAL RETURN A | 13-2949519 | .55 | 0.80% | 0.10% |
| BNY MELLON OPPORTUNIST MC VAL A | 13-3851784 | .5 | 1.15% | 0.10% |
| CLEARBRIDGE MID CAP A | 52-1200960 | .55 | 1.15% | 0.10% |
| COLUMBIA LARGE CAP GROWTH OPP A | 94-1687665 | .5 | 1.12% | 0.10% |
| DELAWARE EMERGING MARKETS A | 23-2651520 | .55 | 1.63% | 0.10% |
| FIXED ACCOUNT | 06-0974148 | | 0.00% | 0.00% |
| FRANKLIN GROWTH A | 13-2573775 | .5 | 0.84% | 0.10% |
| FRANKLIN MUTUAL GLOBAL DISC A | 22-2894171 | .5 | 1.23% | 0.10% |
| FRANKLIN SMALL CAP VALUE A | 13-3151768 | .5 | 1.07% | 0.10% |
| INVESCO COMSTOCK A | 84-0933032 | .55 | 0.82% | 0.10% |
| INVESCO OPPEN GOLD & SPEC MIN A | 84-0933032 | .55 | 1.27% | 0.10% |
| INVESCO OPPEN INT'L BD A | 76-0343427 | .55 | 1.04% | 0.10% |
| INVESCO OPPEN REAL ESTATE A | 76-0343427 | .55 | 1.45% | 0.10% |
| INVESCO OPPEN TOTAL RETURN BD A | 04-2509354 | .55 | 0.84% | 0.10% |
| INVESCO SMALL CAP GROWTH A | 94-2362417 | .55 | 1.18% | 0.10% |
| IVY SCIENCE AND TECHNOLOGY Y | 48-1112076 | .45 | 1.21% | 0.10% |
| JPMORGAN SMARTRETIREMENT 2020 A | 33-1043149 | .55 | 1.07% | 0.10% |
| JPMORGAN SMARTRETIREMENT 2025 A | 33-1043149 | .55 | 1.08% | 0.10% |
| JPMORGAN SMARTRETIREMENT 2030 A | 33-1043149 | .55 | 1.12% | 0.10% |
| JPMORGAN SMARTRETIREMENT 2035 A | 33-1043149 | .55 | 1.15% | 0.10% |
| JPMORGAN SMARTRETIREMENT 2040 A | 33-1043149 | .55 | 1.20% | 0.10% |
| JPMORGAN SMARTRETIREMENT 2045 A | 33-1043149 | .55 | 1.24% | 0.10% |
| JPMORGAN SMARTRETIREMENT 2050 A | 33-1043149 | .55 | 1.31% | 0.10% |
| JPMORGAN SMARTRETIREMENT 2055 A | 33-1043149 | .55 | 1.35% | 0.10% |
| JPMORGAN SMARTRETIREMENT INC A | 33-1043149 | .55 | 1.03% | 0.10% |
| MFS EMERGING MARKETS DEBT R3 | 04-3158862 | .5 | 1.06% | 0.10% |

| *Underlying Investment Option Name* | *EIN* | *Revenue Sharing Rate (%) Paid to MassMutual (rates as of 12/31/2019)* | *Underlying Fund Gross Expense Ratio as of the Fund's Year End*[*] | *Separate Account Charge*[**] |
|---|---|---|---|---|
| MFS TOTAL RETURN R3 | 04-2468583 | .5 | 0.73% | 0.10% |
| MM MSCI EAFE INTERNATL INDEX R4 | 04-2483041 | .5 | 0.82% | 0.10% |
| MM S&P 500 INDEX R4 | 04-2483041 | .5 | 0.62% | 0.10% |
| MM S&P MID CAP INDEX R4 | 04-2483041 | .5 | 0.66% | 0.10% |
| PREMIER INV ADV INC SM CP OPS R4 | 04-2483041 | .5 | 1.14% | 0.10% |
| ROYCE TOTAL RETURN SVC | 13-3139046 | .45 | 1.54% | 0.10% |
| THE HARTFORD HEALTHCARE R4 | 22-2937447 | .5 | 1.30% | 0.10% |
| THE HARTFORD MIDCAP R4 | 22-2937447 | .5 | 1.16% | 0.10% |
| VICTORY SYCAMORE EST VALUE A | 31-6364605 | .55 | 0.95% | 0.10% |

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in insurance company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The above list includes any investment option held by the plan on at least one month end during the 2019 calendar year. To arrive at an estimate of the dollar amount that MassMutual received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

[*]This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus.and/or Statement of Information Please note that some of the funds available through your service contract or arrangement from a family of mutual funds that are affiliated with MassMutual (MassMutual Select Funds and MassMutual Premier Funds). These affiliated mutual funds have contracts for services with companies that are affiliated with MassMutual. The MassMutual-affiliated companies that provide these services, and are compensated in connection with those services, are listed below. For more information about these affiliated mutual funds, see the applicable fund prospectus and/or Statement of Information.

