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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GONNELLA RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2011

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)
GONNELLA BAKING CO.

1117 E. WILEY ROAD
SCHAUMBURG, IL 60173

2b Employer Identification Number (EIN) 36-1143800

2c Plan Sponsor's telephone number 312-733-2020

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.	10/14/2021	DAVID MARCUCCI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	DAVID MARCUCCI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	465
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)**	403
a(2) Total number of active participants at the end of the plan year	**6a(2)**	339
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	85
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	425
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	425
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	425
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 3D 2T 2J 2S 3H

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)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
GONNELLA RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GONNELLA BAKING CO.

D Employer Identification Number (EIN)
36-1143800

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).. . . . . [X] 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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(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)

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(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?
13 15 50 64 65	NONE	63269	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 ☐

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
PRUDENTIAL INSURANCE COMPANY OF AME	15 60 64	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.
PRUDENTIAL INVESTMENTS, LLC 22-3468527	22.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2020 TO 12/31/2020 PGIM JENNISON SML CO Z

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRUDENTIAL INSURANCE COMPANY OF AME	15 60 64	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.
PRUDENTIAL INVESTMENTS, LLC 22-3468527	22.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2020 TO 12/31/2020 PGIM QMA SMALL-CAP VAL Z

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
GONNELLA RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GONNELLA BAKING CO.

D Employer Identification Number (EIN)
36-1143800

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)	1178894	
(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)	660487	1143835
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	21945766	24150670
(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	23785147	25294505
	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	23785147	25294505

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)		
	(B) Participants	2a(1)(B)	1673010	
	(C) Others (including rollovers)	2a(1)(C)	84990	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1758000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3104	
	(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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3104
	(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)	373122	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		373122
	(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)		
(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)		2725960
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4860186
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3283994	
(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)		3283994
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	66834	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		66834
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3350828
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1509358
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: WARADY & DAVIS LLP **(2)** EIN: 36-2170602

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	

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

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
GONNELLA RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GONNELLA BAKING CO.

D Employer Identification Number (EIN)
36-1143800

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): 22-1211670

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

GONNELLA RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2020

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT 3–4

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits 5

Statements of Changes in Net Assets Available for Benefits 6

Notes to Financial Statements 7–11

SUPPLEMENTARY INFORMATION

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) 13

Warady & Davis LLP
Certified Public Accountants & Consultants

INDEPENDENT AUDITORS' REPORT

Plan Administrator
Gonnella Retirement Savings Plan
Schaumburg, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of GONNELLA RETIREMENT SAVINGS PLAN ("Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Prudential Bank and Trust, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2020 and 2019 that the information provided to the plan administrator by the trustee, 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.

Other Matter—Supplemental Schedule

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule listed in the accompanying table of contents, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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.



October 13, 2021

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31	**2020**	2019
ASSETS		
Investments at Fair Value:		
Cash	**$ 1,143,835**	$ 660,487
Investments in Registered Investment Companies	**24,150,670**	21,945,766
Total Investments at Fair Value	**25,294,505**	22,606,253
Receivables:		
Employer's Contribution Receivable	**1,165,836**	1,178,894
NET ASSETS AVAILABLE FOR BENEFITS	**$ 26,460,341**	$ 23,785,147

See accompanying notes.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31	**2020**	2019
ADDITIONS IN NET ASSETS ATTRIBUTED TO:		
Investment Income		
Interest	**$ 3,104**	$ 13,810
Dividends	**373,122**	475,374
Net Appreciation in Fair Value of Registered Investment Companies	**2,725,960**	3,375,330
Total Investment Income	**3,102,186**	3,864,514
Contributions		
Participant Contributions	**1,673,010**	1,700,427
Participant Rollovers	**84,990**	2,679
Company Safe Harbor Contribution	**818,994**	839,901
Company Profit Sharing Contribution	**346,842**	339,009
Total Contributions	**2,923,836**	2,882,016
Total Additions	**6,026,022**	6,746,530
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	**3,283,994**	1,505,840
Administrative Expenses	**66,834**	49,564
Total Deductions	**3,350,828**	1,555,404
Net Increase	**2,675,194**	5,191,126
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning	**23,785,147**	18,594,021
ENDING	**$ 26,460,341**	$ 23,785,147

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

NOTE 1—DESCRIPTION OF PLAN

The following description of the Gonnella Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

GENERAL

The Plan is a defined contribution plan covering all eligible employees of Gonnella Baking Company (the "Company" or "Employer") whose employment is not governed by collective bargaining agreements, who are not leased employees, who are eligible employees at Gabby's Bagels Inc. and others who are not considered to be actual employees. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974 (ERISA). Employees must meet minimum service requirements.

