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
- [X] 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
CTI FOODS 401(K) PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/14/2003

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)
CTI FOODS HOLDING CO., LLC

2106 E. STATE HWY 114
SUITE 400
SOUTHLAKE, TX 76092

2b Employer Identification Number (EIN)
14-1888320

2c Plan Sponsor's telephone number
682-688-2300

2d Business code (see instructions)
311610

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.	04/12/2021	JONATHON SPILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name CTI FOODS, L.L.C.

c Plan Name CTI FOODS, L.L.C. 401(K) PLAN & TRUST

4b EIN 54-2103673

4d PN 001

5 Total number of participants at the beginning of the plan year	**5**	1876
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)**	1718
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2769
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	42
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2811
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	2811
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1014
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [ ] 0 **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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

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

A Name of plan
CTI FOODS 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CTI FOODS HOLDING CO., LLC

D Employer Identification Number (EIN)
14-1888320

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)

ROGERS WEALTH GROUP, INC

1330 SUMMIT AVENUE
FORT WORTH, TX 76102

(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 28 31 37 50 51 64	NONE	140725	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TD AMERITRADE TRUST CO

717 17TH STREET, SUITE 1800
DENVER, CO 80202

(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?
19 21 25	NONE	17038	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

JOHN HANCOCK RETIREMENT PLAN SERVIC

01-0233346

(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 37 62 64	RETAINED BY EMPLOYER	161	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

(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
TD AMERITRADE TRUST COMPANY	18 19 21 25	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.
TDA BANK USA, N.A. 13-3732274	TDAC RECEIVES A FEE FROM TD BANK USA FOR MARKETING AND RELATED SERVICES IN CONNECTION WITH TD BANK USA INTL MMDA. THE FEE IS DERIVED USING A FORMULA WHICH RESULTS IN THE FEE VARYING FORMULA(PE-BF-SA-I)-RS=TDATC MARKETING FEE

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
CTI FOODS 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CTI FOODS HOLDING CO., LLC

D Employer Identification Number (EIN)
14-1888320

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: STARCORE I

b Name of sponsor of entity listed in (a): TD AMERITRADE

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)
84-0519832-162	C	0

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

b Name of sponsor of entity listed in (a): TD AMERITRADE

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)
84-0519832-163	C	0

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

b Name of sponsor of entity listed in (a): TD AMERITRADE

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)
84-0519832-164	C	0

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

b Name of sponsor of entity listed in (a): TD AMERITRADE

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)
84-0519832-165	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STARCORE GLOBAL VALUE

b Name of sponsor of entity listed in (a): TD AMERITRADE

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)
84-0519832-166	C	0

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

b Name of sponsor of entity listed in (a): TD AMERITRADE

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)
84-0519832-168	C	0

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

b Name of sponsor of entity listed in (a): TD AMERITRADE

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)
84-0519832-167	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STARTRACK 2010

b Name of sponsor of entity listed in (a): TD AMERITRADE

c EIN-PN 84-0519832-169	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STRARTRACK 2020

b Name of sponsor of entity listed in (a): TD AMERITRADE

c EIN-PN 84-0519832-170	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STARTRACK 2030

b Name of sponsor of entity listed in (a): TD AMERITRADE

c EIN-PN 84-0519832-171	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STARTRACK 2040

b Name of sponsor of entity listed in (a): TD AMERITRADE

c EIN-PN 84-0519832-172	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STARTRACK 2050

b Name of sponsor of entity listed in (a): TD AMERITRADE

c EIN-PN 84-0519832-173	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.

c EIN-PN 20-3802168-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79192

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK U.S. DEBT INDEX FUND

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.

c EIN-PN 20-3802445-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1662

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
CTI FOODS 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CTI FOODS HOLDING CO., LLC

D Employer Identification Number (EIN)
14-1888320

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	45538	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10758	79882
(2) Participant contributions	1b(2)	107020	205760
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1803819	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)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1439676	1480567
(9) Value of interest in common/collective trusts	1c(9)	15095475	80854
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	6418632	28007216
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(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	24920918	29854279
	Liabilities			
g	Benefit claims payable	1g	1237	0
h	Operating payables	1h	385	0
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1622	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	24919296	29854279