| **MassMutual Affiliate** | **Services** | **Compensation** |
|---|---|---|
| MML Distributors, LLC | Principal Underwriter to the MassMutual Select Funds and MassMutual Premier Funds | As Principal Underwriter paid by the fund in the form of dealer concessions |
| MML Investment Advisors, LLC | Administrator to the MassMutual Select Funds and MassMutual Premier Funds | Paid by the fund in the form of fees for services |
| Massachusetts Mutual Life Insurance Company | Provides certain administrative services to the MassMutual Select Funds and MassMutual Premier Funds | Paid by the Administrator in the form of fees for services |
| Massachusetts Mutual Life Insurance Company | Shareholder Serving Agent to the MassMutual Select Funds and MassMutual Premier Funds | Paid by the fund in the form of fees for services |
| MML Investment Advisors, LLC | Investment Adviser to the MassMutual Select Funds and MassMutual Premier Funds | Paid by the fund in the form of investment advisory fees based on assets under management |
| Barings LLC | Sub-Adviser to certain of the MassMutual Premier Funds | Paid by the Investment Adviser in the form of investment advisory fees based on assets under management |
| OppenheimerFunds, Inc. | Sub-Adviser to certain of the MassMutual Premier Funds | Paid by the Investment Adviser in the form of investment advisory fees based on assets under management |
| OFI Global Institutional, Inc. | Sub-Adviser to certain of the MassMutual Select Funds and MassMutual Premier Funds | Paid by the Investment Adviser in the form of investment advisory fees based on assets under management |

****Separate Account Charge**

[see fund chart]% per annum of the daily Sub-Account values (pursuant to the group annuity contract or funding agreement)

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## *Recipient: AXA NETWORK LLC EIN: 06-1555494*

**Service Codes:**

Please contact your Service Provider for the list of applicable services performed and Service Codes.

### *Direct Compensation* **$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

### *Indirect Compensation*

*** Sales commission** Payor: Massachussetts Mutual Life Insurance Co. EIN: 04-1590850 **$10,294.74**

** Sales Commissions are reported on a Plan Year basis.*

**Non Monetary Compensation**

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. In addition, if applicable to the plan, MassMutual agents may qualify for certain forms of non-monetary compensation as a result of the sale of MassMutual contracts. These forms of non-monetary compensation include health, vision, life and disability coverage; matching contributions to 401(k) plans; cash balance and nonqualified pension plan contributions; participation at MassMutual-sponsored conferences based on recognition; and other non-monetary compensation (meals, entertainment, prizes, awards, gifts). If applicable, each plan in the agent's book of business is allocated compensation based on a pro rata basis using the number of plans representing the agent's book of business as of 12/31/2019 . Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual. Please consult with your legal or tax advisors if you have any questions

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## *Recipient: Envestnet Retirement Solutions, LLC(ERS) EIN: 61-1732930*

### *Indirect Compensation*

**Annual basis point fee for Envestnet's plan investment advisory service**
**Service code: 27**

Payor: Massachusetts Mutual Life Insurance Company EIN: 04-1590850

MassMutual paid Envestnet Retirement Solutions, LLC(ERS) an annual fee based on a tiered percentage of assets equal to 0.94 bps of the aggregate assets of all participating plans in the Fiduciary Assure Program with respect to ERS's investment advisory services.

# Direct Revenue Detail

**Recipient:** ***Massachusetts Mutual Life Insurance Company***

| **Fee Description** | **Dollar Amount** |
|---|---|
| Paper Enrollment Fee | $100.00 |
| Loan Set-up Fee | $750.00 |
| Rapid Delivery Fee | $120.00 |
| One-Time Distribution Fee | $250.00 |
| Loan Administration Fee | $402.00 |
| **Total Direct Revenue:** | **$1,622.00** |
| **Grand Total Direct Fees:** | **$1,622.00** |

FINANCIAL REPORT
Audited

# ROCKLAND BAKERY 401(K) PLAN

December 31, 2019

***Audited for:***

Plan Administrator and Participants
Rockland Bakery 401(k) Plan

***Audited by:***
RBT CPAs, LLP
11 Racquet Road
Newburgh, NY 12550
(845) 567-9000

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LIMITED LIABILITY PARTNERSHIP
CERTIFIED PUBLIC ACCOUNTANTS BUSINESS DEVELOPMENT CONSULTANTS

# INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Participants
Rockland Bakery 401(k) Plan
94 Demarest Mill Road
Nanuet, NY 10954

**Report on the Financial Statements**
We were engaged to audit the accompanying financial statements of the Rockland Bakery 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

**Basis for Disclaimer of Opinion**
As permitted by Section 29 CFR 2520.103-8 of the United States 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, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian as of December 31, 2019 and 2018, and for the years then ended, that the information provided to the Plan Administrator by the custodian 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.

**Emphasis of Matter**
As discussed in Note 7 to the financial statements, the spread of the global pandemic, coronavirus disease (COVID-19), has created economic uncertainty.

**Other Matter**
The supplemental schedule of assets (held at end of year) as of December 31, 2019 is required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. 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 schedule.

**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 schedule, other than that derived from the information certified or provided by the custodian, 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.