CONTRIBUTIONS

Salary Deferral Contributions – Employees who have completed six months of service can participate in the Plan and make elective pre-tax or ROTH salary deferral contributions subject to annual IRS limits. The Company automatically begins a 3% deferral of gross pay for newly eligible employees. Deferral rate increases by 1% each Plan Year until it reaches 10% of employee's compensation. Participants age 50 or older before year end are permitted to make catch-up contributions to the Plan. The additional contribution is permitted once the participant's maximum contribution has been reached.

Employer Safe Harbor Non-elective Contributions - In order to simplify the administration of the Plan by ensuring that nondiscrimination regulations are met, the Company will make contributions equal to 3% of eligible employees' compensation. This contribution is 100% vested immediately. The Safe Harbor contribution amounted to $818,994 and $839,901 for the years ended December 31, 2020 and 2019, respectively.

Profit Sharing and Matching Contributions - The Company reserves the right to make profit sharing or matching contributions each year and allocate it to participants' accounts based on a formula defined in the Plan Document. This contribution is 100% vested after 3 years of service. The Company elected to make a discretionary Profit Sharing contribution of $346,842 and $339,009 for the years ended December 31, 2020 and 2019, respectively.

Rollover Contributions - A new employee may elect to directly roll over funds from a prior employer's qualified plan as described in Code section 401(a) or 403(a). However, if the rollover is a cash distribution, the trustee must receive the distribution within 60 days of the disbursement. All rollovers are subject to the consent of the Plan administrator and the terms stipulated by the Plan. Nonetheless, the employee must still meet the Plan's eligibility requirements and will be unable to make an employee contribution until qualified. Rollover contributions received were $84,990 and $2,679 for the years ended December 31, 2020 and 2019, respectively.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contributions, the Company's Safe Harbor contribution, an allocation of the Company's elective profit-sharing contribution, and plan earnings. Earnings are allocated based on account balances.

NOTE 1—DESCRIPTION OF PLAN (Continued)

INVESTMENT OPTIONS

Participants direct the investment of their account balance and future contributions into various investment options offered by the Plan. Upon enrollment in the plan, a participant may select any combination of investment options consisting of registered investment companies (mutual funds). If no selection is made, the contribution is invested in the age-appropriate Vanguard Target Retirement fund. Participants may change their investment options at any time.

LOANS TO PARTICIPANTS

Loans are not permitted from the Plan.

PAYMENTS OF BENEFITS

Upon termination of employment, participants with vested balances below $5,000, a lump-sum distribution will be made in accordance with the plan document. Participants with vested balances above $5,000 may elect to receive a lump-sum distribution of his/her entire vested account balance, a partial lump-sum, or an installment distribution in accordance with the Plan Document. Participants who are still employed by the Company have an option to request a hardship distribution.

FORFEITURES

Forfeitures are used to pay Plan expenses, and to reduce employer discretionary contributions. Additionally, forfeitures could be used to restore the non-vested portion of the account balance for Participants who resume employment with the Company within certain time limits. Forfeitures totaled $1,923 in 2020 and $3,330 in 2019. Forfeitures were used to pay plan expenses of $4,070 and $585 for the years ended December 31, 2020 and 2019, respectively. No forfeiture was used to reduce the Employer's discretionary contribution in 2020 or 2019. Forfeitures available for future use are $1,471 as of December 31, 2020 and $3,617 as of December 31, 2019.

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual method in accordance with accounting principles generally accepted in the United States of America.

USE OF ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

RISKS AND UNCERTAINTIES

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, 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 those changes could materially affect the amounts reported in the financial statements.

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated at fair value as established under ASC 820, Fair Value Measurements and Disclosures. The fair values of these assets are determined by reference to the funds' Net Asset Value (NAV). Portfolio valuation procedures for these accounts are determined by the mutual fund company. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

PAYMENT OF BENEFITS

Benefit payments to participants are recorded upon distribution. There were no amounts allocated to accounts of persons who had elected to withdraw from the Plan, but have not been paid at December 31, 2020 and 2019.

ADMINISTRATIVE FEES AND EXPENSES

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements.

NOTE 3—FAIR VALUE MEASUREMENTS

Generally accepted accounting principles define fair value, establish a framework for measuring fair value, and establish a fair value hierarchy that prioritizes the inputs to valuation techniques. 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. A fair value measurement assumes that the transaction to sell an asset or transfer a liability occurs in the principal market for the asset or liability, or in the absence of a principal market, the most advantageous market. Valuation techniques that are consistent with the market, income or cost approach are used to measure fair value.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels:

Level 1 - Quoted prices in active markets for identical assets at the measurement date. The fair value of registered investment companies is based on quoted net asset values on the shares held by the Plan at year-end.