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)	1141445	
	(B) Participants	2a(1)(B)	3026053	
	(C) Others (including rollovers)	2a(1)(C)	386681	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4554179
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7399	
	(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)	73145	
	(F) Other	2b(1)(F)	74712	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		155256
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	123812	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		123812
	(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)		
	(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)		3877864
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4811
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		8715922
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5227635	
(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)		5227635
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		249975
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	232859	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		232859
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5710469
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3005453
l Transfers of assets:			
(1) To this plan	2l(1)		1929530
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified (2) [ ] Qualified (3) [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: J. TAYLOR & ASSOCIATES, LLC (2) EIN: 75-2795393

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		1666698
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		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
CTI FOODS 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CTI FOODS HOLDING CO., LLC

D Employer Identification Number (EIN)
14-1888320

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): 84-1567636 80-0709115

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_____

CTI FOODS, L.L.C. 401(K) PLAN & TRUST

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Years Ended December 31, 2019 and 2018
With Independent Auditors' Report

CTI FOODS, L.L.C. 401(K) PLAN & TRUST

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Years Ended December 31, 2019 and 2018

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NOTE: All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted since they are either not applicable or the information required therein has been included in the financial statements or notes thereto.

JTaylor

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of the
CTI Foods, L.L.C. 401(k) Plan & Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the CTI Foods, L.L.C. 401(k) Plan & Trust ("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

Plan 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 the financial statements that are free of material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the financial information summarized in Note E, which was certified by TD Ameritrade Trust Company and John Hancock Trust Company, LLC, the Trustees of the Plan (the "Trustees"), except for comparing the information with the related information included in the financial statements and supplemental schedules. We were informed by the plan administrator that the Trustees holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustees as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the Trustees 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 on these financial statements. Accordingly, we do not express an opinion on these financial statements.

Emphasis of Matter
As discussed in Note A, effective December 17, 2019, the Liguria 401(k) Plan ("Liguria Plan") was merged into the Plan.

Other Matter

The supplemental schedules, Form 5500, Schedule H, Line 4a - Schedule of Delinquent Participant Contributions and Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustees, 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 Disclosures under the Employee Retirement Income Security Act of 1974.

J. Taylor & Associates, LLC

Fort Worth, Texas
April 8, 2021

CTI FOODS, L.L.C. 401(K) PLAN & TRUST
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

ASSETS	**2019**	**2018**
Investments at fair value:		
Shares of registered investment companies:		
Mutual funds	$ 28,007,216	$ 6,418,633
Collective investment funds	80,854	15,095,474
Money market funds	-	1,803,819
Total investments at fair value	28,088,070	23,317,926
Noninterest-bearing cash	-	45,538
Receivables:		
Participant	205,760	107,020
Company	79,882	10,758
Notes receivable from participant loans	1,480,567	1,439,676
Total receivables	1,766,209	1,557,454
Total assets	29,854,279	24,920,918
LIABILITIES		
Excess contributions payable	157,846	196,077
Other payables	-	1,622
Total liabilities	157,846	197,699
NET ASSETS AVAILABLE FOR BENEFITS	$ 29,696,433	$ 24,723,219

See accompanying notes to the financial statements.

CTI FOODS, L.L.C. 401(K) PLAN & TRUST
Statements of Changes in Net Assets Available for Benefits
December 31, 2019 and 2018

ADDITIONS TO NET ASSETS	2019	2018
Investment income / (loss):		
Interest and dividends	$ 204,356	$ 338,593
Net realized and unrealized gain/(loss) on investments	3,882,675	(1,907,429)
Total investment income (loss)	4,087,031	(1,568,836)
Contributions:		
Participant	2,868,207	2,721,287
Company	1,141,445	1,074,664
Rollover	386,681	132,714
Total contributions	4,396,333	3,928,665
Other income:		
Revenue sharing	74,712	70,654
Total other income	74,712	70,654
Total additions to net assets	8,558,076	2,430,483
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	5,031,558	4,487,018
Deemed distributions	249,975	258,994
Administrative expenses	232,859	228,385
Total deductions from net assets	5,514,392	4,974,397
NET INCREASE / (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS BEFORE TRANSFERS	3,043,684	(2,543,914)
Transfers from Liguria 401(k) Plan	1,929,530	-
NET INCREASE / (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	4,973,214	(2,543,914)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	24,723,219	27,267,133
End of year	$ 29,696,433	$ 24,723,219

See accompanying notes to the financial statements.