*RBT CPAs, LLP*

Newburgh, NY
October 13, 2020

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| As of December 31 | 2019 | 2018 |
|---|---|---|
| **ASSETS** | | |
| Investments at Fair Value (Note 3): | | |
| Pooled Separate Accounts | **$ 4,970,592** | $ 3,436,455 |
| Fully Benefit-Responsive Investment Contract at Contract Value (Note 5) | **398,703** | 461,601 |
| Total Investments | **5,369,295** | 3,898,056 |
| Receivables: | | |
| Employer Contributions Receivable | **2,906** | - |
| Participant Contributions Receivable | **4,515** | - |
| Notes Receivable from Participants | **88,069** | 62,152 |
| Total Receivables | **95,490** | 62,152 |
| Net Assets Available for Benefits | **$ 5,464,785** | $ 3,960,208 |

*See Notes to Financial Statements.*

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

| For the Years Ended December 31 | 2019 | 2018 |
|---|---|---|
| Additions to Net Assets Attributed to: | | |
| Investment Income: | | |
| Net Appreciation/(Depreciation) on Investments | **$ 1,012,882** | $ (275,194) |
| Interest and Dividends | **6,876** | 6,757 |
| Total Investment Gain/(Loss) | **1,019,758** | (268,437) |
| Contributions: | | |
| Employer | **223,069** | 209,478 |
| Participant Deferrals | **304,163** | 286,702 |
| Rollovers | **-** | 7,386 |
| Total Contributions | **527,232** | 503,566 |
| Participant Loan Interest | **4,517** | 3,164 |
| Total Additions | **1,551,507** | 238,293 |
| Deductions from Net Assets Attributed to: | | |
| Distributions | **45,326** | 162,342 |
| Administrative Expenses | **1,604** | 2,366 |
| Total Deductions | **46,930** | 164,708 |
| Net Increase in Net Assets | **1,504,577** | 73,585 |
| Net Assets Available for Benefits: | | |
| Beginning | **3,960,208** | 3,886,623 |
| Ending | **$ 5,464,785** | $ 3,960,208 |

*See Notes to Financial Statements.*

## NOTES TO FINANCIAL STATEMENTS

### 1. Plan Description

The following description of the Rockland Bakery 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is a defined contribution profit sharing plan covering all employees other than union employees of Rockland Bakery, Inc. and Penn-Del Baking Distributors Inc. (collectively, the "Company") who attained the age of 21 and have completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

**Contributions**

Each year, participants may contribute pre-tax and Roth contributions, not to exceed the Internal Revenue Service ("IRS") limit, as defined in the Plan agreement. Pursuant to safe harbor rules, an employee who is eligible to make elective deferrals is eligible to receive an allocation of matching contributions. For the years ended December 31, 2019 and 2018, the Company contributed up to 4% of employees' compensation. The Plan allows for discretionary contributions by the Company, with the amount to be determined by the Company's Board of Directors each Plan year. For the years ended December 31, 2019 and 2018, there were no discretionary contributions made by the Company. Contributions are subject to certain limitations.

**Vesting**

Participants are immediately vested in their contributions and safe harbor matching contributions, plus actual earnings thereon. Vesting in Company discretionary contributions is based on years of continuous service. A participant is 100% vested after 3 years of service.

**Participant Accounts**

Participant accounts are credited with the participant's contributions and an allocation of the Company's contributions and Plan earnings/(losses). Allocations are based on each participant's earnings or account balance, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested accounts.

**Notes Receivable from Participants**

Participants may borrow from their fund account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or fifty percent of their vested account balance. Loan terms range from one to five years, with the exception of loans for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus one percent per annum. Principal and interest are paid ratably through payroll deductions.

**Distributions**

Upon termination, retirement or death, a participant receives a lump-sum amount equal to the value of his or her vested account. Upon termination, any non-vested portion of the account balance is forfeited.

**Forfeitures**

Forfeitures in the amount of $0 and $2,416 were used to reduce employer contributions during 2019 and 2018, respectively. Forfeiture balances amounted to $2,571 and $2,348 as of December 31, 2019 and 2018, respectively.

**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 be 100% vested in their account balances.

**Administration**

The Plan is administered by the Company, which is the "Plan Sponsor". Massachusetts Mutual Life Insurance Company ("MassMutual") is the custodian and recordkeeper for the Plan.

**2. Summary of Significant Accounting Policies:**

**Basis of Accounting**
The Plan uses the accrual method of accounting which recognizes income when it is earned and expenses as they are incurred.

**Pervasiveness of Estimates**
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results may differ from those estimates.

**Investment Valuation and Income Recognition**
The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value.

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

**Notes Receivable from Participants**
Notes receivable from participants are measured at their unpaid principal balance. Any accrued but unpaid interest is included in the balance. Delinquent loans are treated as distributions based upon the terms of the Plan document.

**Payment of Benefits**
Benefits are recorded when paid.

**Administrative Expenses**
All expenses of maintaining the Plan, to the extent that the Company does not pay such expenses, are paid by the Plan. Participant loan setup fees and distribution fees are deducted from the proceeds paid to the initiating participants.

**Income Taxes**
Effective March 31, 2014, the Plan adopted a Volume Submitter Profit Sharing Plan with CODA sponsored by MassMutual. The Plan has received an opinion letter from the IRS as to the Plan's qualified status. The profit sharing plan opinion letter has been relied upon by this Plan. The Plan Administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code ("IRC").

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan Administrator has analyzed the tax positions taken by the Plan and concluded that, as of December 31, 2019, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2016.

**Risks and Uncertainties**
The Plan utilizes various investment instruments which are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements. The Plan's investments are not insured or protected by the Plan's custodian. Accordingly, the Plan is subject to the normal investment risks associated with money market funds, mutual funds, stocks, bonds and other similar types of investments.