Level 2 - Observable inputs other than quoted prices for the asset, either directly or indirectly observable, that reflect assumptions market participants would use to price the asset based on market data obtained from sources independent of the Plan. This may include matrix pricing, yield curves and indices.

NOTE 3—FAIR VALUE MEASUREMENTS (Continued)

> Level 3 - Unobservable inputs that reflect the Plan's own assumptions about the assumptions market participants would use to price the asset based on the information available in the circumstances.

Level 2 and Level 3 Fair Value Measurements are not applicable to the Plan for 2020 and 2019.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2020 and 2019:

		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Observable Inputs Other than Quoted Market Prices (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2020:				
Cash	$ 1,143,835	$ 1,143,835	$ —	$ —
Registered Investment Companies	24,150,670	24,150,670	—	—
Total	$ 25,294,505	$ 25,294,505	$ —	$ —
December 31, 2019:				
Cash	$ 660,487	$ 660,487	$ —	$ —
Registered Investment Companies	21,945,766	21,945,766	—	—
Total	$ 22,606,253	$ 22,606,253	$ —	$ —

NOTE 4—INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and schedule is complete and accurate.

a. Investments, as shown in the accompanying statements of assets available for benefits as of December 31, 2020 and 2019.

b. Investment income, as shown in the accompanying statements of changes in assets available for benefits for the years ended December 31, 2020 and 2019.

c. The schedule of assets (held at end of year) as of December 31, 2020, as shown on Schedule H - Line 4(i).

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to related information included in the financial statements and supplemental schedule

NOTE 5—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 a plan termination, participants will become 100 percent vested in their accounts.

NOTE 6—PARTY-IN-INTEREST TRANSACTIONS AND RELATED PARTY

The Company provides to the Plan certain accounting and administrative services for which no fees are charged. In addition, some expenses of the Plan are paid by the Company.

Plan investments are managed by the trustee of the Plan. The Plan's third-party administrator is Prudential, which is considered a party-in-interest.

NOTE 7—PLAN QUALIFICATION

The Plan has adopted a Prototype Non-standardized Profit-Sharing Plan with a Cash or Deferred Arrangement sponsored by Prudential Retirement Insurance and Annuity Company (Prudential). The Plan is not required to obtain its own determination letter because it relies on the opinion letter dated April 29, 2014 which Prudential received from the Internal Revenue Service. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement dates.

The Plan presently meets the requirements of Section 401(a) of the Internal Revenue Code and, accordingly, its income is exempt from federal income taxes under Section 501(a). A similar status exists for Illinois income taxes.

NOTE 8—SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 13, 2021, the date which the financial statements were available for issue. There were no subsequent events which require disclosure.

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4 (i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Form 5500
EIN: 36-1143800
Plan Number 001
As of December 31, 2020

(a) (*)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Vanguard Fed Money Market	Interest-bearing Cash	**	$ 1,143,835
	Vanguard Developing Markets Index Fund	Registered Investment Company	**	336,634
	Vanguard Target RET 2015	Registered Investment Company	**	1,142,956
	Vanguard Target RET 2020	Registered Investment Company	**	1,582,890
	Vanguard Target RET 2025	Registered Investment Company	**	5,063,562
	Vanguard Target RET 2030	Registered Investment Company	**	2,685,971
	Vanguard Target RET 2035	Registered Investment Company	**	3,181,151
	Vanguard Target RET 2040	Registered Investment Company	**	1,911,433
	Vanguard Target RET 2045	Registered Investment Company	**	1,243,745
	Vanguard Target RET 2050	Registered Investment Company	**	1,093,019
	Vanguard Target RET 2055	Registered Investment Company	**	328,056
	Vanguard Target RET 2060	Registered Investment Company	**	92,392
	Vanguard Target RET 2065	Registered Investment Company	**	248,370
	Vanguard Target RET Income	Registered Investment Company	**	112,678
	West Asset Core Bond I S	Registered Investment Company	**	463,734
	American FD AMER MUT R6	Registered Investment Company	**	766,918
	Fidelity 500 Index Fund	Registered Investment Company	**	1,866,854
	Fidelity Mid Cap Index Fund	Registered Investment Company	**	473,721
	Fidelity Small Cap Index Fund	Registered Investment Company	**	614,310
	T. Rowe Price Blue Chip Growth Fund	Registered Investment Company	**	942,276
				$ 25,294,505

* Represents a Party in Interest.
** Cost basis is not required to be reported for participant-directed accounts.