A. Description of the Plan

General

The following description of the CTI Foods, L.L.C. 401(k) Plan & Trust (the "Plan") provides only general information. The Plan is sponsored by CTI Foods, L.L.C. (the "Company"). Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan, established July 14, 2003 and restated January 1, 2009, is a defined contribution plan, covering substantially all employees of the Company who have attained 18 years of age. The Plan allows immediate eligibility and admission to the Plan and allows participant deferrals immediately upon being hired. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective December 17, 2019, the Plan restated its existing plan document to adopt the John Hancock Retirement Plan Services, LLC Non-Standardized 401(k) Profit Sharing Plan.

Effective December 17, 2019, the Liguria 401(k) Plan ("Liguria Plan") merged into the Plan, and all assets, including outstanding loan balances, of the Liguria Plan were transferred to the Plan. Participants of the Liguria Plan were immediately eligible in the Plan on December 17, 2019. The new plan document allows for the inclusion of employees covered in the Collective Bargaining Agreement between Liguria Foods, Inc. and United Food and Commercial Workers AFL-CIO Local 6 ("CB Agreement"). Employees covered under the CB Agreement must attain age 18 and complete six months of service to be eligible in the Plan.

The purpose of the Plan is to encourage the Company's employees to systematically save and invest a portion of their current compensation so that they and their families may have a source of additional income upon their retirement or in the event of death.

Plan Administration

The Plan is administered by the Board of Directors of the Company. Prior to December 17, 2019, TD Ameritrade Trust Company served as trustee and custodian of the Plan. Effective December 17, 2019, John Hancock Trust Company, LLC served as the trustee and custodian of the Plan. TD Ameritrade Trust Company and John Hancock Trust Company, LLC are referred to as the "Trustees" collectively in these financial statements.

Prior to December 17, 2019, Rogers & Associates ("Rogers") were responsible for the administration and recordkeeping of the Plan's assets. Effective December 17, 2019, John Hancock Retirement Services became responsible for the administration and recordkeeping of the Plan's assets.

Contributions

Participants may elect to make voluntary contributions, as defined by the plan document. Participant contributions are subject to certain annual limitations as prescribed by the Internal Revenue Code (the "Code"), which were $19,000 and $18,500 for 2019 and 2018, respectively.

Participants who are eligible to make salary deferral contributions under the Plan and who have attained age 50 before the end of the year are eligible to make catch-up contributions in accordance with, and subject to the limitations imposed by, the Code ($6,500 and $6,000 for 2019 and 2018, respectively). Employees who are eligible to participate may make a rollover contribution to the Plan.

Except for the participants covered under the CB Agreement, the Company matches 50% of the first 6% of compensation that a participant contributes. Employees were immediately eligible on the date of hire. All contributions made by the Company are invested based upon participant account elections.

A. Description of the Plan (*continued*)

Contributions (*continued*)

For participants covered under the CB Agreement, the Company matches 50% of the participant's salary reduction contribution of the first 5% of the participant's eligible compensation beginning on the first month subsequent to the participant completing six months of service. To be eligible for the match, the participant must be employed on the last day of the plan year and must have obtained 1,000 hours of service during the plan year. All contributions made by the Company are invested based upon participant account elections.

Participants covered under the CB Agreement are eligible to receive discretionary profit sharing contribution beginning the first month subsequent to the participant completing six months of service. Effective June 3, 2019, the Company contributed $14.50 per eligible employee per week.

Participant Accounts

A separate account is maintained for each participant and is credited with the participant's voluntary contributions and an allocation of (a) the Company's contributions, and (b) Plan earnings, net of any administrative expenses applicable to the participant. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their contributions plus or minus actual earnings or losses thereon. Vesting in any Company contribution portion of their accounts plus or minus actual earnings or losses thereon is based on years of service. Except for participants covered under the CB Agreement, a participant vests 100% after two years of credited service.

Participants covered by the CB Agreement are immediately vested in their contributions plus or minus actual earnings or losses thereon and all Company contributions plus or minus actual earnings or losses thereon.

Additionally, participants or their beneficiaries become immediately and fully vested in their Company contributions and related earnings upon full and permanent disability or death.