On March 11, 2020, the World Health Organization characterized coronavirus (COVID-19) as a pandemic, and on March 13, 2020, the President of the United States declared a national emergency relating to the disease. In addition to the President's declaration, state and local authorities have recommended social distancing and have imposed quarantine and isolation measures on large portions of the population, including mandatory business closures. These measures are designed to protect the overall public health, however are expected to have material adverse impacts on domestic and foreign economies and may result in the United States entering a period of recession.

**2. Summary of Significant Accounting Policies (continued):**

As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits, as mentioned above. Because of the uncertainty of the markets during this time, Plan management is unable to estimate the total impact the pandemic will have.

**3. Information Certified by Custodian:**

The following is a summary of the Plan's asset information as of December 31, 2019 and 2018, and for the years then ended, included throughout the Plan's financial statements and the supplemental schedule, that was prepared by or derived from information provided by the custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and the supplemental schedule.

The following table presents the fair value of the assets in the Plan certified by MassMutual.

| As of December 31 | | **2019** | | 2018 |
|---|---|---|---|---|
| Pooled Separate Accounts | **$** | **4,970,592** | $ | 3,436,455 |
| Fully Benefit-Responsive Investment Contract at Contract Value | | **398,703** | | 461,601 |
| Total Certified Investments | | **5,369,295** | | 3,898,056 |
| Notes Receivable from Participants | | **88,069** | | 62,152 |
| Total Certified Plan Assets | **$** | **5,457,364** | $ | 3,960,208 |

MassMutual also certified to the completeness and accuracy of $1,012,882 and $(275,194) of net appreciation/(depreciation) in fair value of investments and $11,393 and $9,921 of interest and dividends related to the aforementioned Plan Assets for the years ended December 31, 2019 and 2018, respectively.

**4. Fair Value Measurements:**

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures* provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to the valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

a. Quoted prices for similar assets or liabilities in active markets;
b. Quoted prices for identical or similar assets or liabilities in inactive markets;
c. Inputs other than quoted prices that are observable for the asset or liability;
d. Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

**4. Fair Value Measurements (continued):**

*Pooled Separate Accounts*: Pooled separate accounts are stated at the fair value based on the year end market value of each unit held, which is based upon the market value of the underlying assets of the funds less management fees. The pooled separate accounts do not have any unfunded commitments relating to their investments, or any significant restrictions or redemptions. Participant-directed redemptions can be made on any business day and do not have a redemption notice period

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

| | **December 31, 2019** | | | |
|---|---|---|---|---|
| | **Total** | **Level 1** | **Level 2** | **Level 3** |
| Pooled Separate Accounts | **$ 4,970,592** | **$ -** | **$ 4,970,591** | **$ -** |

| | December 31, 2018 | | | |
|---|---|---|---|---|
| | Total | Level 1 | Level 2 | Level 3 |
| Pooled Separate Accounts | $ 3,436,455 | $ - | $ 3,436,455 | $ - |

Management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to the total net assets available for benefits. For the yearss ended December 31, 2019 and 2018 there were no significant transfers in or out of Level 3.

**5. Investment Contract:**
The Plan is party to an investment contract with MassMutual whereby allocated contributions are maintained in a guaranteed interest account. The contract is included in the financial statements at contract value (which represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses), because it is fully-benefit responsive. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with MassMutual. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable. The investment contract does not permit MassMutual to terminate the agreement prior to the scheduled maturity date.

**6. Related Party Transactions:**
Certain Plan investments are managed by MassMutual. Therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment management services and recordkeeping services amounted to $1,604 and $2,366 for the years ended December 31, 2019 and 2018, respectively.

**7. Subsequent Events:**
In March 2020, the World Health Organization categorized COVID-19 as a pandemic, and the President of the United States declared the COVID-19 outbreak a national emergency. The COVID-19 pandemic has led to volatility in financial markets and has affected, and may continue to affect, the market price of the Plan assets. The potential economic impact brought by, and the duration of, COVID-19 is difficult to assess or predict and will depend on future developments that are highly uncertain and cannot be predicted.

**7. Subsequent Events (continued):**

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which laws change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions. The optional features within these acts are currently being assessed but have not been implemented to date. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance. No other subsequent events were identified through October 13, 2020, the date these financial statements were issued.

**8. Reconciliation to the Form 5500:**

A reconciliation of net assets available for Plan benefits per the financial statements to the Form 5500 is as follows:

| As of December 31 | | **2019** | | 2018 |
|---|---|---|---|---|
| Net assets available for benefits per the financial statements | **$** | **5,464,785** | $ | 3,960,208 |
| Adjustments: | | | | |
| Contributions Receivable - Ending | | **(7,421)** | | - |
| Net assets available for benefits as presented on Form 5500 | **$** | **5,457,364** | $ | 3,960,208 |

The following is a reconciliation of total additions per the financial statements to the Form 5500:

| For the Year Ended December 31 | | **2019** | | 2018 |
|---|---|---|---|---|
| Total Additions per the Financial Statements | **$** | **1,551,507** | $ | 238,293 |
| Adjustment: | | | | |
| Contributions Receivable - Ending | | **(7,421)** | | - |
| Excess Contributions Payable - Beginning | | **-** | | 8,605 |
| Other Income per Form 5500 | | **-** | | 4,032 |
| Total Additions as presented on Form 5500 | **$** | **1,544,086** | $ | 250,930 |