GONNELLA RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2020

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT 3–4

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits 5

Statements of Changes in Net Assets Available for Benefits 6

Notes to Financial Statements 7–11

SUPPLEMENTARY INFORMATION

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) 13

Warady & Davis LLP
Certified Public Accountants & Consultants

INDEPENDENT AUDITORS' REPORT

Plan Administrator
Gonnella Retirement Savings Plan
Schaumburg, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of GONNELLA RETIREMENT SAVINGS PLAN ("Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Prudential Bank and Trust, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2020 and 2019 that the information provided to the plan administrator by the trustee, 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.

Other Matter—Supplemental Schedule

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule listed in the accompanying table of contents, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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.



October 13, 2021

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31	**2020**	2019
ASSETS		
Investments at Fair Value:		
Cash	**$ 1,143,835**	$ 660,487
Investments in Registered Investment Companies	**24,150,670**	21,945,766
Total Investments at Fair Value	**25,294,505**	22,606,253
Receivables:		
Employer's Contribution Receivable	**1,165,836**	1,178,894
NET ASSETS AVAILABLE FOR BENEFITS	**$ 26,460,341**	$ 23,785,147

See accompanying notes.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31	**2020**	2019
ADDITIONS IN NET ASSETS ATTRIBUTED TO:		
Investment Income		
Interest	**$ 3,104**	$ 13,810
Dividends	**373,122**	475,374
Net Appreciation in Fair Value of Registered Investment Companies	**2,725,960**	3,375,330
Total Investment Income	**3,102,186**	3,864,514
Contributions		
Participant Contributions	**1,673,010**	1,700,427
Participant Rollovers	**84,990**	2,679
Company Safe Harbor Contribution	**818,994**	839,901
Company Profit Sharing Contribution	**346,842**	339,009
Total Contributions	**2,923,836**	2,882,016
Total Additions	**6,026,022**	6,746,530
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	**3,283,994**	1,505,840
Administrative Expenses	**66,834**	49,564
Total Deductions	**3,350,828**	1,555,404
Net Increase	**2,675,194**	5,191,126
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning	**23,785,147**	18,594,021
ENDING	**$ 26,460,341**	$ 23,785,147

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

NOTE 1—DESCRIPTION OF PLAN

The following description of the Gonnella Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

GENERAL

The Plan is a defined contribution plan covering all eligible employees of Gonnella Baking Company (the "Company" or "Employer") whose employment is not governed by collective bargaining agreements, who are not leased employees, who are eligible employees at Gabby's Bagels Inc. and others who are not considered to be actual employees. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974 (ERISA). Employees must meet minimum service requirements.

CONTRIBUTIONS

Salary Deferral Contributions – Employees who have completed six months of service can participate in the Plan and make elective pre-tax or ROTH salary deferral contributions subject to annual IRS limits. The Company automatically begins a 3% deferral of gross pay for newly eligible employees. Deferral rate increases by 1% each Plan Year until it reaches 10% of employee's compensation. Participants age 50 or older before year end are permitted to make catch-up contributions to the Plan. The additional contribution is permitted once the participant's maximum contribution has been reached.

Employer Safe Harbor Non-elective Contributions - In order to simplify the administration of the Plan by ensuring that nondiscrimination regulations are met, the Company will make contributions equal to 3% of eligible employees' compensation. This contribution is 100% vested immediately. The Safe Harbor contribution amounted to $818,994 and $839,901 for the years ended December 31, 2020 and 2019, respectively.

Profit Sharing and Matching Contributions - The Company reserves the right to make profit sharing or matching contributions each year and allocate it to participants' accounts based on a formula defined in the Plan Document. This contribution is 100% vested after 3 years of service. The Company elected to make a discretionary Profit Sharing contribution of $346,842 and $339,009 for the years ended December 31, 2020 and 2019, respectively.

Rollover Contributions - A new employee may elect to directly roll over funds from a prior employer's qualified plan as described in Code section 401(a) or 403(a). However, if the rollover is a cash distribution, the trustee must receive the distribution within 60 days of the disbursement. All rollovers are subject to the consent of the Plan administrator and the terms stipulated by the Plan. Nonetheless, the employee must still meet the Plan's eligibility requirements and will be unable to make an employee contribution until qualified. Rollover contributions received were $84,990 and $2,679 for the years ended December 31, 2020 and 2019, respectively.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contributions, the Company's Safe Harbor contribution, an allocation of the Company's elective profit-sharing contribution, and plan earnings. Earnings are allocated based on account balances.