Notes Receivable from Participant Loans

Participants are permitted to borrow from their accounts a minimum amount of $1,000 up to a maximum amount equal to the lesser of (a) 50% of the vested account balance; or (b) $50,000. The $50,000 maximum amount will be reduced by the participant's highest outstanding loan balance in the previous twelve months, even if the amount has been repaid. A participant may have no more than one loan outstanding at one time. The loans are secured by the remaining balance in the participant's account. The interest rate will be the prime rate of interest charged by the Federal Reserve Bank of New York, plus one percent (1%), as of the date of the loan. The rate of interest will be constant throughout the term of the loan. All loans are required to be repaid within 5 years of the date of the loan, unless the entire proceeds of the loan will be used to acquire a dwelling unit that will, within a reasonable time, be used as the principal residence of the participant, then the loan will be required to be repaid within 15 years of the original date of the loan. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Participants who withdraw from the Plan during the year for reasons of military service, disability, retirement, death, or termination are entitled to their vested account balance. In addition, a participant may withdraw any part of his or her vested account after obtaining age 59½. Prior to December 17, 2019, payment of benefits to participants with balances less than $1,000 were made in a lump-sum distribution, and payment of benefits to participants with balances greater than $1,000 could be made in either lump sum or installment payments.

A. Description of the Plan (*continued*)

Payment of Benefits (*continued*)

Effective December 17, 2019, the Plan provides that distributions of $5,000 or less do not require consent and will be paid in a lump-sum distribution.

Investment Options

Upon enrollment in the Plan, a participant may direct his or her contributions and Company matching contributions to any of the available investment options.

Forfeited Accounts

Forfeitures of terminated participants' non-vested amounts may be used to reduce Company matching contributions. During 2019 and 2018, approximately $30,000 and $60,000, respectively, were used to reduce Company matching contributions. At December 31, 2019 and 2018, there were no unallocated non-vested forfeitures in the Plan.

B. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are presented using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of the 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 certain reported amounts of assets and liabilities and changes therein, and disclosures of certain contingent assets and liabilities. Accordingly, actual results may differ from these estimates.

Investment Valuation and Income Recognition

The investments of the Plan are stated at fair value as of the end of the year and are subject to market or credit risks customarily associated with debt and equity investments. Fair value measurements are determined in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic No. 820, Fair Value Measurements and Disclosures, which defines fair value, establishes a framework for measuring fair value, and establishes disclosures about assets and liabilities measured at fair value.

The net realized and unrealized gains and losses on investments includes realized gains and losses on sales of investments during the year, using the average cost basis of the securities sold, and unrealized increases or decreases in the market value of investments held at year end. Purchases and sales of investments are reflected on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

Contributions

Contributions from the Company and participants are accrued as they become obligations of the Company, as determined by the plan administrator, and in the period in which they are deducted, in accordance with salary deferral agreements.

B. Summary of Significant Accounting Policies (*continued*)

Notes Receivable from Participant Loans

Notes receivable from participant loans are recorded and measured at the unpaid principal balance plus accrued interest, which approximates fair value. Notes receivable from participant loans are in default when a scheduled installment payment has not been received by the last day of the calendar quarter following the calendar quarter in which the last scheduled installment payment was due. The entire unpaid balance on a defaulted loan will be considered to be in default as of the date of the last payment was due. Loans in default, if any, are reclassified as distributions based upon the terms of the Plan document. Notes receivable from participants are considered uncollectible in the period they are deemed, and accordingly, no allowance has been established. At December 31, 2019 and 2018, net assets available for benefits included approximately $0 and $400, respectively, in notes receivable from participant loans for participants who have requested a participant loan from the Plan prior to the end of the Plan year.

Payment of Benefits

Benefits are recorded when paid. At December 31, 2019 and 2018, net assets available for benefits included approximately $0 and $1,200, respectively, for distributions to participants who have requested a distribution from the Plan prior to the end of the Plan year.

Plan Expenses

Employees of the Company perform certain administrative functions for the Plan with no compensation from the Plan. In accordance with the provisions of the Plan, the Company pays a portion of the expenses incurred in the administration of the Plan, including costs relating to asset charges and recordkeeping and such expenses are not reimbursed by the Plan nor reflected in the accompanying financial statements.

Recent Accounting Pronouncement

On August 28, 2018, the FASB issued Accounting Standards Update 2018-13, which changes the fair value measurement disclosure requirements of ASC 820. The update removed certain disclosure requirements regarding transfers between Level 1 and Level 2 of the fair value hierarchy and details regarding Level 3 measurements. The update added or modified disclosures regarding transfers of Level 3 items, certain details for entities that calculate net asset value, and measurement uncertainty details. This update is effective for fiscal years beginning after December 15, 2019. Management does not expect the new standard to have a significant impact to the Plan's statement of net assets available for benefits and related disclosures.