The following is a reconciliation of total deductions per the financial statements to the Form 5500:

| For the Year Ended December 31 | | **2019** | | 2018 |
|---|---|---|---|---|
| Total Deductions per the Financial Statements | **$** | **46,930** | $ | 164,708 |
| Adjustments: | | | | |
| Excess Contributions Payable - Beginning | | **-** | | 8,605 |
| Other Income per Form 5500 | | **-** | | 4,032 |
| Total Deductions as presented on Form 5500 | **$** | **46,930** | $ | 177,345 |

# SUPPLEMENTARY INFORMATION

**SCHEDULE 1 - SCHEDULE OF ASSETS (HELD AT END OF YEAR))**
**FORM 5500, SCHEDULE H, LINE 4I**
**PLAN NUMBER 001, PLAN EIN 13-3350340**

| As of December 31, 2019 | Shares/Units | Cost | Value |
|---|---|---|---|
| Pooled Separate Accounts: | | | |
| The Hartford Healthcare R4 | N/A | ** | $ 32,978 |
| Royce Total Return Svc | N/A | ** | 53,468 |
| Ivy Science and Technology Y | N/A | ** | 764,270 |
| Franklin Growth A | N/A | ** | 268,008 |
| Franklin Mutual Global Disc A | N/A | ** | 80,352 |
| Oppenheimer International Bond A | N/A | ** | 864 |
| Oppenheimer Real Estate A | N/A | ** | 55,339 |
| Franklin Small Cap Value A | N/A | ** | 42,801 |
| Oppenheimer Gold & Special Minerals A | N/A | ** | 1,279 |
| AF Washington Mutual | N/A | ** | 16,982 |
| Victory Sycamore Est Val A | N/A | ** | 113,597 |
| MFS Total Return R3 | N/A | ** | 1,655,792 |
| Invesco Comstock A | N/A | ** | 249,908 |
| Invesco Small Cap Growth A | N/A | ** | 69,500 |
| BlackRock Health Science Opps A | N/A | ** | 23,652 |
| The Hartford MidCap R4 | N/A | ** | 46,293 |
| MFS Emerging Markets Debt R3 | N/A | ** | 4,874 |
| Delaware Emerging Markets A | N/A | ** | 65,158 |
| JPMorgan SmartRetirement 2035 A | N/A | ** | 34,666 |
| * MM S&P 500 Index R4 | N/A | ** | 974,922 |
| BlackRock Global Dividend Inv A | N/A | ** | 30,941 |
| BlackRock Total Return A | N/A | ** | 15,453 |
| Dreyfus Opportunistic Mdcp Val A | N/A | ** | 14,552 |
| * MM MSCI EAFE International Index R4 | N/A | ** | 14,796 |
| * MM S&P Mid Cap Index R4 | N/A | ** | 63,789 |
| Premier Opp Funds Inc SC Opps R4 | N/A | ** | 44,234 |
| Columbia Large Cap Growth III A | N/A | ** | 209,146 |
| Oppenheimer Total Return Bond A | N/A | ** | 1,113 |
| JPMorgan SmartRetirement 2030 A | N/A | ** | 17,800 |
| CLB Mid Cap | N/A | ** | 410 |
| JPMorgan SmartRetirement 2020 A | N/A | ** | 510 |
| JPMorgan SmartRetirement 2025 A | N/A | ** | 514 |
| JPMorgan SmartRetirement 2040 A | N/A | ** | 529 |
| JPMorgan SmartRetirement 2045 A | N/A | ** | 531 |
| JPMorgan SmartRetirement 2050 A | N/A | ** | 531 |
| JPMorgan SmartRetirement Income A | N/A | ** | 508 |
| JPMorgan SmartRetirement 2055 A | N/A | ** | 531 |
| | N/A | ** | 1 |
| | | | 4,970,592 |
| Fully Benefit-Responsive Investment Contract at Contract Value: | | | |
| * Fixed Income | N/A | ** | 398,703 |
| Notes Receivable from Participants: | | | |
| * Participant Loans, varying maturity dates, Interest rates range from 4.50% to 6.50% | 13 loans outstanding | | 88,069 |
| | | | $ 5,457,364 |

N/A Share data is not available
* Represents a party-in-interest as defined by ERISA
** Cost omitted for participant directed investments

FINANCIAL REPORT
Audited

# ROCKLAND BAKERY 401(K) PLAN

December 31, 2019

***Audited for:***

Plan Administrator and Participants
Rockland Bakery 401(k) Plan

***Audited by:***
RBT CPAs, LLP
11 Racquet Road
Newburgh, NY 12550
(845) 567-9000

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LIMITED LIABILITY PARTNERSHIP
CERTIFIED PUBLIC ACCOUNTANTS BUSINESS DEVELOPMENT CONSULTANTS

# INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Participants
Rockland Bakery 401(k) Plan
94 Demarest Mill Road
Nanuet, NY 10954

**Report on the Financial Statements**
We were engaged to audit the accompanying financial statements of the Rockland Bakery 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

**Basis for Disclaimer of Opinion**
As permitted by Section 29 CFR 2520.103-8 of the United States 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, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian as of December 31, 2019 and 2018, and for the years then ended, that the information provided to the Plan Administrator by the custodian 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.