NOTE 1—DESCRIPTION OF PLAN (Continued)

INVESTMENT OPTIONS

Participants direct the investment of their account balance and future contributions into various investment options offered by the Plan. Upon enrollment in the plan, a participant may select any combination of investment options consisting of registered investment companies (mutual funds). If no selection is made, the contribution is invested in the age-appropriate Vanguard Target Retirement fund. Participants may change their investment options at any time.

LOANS TO PARTICIPANTS

Loans are not permitted from the Plan.

PAYMENTS OF BENEFITS

Upon termination of employment, participants with vested balances below $5,000, a lump-sum distribution will be made in accordance with the plan document. Participants with vested balances above $5,000 may elect to receive a lump-sum distribution of his/her entire vested account balance, a partial lump-sum, or an installment distribution in accordance with the Plan Document. Participants who are still employed by the Company have an option to request a hardship distribution.

FORFEITURES

Forfeitures are used to pay Plan expenses, and to reduce employer discretionary contributions. Additionally, forfeitures could be used to restore the non-vested portion of the account balance for Participants who resume employment with the Company within certain time limits. Forfeitures totaled $1,923 in 2020 and $3,330 in 2019. Forfeitures were used to pay plan expenses of $4,070 and $585 for the years ended December 31, 2020 and 2019, respectively. No forfeiture was used to reduce the Employer's discretionary contribution in 2020 or 2019. Forfeitures available for future use are $1,471 as of December 31, 2020 and $3,617 as of December 31, 2019.

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual method in accordance with accounting principles generally accepted in the United States of America.

USE OF ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

RISKS AND UNCERTAINTIES

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, 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 those changes could materially affect the amounts reported in the financial statements.

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated at fair value as established under ASC 820, Fair Value Measurements and Disclosures. The fair values of these assets are determined by reference to the funds' Net Asset Value (NAV). Portfolio valuation procedures for these accounts are determined by the mutual fund company. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

PAYMENT OF BENEFITS

Benefit payments to participants are recorded upon distribution. There were no amounts allocated to accounts of persons who had elected to withdraw from the Plan, but have not been paid at December 31, 2020 and 2019.

ADMINISTRATIVE FEES AND EXPENSES

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements.

NOTE 3—FAIR VALUE MEASUREMENTS

Generally accepted accounting principles define fair value, establish a framework for measuring fair value, and establish a fair value hierarchy that prioritizes the inputs to valuation techniques. 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. A fair value measurement assumes that the transaction to sell an asset or transfer a liability occurs in the principal market for the asset or liability, or in the absence of a principal market, the most advantageous market. Valuation techniques that are consistent with the market, income or cost approach are used to measure fair value.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels:

Level 1 - Quoted prices in active markets for identical assets at the measurement date. The fair value of registered investment companies is based on quoted net asset values on the shares held by the Plan at year-end.

Level 2 - Observable inputs other than quoted prices for the asset, either directly or indirectly observable, that reflect assumptions market participants would use to price the asset based on market data obtained from sources independent of the Plan. This may include matrix pricing, yield curves and indices.

NOTE 3—FAIR VALUE MEASUREMENTS (Continued)

> Level 3 - Unobservable inputs that reflect the Plan's own assumptions about the assumptions market participants would use to price the asset based on the information available in the circumstances.

Level 2 and Level 3 Fair Value Measurements are not applicable to the Plan for 2020 and 2019.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2020 and 2019:

		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Observable Inputs Other than Quoted Market Prices (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2020:				
Cash	$ 1,143,835	$ 1,143,835	$ —	$ —
Registered Investment Companies	24,150,670	24,150,670	—	—
Total	$ 25,294,505	$ 25,294,505	$ —	$ —
December 31, 2019:				
Cash	$ 660,487	$ 660,487	$ —	$ —
Registered Investment Companies	21,945,766	21,945,766	—	—
Total	$ 22,606,253	$ 22,606,253	$ —	$ —

NOTE 4—INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and schedule is complete and accurate.

a. Investments, as shown in the accompanying statements of assets available for benefits as of December 31, 2020 and 2019.

b. Investment income, as shown in the accompanying statements of changes in assets available for benefits for the years ended December 31, 2020 and 2019.

c. The schedule of assets (held at end of year) as of December 31, 2020, as shown on Schedule H - Line 4(i).

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to related information included in the financial statements and supplemental schedule

NOTE 5—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 a plan termination, participants will become 100 percent vested in their accounts.