C. Investments (Unaudited)

The Plan's investments are held under a group contract with the Trustees. All investment information presented in the accompanying financial statements and supplemental schedules, including investments held and net appreciation/depreciation in fair value of investments and interest and dividends, was obtained or derived from information supplied to the Company and certified as complete and accurate by the Trustees, except for notes from participant loans. The investments are reflected at fair value as of December 31, 2019 and 2018.

According to the FASB, participant loans are to be classified on the statement of net assets available for benefits as notes receivable from participants and measured at their unpaid principal balance, plus any accrued but unpaid interest. According to the Department of Labor, participant loans are considered an investment and measured at their fair value and are required to be included as supplemental information in the schedule of assets held for investment purposes at the end of the year.

C. Investments (Unaudited) (*continued*)

The following is a reconciliation of the schedule of assets held for investment purposes to the financial statements as of December 31:

	2019
Investments per schedule of assets held for investment purposes at the end of the year	29,568,637
Less: Notes receivable from participant loans	(1,480,567)
Investments per financial statements	$28,088,070

D. Fair Value Measurements

FASB ASC Topic No. 820 defines fair value as 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 and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used.

The three levels defined in FASB ASC Topic No. 820 are as follows:

Level 1: Inputs are unadjusted, quoted prices in active markets for identical assets or liabilities as of the reporting date.

Level 2: Observable market based on inputs or unobservable inputs that are corroborated by market data, including quoted prices for similar assets or liabilities in active markets or quoted prices for similar assets or liabilities in inactive markets. 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: Unobservable inputs that are not corroborated by market data. As of December 31, 2019 and 2018, the Plan had no Level 3 investments.

The asset's or liability's fair value measurement level within the fair value hierarchy is based upon 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.

FASB ASC Topic No. 820 requires a description of the methodologies used to measure the fair value of assets and liabilities. These methodologies were consistently applied to all assets carried as of December 31, 2019 and 2018. The methodology used to measure each major category of assets is as follows:

- Mutual funds: The share prices / net asset values ("NAV") reported on the Plan summary reports for NAV mutual funds are generally obtained from a file feed from the National Securities Clearing Corporation, and / or directly from the fund house, or a secondary pricing source, such as Interactive Data Corporation, provided by the Trustees and are classified within Level 1 of the valuation hierarchy.

- Collective investment funds: Determined by values reported by the Plan's third-party Trustees, audited financial statements of the fund, and transaction prices before and after the end of the year and is classified within Level 2 of the valuation hierarchy.

D. Fair Value Measurements *(continued)*

- Money market funds: The reported value of the money market funds is the cash balance which approximates fair value. The valuation is classified within Level 1 of the valuation hierarchy.

Assets measured at fair value on a recurring basis at December 31, are as follows:

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 28,007,216	$ -	$ -	$ 28,007,216
Collective investment funds	-	80,854	-	80,854
Money market funds	-	-	-	-
Total assets at fair value	$ 28,007,216	$ 80,854	$ -	$ 28,088,070

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 6,418,633	$ -	$ -	$ 6,418,633
Collective investment funds	-	15,095,474	-	15,095,474
Money market funds	1,803,819	-	-	1,803,819
Total assets at fair value	$ 8,222,452	$ 15,095,474	$ -	$ 23,317,926

E. Information Certified by the Trustees

The Company elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Company limited auditing procedures with respect to the investment information certified by the Trustees, which included total investments as of December 31, 2019 and 2018, total investment income, including net realized and unrealized gains (losses) on investments for the years ended 2019 and 2018, and all information included in the accompanying supplemental schedule, except for notes receivable from participant accounts.

F. Income Tax Status

The Company has adopted the Rogers Prototype Volume Submitter Deferred Profit Sharing/401(k) Plan which has received a favorable opinion letter from the Internal Revenue Service (IRS) as of March 31, 2014. Effective December 17, 2019, the Company has adopted the John Hancock Retirement Services Profit Sharing/401(k) Plan which has received a favorable opinion letter from the Internal Revenue Service (IRS) as May 18, 2015. The Company may rely on these letters with respect to the qualification of the Plan under Section 401(a) of the Code with certain limitations. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan has not requested or received a determination from the IRS regarding qualifications under the appropriate section of the Code; however, the Company believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and therefore believes that the Plan is qualified, and the related trust is tax-exempt as of the financial statement date.

F. Income Tax Status (*continued*)

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress. The plan administrator believes the Plan is no longer subject to IRS examinations for years prior to 2016.

G. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the Form 5500 to the schedule of net assets available for benefits per the financial statements as of December 31:

	2019	2018
Net assets available for benefits per Form 5500	$ 29,854,279	$ 24,919,296
Excess contributions payable	(157,846)	(196,077)
Net assets available for benefits per the accompanying financial statements	$ 29,696,433	$ 24,723,219

	2019	2018
Change in assets available for benefits per Form 5500	$ 4,934,983	$ (2,458,282)
Benefits paid to participants	196,077	110,545
Participant contributions	(157,846)	(196,077)
Other payables	-	(100)
Change in assets available for benefits per the accompanying financial statements	$ 4,973,214	$ (2,543,914)

H. Excess Contributions Payable

At December 31, 2019 and 2018, the Plan had approximately $158,000 and $196,000, respectively, recorded as excess contributions payable to participants for contributions made in excess of amounts allowed by the IRS.

I. Related Party and Party-In-Interest Transactions

Certain plan investments are managed by John Hancock Retirement Services, who also record keep as defined by the Plan. Therefore, these transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction provisions of ERISA and the Code.

J. Plan Termination

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

K. Risk and Uncertainties

The Plan invests in various investment securities which are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the financial statements. In addition, any cash deposited in a financial institution may at times be in excess of the Federal Deposit Insurance Corporation's insured limit.

L. Subsequent Events

In preparing the accompanying financial statements, management of the Company has evaluated all subsequent events and transactions for potential recognition or disclosure through April 8, 2021, the date the financial statements were available for issuance.

Subsequent to year-end, the United States and global markets experienced significant declines in value resulting from uncertainty caused by the world-wide coronavirus pandemic. The plan sponsor is closely monitoring its investment portfolio and its liquidity and is actively working to minimize the impact of these declines. The Plan's financial statements do not include adjustments to fair value that have resulted from these declines.

SUPPLEMENTAL SCHEDULES

CTI FOODS, L.L.C. 401(K) PLAN & TRUST
Form 5500, Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2019

EIN: 14-1888320
Plan #: 001

		Total that Constitute Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included: ☑	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
	$ 1,666,698	$ 1,666,698	$ -	$ -	$ -

CTI FOODS, LLC 401(K) PLAN & TRUST
EIN 54-2103673
Plan No. 001

We have engaged J. Taylor & Associates, LLC (EIN 75-2795393) to complete our audit for the Plan year ended December 31, 2019. The audit is in progress and final reports will be attached to an amended filing of this Form 5500 upon completion of the audit.

CTI FOODS, L.L.C. 401(K) PLAN & TRUST
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2019

EIN: 14-1888320
Plan: 001

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Value
	American Funds	2030 TD Ret R5E	**	$ 5,615,213
	American Funds	2025 TD Ret R5E	**	4,890,105
	American Funds	2035 TD Ret R5E	**	4,733,812
	American Funds	2020 TD Ret R5E	**	3,679,665
	American Funds	2040 TD Ret R5E	**	3,191,777
	American Funds	2045 TD Ret R5E	**	2,164,550
	American Funds	2050 TD Ret R5E	**	1,623,803
	American Funds	2055 TD Ret R5E	**	839,504
	American Funds	2010 TD Ret R5E	**	326,955
	American Funds	2015 TD Ret R5E	**	286,682
	American Funds	2060 TD Ret R5E	**	266,555
	JPMorgan	US Govt MMkt Cap CI	**	170,728
	Fidelity	Mid Cap Index Fund	**	94,018
	Wilmington	BR Eq Idx R	**	79,192
	Vanguard	Equity Income Fd Adm	**	25,332
	T Rowe Price	Blue Chip Growth	**	24,532
	Fidelity	Sm Cap Index Fund	**	19,733
	PIMCO	Income Fund Inst	**	12,642
	PGIM	Total Return Bond R4	**	8,533
*	John Hancock	Disc Val Mid Cap	**	8,264
	Vanguard	Dev Mrkts Indx Adm	**	8,264
	Janus Henderson	Venture I	**	6,074
*	John Hancock	Intl Growth I	**	5,250
	Goldman	Em Mkts Eq Insights IR	**	3,037
	Goldman	Intl SC Insights IR	**	2,189
	Wilmington	BR U.S. Debt Idx R	**	1,661
				28,088,070
	Participant loans	4.25% - 6.25%	-0-	1,480,567
				$ 29,568,637

* Indicates a party-in-interest to the Plan, as defined by ERISA.
** Cost omitted for participant-directed investments.