**Emphasis of Matter**
As discussed in Note 7 to the financial statements, the spread of the global pandemic, coronavirus disease (COVID-19), has created economic uncertainty.

**Other Matter**
The supplemental schedule of assets (held at end of year) as of December 31, 2019 is required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. 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 schedule.

**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 schedule, other than that derived from the information certified or provided by the custodian, 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.

*RBT CPAs, LLP*

Newburgh, NY
October 13, 2020

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| As of December 31 | 2019 | 2018 |
|---|---|---|
| **ASSETS** | | |
| Investments at Fair Value (Note 3): | | |
| Pooled Separate Accounts | **$ 4,970,592** | $ 3,436,455 |
| Fully Benefit-Responsive Investment Contract at Contract Value (Note 5) | **398,703** | 461,601 |
| Total Investments | **5,369,295** | 3,898,056 |
| Receivables: | | |
| Employer Contributions Receivable | **2,906** | - |
| Participant Contributions Receivable | **4,515** | - |
| Notes Receivable from Participants | **88,069** | 62,152 |
| Total Receivables | **95,490** | 62,152 |
| Net Assets Available for Benefits | **$ 5,464,785** | $ 3,960,208 |

*See Notes to Financial Statements.*

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

| For the Years Ended December 31 | 2019 | 2018 |
|---|---|---|
| Additions to Net Assets Attributed to: | | |
| Investment Income: | | |
| Net Appreciation/(Depreciation) on Investments | **$ 1,012,882** | $ (275,194) |
| Interest and Dividends | **6,876** | 6,757 |
| Total Investment Gain/(Loss) | **1,019,758** | (268,437) |
| Contributions: | | |
| Employer | **223,069** | 209,478 |
| Participant Deferrals | **304,163** | 286,702 |
| Rollovers | **-** | 7,386 |
| Total Contributions | **527,232** | 503,566 |
| Participant Loan Interest | **4,517** | 3,164 |
| Total Additions | **1,551,507** | 238,293 |
| Deductions from Net Assets Attributed to: | | |
| Distributions | **45,326** | 162,342 |
| Administrative Expenses | **1,604** | 2,366 |
| Total Deductions | **46,930** | 164,708 |
| Net Increase in Net Assets | **1,504,577** | 73,585 |
| Net Assets Available for Benefits: | | |
| Beginning | **3,960,208** | 3,886,623 |
| Ending | **$ 5,464,785** | $ 3,960,208 |

*See Notes to Financial Statements.*

## NOTES TO FINANCIAL STATEMENTS

### 1. Plan Description

The following description of the Rockland Bakery 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is a defined contribution profit sharing plan covering all employees other than union employees of Rockland Bakery, Inc. and Penn-Del Baking Distributors Inc. (collectively, the "Company") who attained the age of 21 and have completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

**Contributions**

Each year, participants may contribute pre-tax and Roth contributions, not to exceed the Internal Revenue Service ("IRS") limit, as defined in the Plan agreement. Pursuant to safe harbor rules, an employee who is eligible to make elective deferrals is eligible to receive an allocation of matching contributions. For the years ended December 31, 2019 and 2018, the Company contributed up to 4% of employees' compensation. The Plan allows for discretionary contributions by the Company, with the amount to be determined by the Company's Board of Directors each Plan year. For the years ended December 31, 2019 and 2018, there were no discretionary contributions made by the Company. Contributions are subject to certain limitations.

**Vesting**

Participants are immediately vested in their contributions and safe harbor matching contributions, plus actual earnings thereon. Vesting in Company discretionary contributions is based on years of continuous service. A participant is 100% vested after 3 years of service.

**Participant Accounts**

Participant accounts are credited with the participant's contributions and an allocation of the Company's contributions and Plan earnings/(losses). Allocations are based on each participant's earnings or account balance, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested accounts.

**Notes Receivable from Participants**

Participants may borrow from their fund account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or fifty percent of their vested account balance. Loan terms range from one to five years, with the exception of loans for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus one percent per annum. Principal and interest are paid ratably through payroll deductions.

**Distributions**

Upon termination, retirement or death, a participant receives a lump-sum amount equal to the value of his or her vested account. Upon termination, any non-vested portion of the account balance is forfeited.

**Forfeitures**

Forfeitures in the amount of $0 and $2,416 were used to reduce employer contributions during 2019 and 2018, respectively. Forfeiture balances amounted to $2,571 and $2,348 as of December 31, 2019 and 2018, respectively.

**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 be 100% vested in their account balances.

**Administration**

The Plan is administered by the Company, which is the "Plan Sponsor". Massachusetts Mutual Life Insurance Company ("MassMutual") is the custodian and recordkeeper for the Plan.

**2. Summary of Significant Accounting Policies:**

**Basis of Accounting**
The Plan uses the accrual method of accounting which recognizes income when it is earned and expenses as they are incurred.

**Pervasiveness of Estimates**
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results may differ from those estimates.

**Investment Valuation and Income Recognition**
The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value.

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

**Notes Receivable from Participants**
Notes receivable from participants are measured at their unpaid principal balance. Any accrued but unpaid interest is included in the balance. Delinquent loans are treated as distributions based upon the terms of the Plan document.