NOTE 6—PARTY-IN-INTEREST TRANSACTIONS AND RELATED PARTY

The Company provides to the Plan certain accounting and administrative services for which no fees are charged. In addition, some expenses of the Plan are paid by the Company.

Plan investments are managed by the trustee of the Plan. The Plan's third-party administrator is Prudential, which is considered a party-in-interest.

NOTE 7—PLAN QUALIFICATION

The Plan has adopted a Prototype Non-standardized Profit-Sharing Plan with a Cash or Deferred Arrangement sponsored by Prudential Retirement Insurance and Annuity Company (Prudential). The Plan is not required to obtain its own determination letter because it relies on the opinion letter dated April 29, 2014 which Prudential received from the Internal Revenue Service. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement dates.

The Plan presently meets the requirements of Section 401(a) of the Internal Revenue Code and, accordingly, its income is exempt from federal income taxes under Section 501(a). A similar status exists for Illinois income taxes.

NOTE 8—SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 13, 2021, the date which the financial statements were available for issue. There were no subsequent events which require disclosure.

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4 (i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Form 5500
EIN: 36-1143800
Plan Number 001
As of December 31, 2020

(a) (*)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Vanguard Fed Money Market	Interest-bearing Cash	**	$ 1,143,835
	Vanguard Developing Markets Index Fund	Registered Investment Company	**	336,634
	Vanguard Target RET 2015	Registered Investment Company	**	1,142,956
	Vanguard Target RET 2020	Registered Investment Company	**	1,582,890
	Vanguard Target RET 2025	Registered Investment Company	**	5,063,562
	Vanguard Target RET 2030	Registered Investment Company	**	2,685,971
	Vanguard Target RET 2035	Registered Investment Company	**	3,181,151
	Vanguard Target RET 2040	Registered Investment Company	**	1,911,433
	Vanguard Target RET 2045	Registered Investment Company	**	1,243,745
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	Vanguard Target RET 2055	Registered Investment Company	**	328,056
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	Vanguard Target RET 2065	Registered Investment Company	**	248,370
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	West Asset Core Bond I S	Registered Investment Company	**	463,734
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	Fidelity Small Cap Index Fund	Registered Investment Company	**	614,310
	T. Rowe Price Blue Chip Growth Fund	Registered Investment Company	**	942,276
				$ 25,294,505

* Represents a Party in Interest.
** Cost basis is not required to be reported for participant-directed accounts.

GONNELLA RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2020

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT 3–4

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits 5

Statements of Changes in Net Assets Available for Benefits 6

Notes to Financial Statements 7–11

SUPPLEMENTARY INFORMATION

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) 13

Warady & Davis LLP
Certified Public Accountants & Consultants

INDEPENDENT AUDITORS' REPORT

Plan Administrator
Gonnella Retirement Savings Plan
Schaumburg, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of GONNELLA RETIREMENT SAVINGS PLAN ("Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Prudential Bank and Trust, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2020 and 2019 that the information provided to the plan administrator by the trustee, 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.

Other Matter—Supplemental Schedule

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule listed in the accompanying table of contents, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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.



October 13, 2021

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31	**2020**	2019
ASSETS		
Investments at Fair Value:		
Cash	**$ 1,143,835**	$ 660,487
Investments in Registered Investment Companies	**24,150,670**	21,945,766
Total Investments at Fair Value	**25,294,505**	22,606,253
Receivables:		
Employer's Contribution Receivable	**1,165,836**	1,178,894
NET ASSETS AVAILABLE FOR BENEFITS	**$ 26,460,341**	$ 23,785,147

See accompanying notes.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31	**2020**	2019
ADDITIONS IN NET ASSETS ATTRIBUTED TO:		
Investment Income		
Interest	**$ 3,104**	$ 13,810
Dividends	**373,122**	475,374
Net Appreciation in Fair Value of Registered Investment Companies	**2,725,960**	3,375,330
Total Investment Income	**3,102,186**	3,864,514
Contributions		
Participant Contributions	**1,673,010**	1,700,427
Participant Rollovers	**84,990**	2,679
Company Safe Harbor Contribution	**818,994**	839,901
Company Profit Sharing Contribution	**346,842**	339,009
Total Contributions	**2,923,836**	2,882,016
Total Additions	**6,026,022**	6,746,530
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Administrative Expenses	**66,834**	49,564
Total Deductions	**3,350,828**	1,555,404
Net Increase	**2,675,194**	5,191,126
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning	**23,785,147**	18,594,021
ENDING	**$ 26,460,341**	$ 23,785,147

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

NOTE 1—DESCRIPTION OF PLAN

The following description of the Gonnella Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

GENERAL

The Plan is a defined contribution plan covering all eligible employees of Gonnella Baking Company (the "Company" or "Employer") whose employment is not governed by collective bargaining agreements, who are not leased employees, who are eligible employees at Gabby's Bagels Inc. and others who are not considered to be actual employees. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974 (ERISA). Employees must meet minimum service requirements.