**Payment of Benefits**
Benefits are recorded when paid.

**Administrative Expenses**
All expenses of maintaining the Plan, to the extent that the Company does not pay such expenses, are paid by the Plan. Participant loan setup fees and distribution fees are deducted from the proceeds paid to the initiating participants.

**Income Taxes**
Effective March 31, 2014, the Plan adopted a Volume Submitter Profit Sharing Plan with CODA sponsored by MassMutual. The Plan has received an opinion letter from the IRS as to the Plan's qualified status. The profit sharing plan opinion letter has been relied upon by this Plan. The Plan Administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code ("IRC").

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan Administrator has analyzed the tax positions taken by the Plan and concluded that, as of December 31, 2019, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2016.

**Risks and Uncertainties**
The Plan utilizes various investment instruments which are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements. The Plan's investments are not insured or protected by the Plan's custodian. Accordingly, the Plan is subject to the normal investment risks associated with money market funds, mutual funds, stocks, bonds and other similar types of investments.

On March 11, 2020, the World Health Organization characterized coronavirus (COVID-19) as a pandemic, and on March 13, 2020, the President of the United States declared a national emergency relating to the disease. In addition to the President's declaration, state and local authorities have recommended social distancing and have imposed quarantine and isolation measures on large portions of the population, including mandatory business closures. These measures are designed to protect the overall public health, however are expected to have material adverse impacts on domestic and foreign economies and may result in the United States entering a period of recession.

**2. Summary of Significant Accounting Policies (continued):**

As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits, as mentioned above. Because of the uncertainty of the markets during this time, Plan management is unable to estimate the total impact the pandemic will have.

**3. Information Certified by Custodian:**

The following is a summary of the Plan's asset information as of December 31, 2019 and 2018, and for the years then ended, included throughout the Plan's financial statements and the supplemental schedule, that was prepared by or derived from information provided by the custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and the supplemental schedule.

The following table presents the fair value of the assets in the Plan certified by MassMutual.

| As of December 31 | | **2019** | | 2018 |
|---|---|---|---|---|
| Pooled Separate Accounts | **$** | **4,970,592** | $ | 3,436,455 |
| Fully Benefit-Responsive Investment Contract at Contract Value | | **398,703** | | 461,601 |
| Total Certified Investments | | **5,369,295** | | 3,898,056 |
| Notes Receivable from Participants | | **88,069** | | 62,152 |
| Total Certified Plan Assets | **$** | **5,457,364** | $ | 3,960,208 |

MassMutual also certified to the completeness and accuracy of $1,012,882 and $(275,194) of net appreciation/(depreciation) in fair value of investments and $11,393 and $9,921 of interest and dividends related to the aforementioned Plan Assets for the years ended December 31, 2019 and 2018, respectively.

**4. Fair Value Measurements:**

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures* provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to the valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

a. Quoted prices for similar assets or liabilities in active markets;
b. Quoted prices for identical or similar assets or liabilities in inactive markets;
c. Inputs other than quoted prices that are observable for the asset or liability;
d. Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

**4. Fair Value Measurements (continued):**

*Pooled Separate Accounts*: Pooled separate accounts are stated at the fair value based on the year end market value of each unit held, which is based upon the market value of the underlying assets of the funds less management fees. The pooled separate accounts do not have any unfunded commitments relating to their investments, or any significant restrictions or redemptions. Participant-directed redemptions can be made on any business day and do not have a redemption notice period

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

| | **December 31, 2019** | | | |
|---|---|---|---|---|
| | **Total** | **Level 1** | **Level 2** | **Level 3** |
| Pooled Separate Accounts | **$ 4,970,592** | **$ -** | **$ 4,970,591** | **$ -** |

| | December 31, 2018 | | | |
|---|---|---|---|---|
| | Total | Level 1 | Level 2 | Level 3 |
| Pooled Separate Accounts | $ 3,436,455 | $ - | $ 3,436,455 | $ - |

Management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to the total net assets available for benefits. For the yearss ended December 31, 2019 and 2018 there were no significant transfers in or out of Level 3.

**5. Investment Contract:**
The Plan is party to an investment contract with MassMutual whereby allocated contributions are maintained in a guaranteed interest account. The contract is included in the financial statements at contract value (which represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses), because it is fully-benefit responsive. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with MassMutual. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable. The investment contract does not permit MassMutual to terminate the agreement prior to the scheduled maturity date.

**6. Related Party Transactions:**
Certain Plan investments are managed by MassMutual. Therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment management services and recordkeeping services amounted to $1,604 and $2,366 for the years ended December 31, 2019 and 2018, respectively.

**7. Subsequent Events:**
In March 2020, the World Health Organization categorized COVID-19 as a pandemic, and the President of the United States declared the COVID-19 outbreak a national emergency. The COVID-19 pandemic has led to volatility in financial markets and has affected, and may continue to affect, the market price of the Plan assets. The potential economic impact brought by, and the duration of, COVID-19 is difficult to assess or predict and will depend on future developments that are highly uncertain and cannot be predicted.

**7. Subsequent Events (continued):**

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which laws change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions. The optional features within these acts are currently being assessed but have not been implemented to date. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance. No other subsequent events were identified through October 13, 2020, the date these financial statements were issued.