CONTRIBUTIONS

Salary Deferral Contributions – Employees who have completed six months of service can participate in the Plan and make elective pre-tax or ROTH salary deferral contributions subject to annual IRS limits. The Company automatically begins a 3% deferral of gross pay for newly eligible employees. Deferral rate increases by 1% each Plan Year until it reaches 10% of employee's compensation. Participants age 50 or older before year end are permitted to make catch-up contributions to the Plan. The additional contribution is permitted once the participant's maximum contribution has been reached.

Employer Safe Harbor Non-elective Contributions - In order to simplify the administration of the Plan by ensuring that nondiscrimination regulations are met, the Company will make contributions equal to 3% of eligible employees' compensation. This contribution is 100% vested immediately. The Safe Harbor contribution amounted to $818,994 and $839,901 for the years ended December 31, 2020 and 2019, respectively.

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Rollover Contributions - A new employee may elect to directly roll over funds from a prior employer's qualified plan as described in Code section 401(a) or 403(a). However, if the rollover is a cash distribution, the trustee must receive the distribution within 60 days of the disbursement. All rollovers are subject to the consent of the Plan administrator and the terms stipulated by the Plan. Nonetheless, the employee must still meet the Plan's eligibility requirements and will be unable to make an employee contribution until qualified. Rollover contributions received were $84,990 and $2,679 for the years ended December 31, 2020 and 2019, respectively.

PARTICIPANT ACCOUNTS

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NOTE 1—DESCRIPTION OF PLAN (Continued)

INVESTMENT OPTIONS

Participants direct the investment of their account balance and future contributions into various investment options offered by the Plan. Upon enrollment in the plan, a participant may select any combination of investment options consisting of registered investment companies (mutual funds). If no selection is made, the contribution is invested in the age-appropriate Vanguard Target Retirement fund. Participants may change their investment options at any time.

LOANS TO PARTICIPANTS

Loans are not permitted from the Plan.

PAYMENTS OF BENEFITS

Upon termination of employment, participants with vested balances below $5,000, a lump-sum distribution will be made in accordance with the plan document. Participants with vested balances above $5,000 may elect to receive a lump-sum distribution of his/her entire vested account balance, a partial lump-sum, or an installment distribution in accordance with the Plan Document. Participants who are still employed by the Company have an option to request a hardship distribution.

FORFEITURES

Forfeitures are used to pay Plan expenses, and to reduce employer discretionary contributions. Additionally, forfeitures could be used to restore the non-vested portion of the account balance for Participants who resume employment with the Company within certain time limits. Forfeitures totaled $1,923 in 2020 and $3,330 in 2019. Forfeitures were used to pay plan expenses of $4,070 and $585 for the years ended December 31, 2020 and 2019, respectively. No forfeiture was used to reduce the Employer's discretionary contribution in 2020 or 2019. Forfeitures available for future use are $1,471 as of December 31, 2020 and $3,617 as of December 31, 2019.

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual method in accordance with accounting principles generally accepted in the United States of America.

USE OF ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

RISKS AND UNCERTAINTIES

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, 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 those changes could materially affect the amounts reported in the financial statements.

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated at fair value as established under ASC 820, Fair Value Measurements and Disclosures. The fair values of these assets are determined by reference to the funds' Net Asset Value (NAV). Portfolio valuation procedures for these accounts are determined by the mutual fund company. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

PAYMENT OF BENEFITS

Benefit payments to participants are recorded upon distribution. There were no amounts allocated to accounts of persons who had elected to withdraw from the Plan, but have not been paid at December 31, 2020 and 2019.

ADMINISTRATIVE FEES AND EXPENSES

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements.

NOTE 3—FAIR VALUE MEASUREMENTS

Generally accepted accounting principles define fair value, establish a framework for measuring fair value, and establish a fair value hierarchy that prioritizes the inputs to valuation techniques. 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. A fair value measurement assumes that the transaction to sell an asset or transfer a liability occurs in the principal market for the asset or liability, or in the absence of a principal market, the most advantageous market. Valuation techniques that are consistent with the market, income or cost approach are used to measure fair value.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels:

Level 1 - Quoted prices in active markets for identical assets at the measurement date. The fair value of registered investment companies is based on quoted net asset values on the shares held by the Plan at year-end.

Level 2 - Observable inputs other than quoted prices for the asset, either directly or indirectly observable, that reflect assumptions market participants would use to price the asset based on market data obtained from sources independent of the Plan. This may include matrix pricing, yield curves and indices.

NOTE 3—FAIR VALUE MEASUREMENTS (Continued)

> Level 3 - Unobservable inputs that reflect the Plan's own assumptions about the assumptions market participants would use to price the asset based on the information available in the circumstances.

Level 2 and Level 3 Fair Value Measurements are not applicable to the Plan for 2020 and 2019.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2020 and 2019:

		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Observable Inputs Other than Quoted Market Prices (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2020:				
Cash	$ 1,143,835	$ 1,143,835	$ —	$ —
Registered Investment Companies	24,150,670	24,150,670	—	—
Total	$ 25,294,505	$ 25,294,505	$ —	$ —
December 31, 2019:				
Cash	$ 660,487	$ 660,487	$ —	$ —
Registered Investment Companies	21,945,766	21,945,766	—	—
Total	$ 22,606,253	$ 22,606,253	$ —	$ —

NOTE 4—INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and schedule is complete and accurate.

a. Investments, as shown in the accompanying statements of assets available for benefits as of December 31, 2020 and 2019.

b. Investment income, as shown in the accompanying statements of changes in assets available for benefits for the years ended December 31, 2020 and 2019.

c. The schedule of assets (held at end of year) as of December 31, 2020, as shown on Schedule H - Line 4(i).

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to related information included in the financial statements and supplemental schedule

NOTE 5—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 a plan termination, participants will become 100 percent vested in their accounts.

NOTE 6—PARTY-IN-INTEREST TRANSACTIONS AND RELATED PARTY

The Company provides to the Plan certain accounting and administrative services for which no fees are charged. In addition, some expenses of the Plan are paid by the Company.

Plan investments are managed by the trustee of the Plan. The Plan's third-party administrator is Prudential, which is considered a party-in-interest.

NOTE 7—PLAN QUALIFICATION

The Plan has adopted a Prototype Non-standardized Profit-Sharing Plan with a Cash or Deferred Arrangement sponsored by Prudential Retirement Insurance and Annuity Company (Prudential). The Plan is not required to obtain its own determination letter because it relies on the opinion letter dated April 29, 2014 which Prudential received from the Internal Revenue Service. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement dates.

The Plan presently meets the requirements of Section 401(a) of the Internal Revenue Code and, accordingly, its income is exempt from federal income taxes under Section 501(a). A similar status exists for Illinois income taxes.

NOTE 8—SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 13, 2021, the date which the financial statements were available for issue. There were no subsequent events which require disclosure.

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4 (i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Form 5500
EIN: 36-1143800
Plan Number 001
As of December 31, 2020

(a) (*)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Vanguard Fed Money Market	Interest-bearing Cash	**	$ 1,143,835
	Vanguard Developing Markets Index Fund	Registered Investment Company	**	336,634
	Vanguard Target RET 2015	Registered Investment Company	**	1,142,956
	Vanguard Target RET 2020	Registered Investment Company	**	1,582,890
	Vanguard Target RET 2025	Registered Investment Company	**	5,063,562
	Vanguard Target RET 2030	Registered Investment Company	**	2,685,971
	Vanguard Target RET 2035	Registered Investment Company	**	3,181,151
	Vanguard Target RET 2040	Registered Investment Company	**	1,911,433
	Vanguard Target RET 2045	Registered Investment Company	**	1,243,745
	Vanguard Target RET 2050	Registered Investment Company	**	1,093,019
	Vanguard Target RET 2055	Registered Investment Company	**	328,056
	Vanguard Target RET 2060	Registered Investment Company	**	92,392
	Vanguard Target RET 2065	Registered Investment Company	**	248,370
	Vanguard Target RET Income	Registered Investment Company	**	112,678
	West Asset Core Bond I S	Registered Investment Company	**	463,734
	American FD AMER MUT R6	Registered Investment Company	**	766,918
	Fidelity 500 Index Fund	Registered Investment Company	**	1,866,854
	Fidelity Mid Cap Index Fund	Registered Investment Company	**	473,721
	Fidelity Small Cap Index Fund	Registered Investment Company	**	614,310
	T. Rowe Price Blue Chip Growth Fund	Registered Investment Company	**	942,276
				$ 25,294,505

* Represents a Party in Interest.
** Cost basis is not required to be reported for participant-directed accounts.