**8. Reconciliation to the Form 5500:**

A reconciliation of net assets available for Plan benefits per the financial statements to the Form 5500 is as follows:

| As of December 31 | | **2019** | | 2018 |
|---|---|---|---|---|
| Net assets available for benefits per the financial statements | **$** | **5,464,785** | $ | 3,960,208 |
| Adjustments: | | | | |
| Contributions Receivable - Ending | | **(7,421)** | | - |
| Net assets available for benefits as presented on Form 5500 | **$** | **5,457,364** | $ | 3,960,208 |

The following is a reconciliation of total additions per the financial statements to the Form 5500:

| For the Year Ended December 31 | | **2019** | | 2018 |
|---|---|---|---|---|
| Total Additions per the Financial Statements | **$** | **1,551,507** | $ | 238,293 |
| Adjustment: | | | | |
| Contributions Receivable - Ending | | **(7,421)** | | - |
| Excess Contributions Payable - Beginning | | **-** | | 8,605 |
| Other Income per Form 5500 | | **-** | | 4,032 |
| Total Additions as presented on Form 5500 | **$** | **1,544,086** | $ | 250,930 |

The following is a reconciliation of total deductions per the financial statements to the Form 5500:

| For the Year Ended December 31 | | **2019** | | 2018 |
|---|---|---|---|---|
| Total Deductions per the Financial Statements | **$** | **46,930** | $ | 164,708 |
| Adjustments: | | | | |
| Excess Contributions Payable - Beginning | | **-** | | 8,605 |
| Other Income per Form 5500 | | **-** | | 4,032 |
| Total Deductions as presented on Form 5500 | **$** | **46,930** | $ | 177,345 |

# SUPPLEMENTARY INFORMATION

**SCHEDULE 1 - SCHEDULE OF ASSETS (HELD AT END OF YEAR))**
**FORM 5500, SCHEDULE H, LINE 4I**
**PLAN NUMBER 001, PLAN EIN 13-3350340**

| As of December 31, 2019 | Shares/Units | Cost | Value |
|---|---|---|---|
| Pooled Separate Accounts: | | | |
| The Hartford Healthcare R4 | N/A | ** | $ 32,978 |
| Royce Total Return Svc | N/A | ** | 53,468 |
| Ivy Science and Technology Y | N/A | ** | 764,270 |
| Franklin Growth A | N/A | ** | 268,008 |
| Franklin Mutual Global Disc A | N/A | ** | 80,352 |
| Oppenheimer International Bond A | N/A | ** | 864 |
| Oppenheimer Real Estate A | N/A | ** | 55,339 |
| Franklin Small Cap Value A | N/A | ** | 42,801 |
| Oppenheimer Gold & Special Minerals A | N/A | ** | 1,279 |
| AF Washington Mutual | N/A | ** | 16,982 |
| Victory Sycamore Est Val A | N/A | ** | 113,597 |
| MFS Total Return R3 | N/A | ** | 1,655,792 |
| Invesco Comstock A | N/A | ** | 249,908 |
| Invesco Small Cap Growth A | N/A | ** | 69,500 |
| BlackRock Health Science Opps A | N/A | ** | 23,652 |
| The Hartford MidCap R4 | N/A | ** | 46,293 |
| MFS Emerging Markets Debt R3 | N/A | ** | 4,874 |
| Delaware Emerging Markets A | N/A | ** | 65,158 |
| JPMorgan SmartRetirement 2035 A | N/A | ** | 34,666 |
| * MM S&P 500 Index R4 | N/A | ** | 974,922 |
| BlackRock Global Dividend Inv A | N/A | ** | 30,941 |
| BlackRock Total Return A | N/A | ** | 15,453 |
| Dreyfus Opportunistic Mdcp Val A | N/A | ** | 14,552 |
| * MM MSCI EAFE International Index R4 | N/A | ** | 14,796 |
| * MM S&P Mid Cap Index R4 | N/A | ** | 63,789 |
| Premier Opp Funds Inc SC Opps R4 | N/A | ** | 44,234 |
| Columbia Large Cap Growth III A | N/A | ** | 209,146 |
| Oppenheimer Total Return Bond A | N/A | ** | 1,113 |
| JPMorgan SmartRetirement 2030 A | N/A | ** | 17,800 |
| CLB Mid Cap | N/A | ** | 410 |
| JPMorgan SmartRetirement 2020 A | N/A | ** | 510 |
| JPMorgan SmartRetirement 2025 A | N/A | ** | 514 |
| JPMorgan SmartRetirement 2040 A | N/A | ** | 529 |
| JPMorgan SmartRetirement 2045 A | N/A | ** | 531 |
| JPMorgan SmartRetirement 2050 A | N/A | ** | 531 |
| JPMorgan SmartRetirement Income A | N/A | ** | 508 |
| JPMorgan SmartRetirement 2055 A | N/A | ** | 531 |
| | N/A | ** | 1 |
| | | | 4,970,592 |
| Fully Benefit-Responsive Investment Contract at Contract Value: | | | |
| * Fixed Income | N/A | ** | 398,703 |
| Notes Receivable from Participants: | | | |
| * Participant Loans, varying maturity dates, Interest rates range from 4.50% to 6.50% | 13 loans outstanding | | 88,069 |
| | | | $ 5,457,364 |

N/A Share data is not available
* Represents a party-in-interest as defined by ERISA
** Cost omitted for participant directed investments