

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>01/31/2020</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan	☐ a DFE (specify) ____	
B	This return/report is:	☐ the first return/report ☒ the final return/report	
	☐ an amended return/report ☒ a short plan year return/report (less than 12 months)		
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>SWIFT&POSSIBLE LLC 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/2011</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SWIFT</u> <u>1250 NW 17TH AVENUE</u> <u>PORTLAND, OR 97209</u>	2b	Employer Identification Number (EIN) <u>30-0846200</u>
		2c	Plan Sponsor's telephone number <u>503-227-8305</u>
		2d	Business code (see instructions) <u>541800</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2020	ALI BERGMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 178
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 114 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 6h
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: 2A 2E 2F 2G 2J 2K 2T 3D 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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2020 and ending 01/31/2020		
A Name of plan SWIFT&POSSIBLE LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SWIFT	D Employer Identification Number (EIN) 30-0846200	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(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)

HUMAN INVESTING

74-3130983

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	7374	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
60	RECORDKEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
CALVERT BOND I - DST ASSET MANAGER 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.10%

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2020 and ending 01/31/2020		
A Name of plan SWIFT&POSSIBLE LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SWIFT	D Employer Identification Number (EIN) 30-0846200	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	16343	0
(2) Participant contributions.....	1b(2)	30206	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	13	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	6183533	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	6230095	0

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6230095	0
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	1	
(C) Others (including rollovers)	2a(1)(C)	43415	
(2) Noncash contributions	2a(2)	0	43416
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	107	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		107
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-21863
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		21660

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1038663	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1038663
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	7374	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		7374
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1046037

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1024377
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		5205718

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: DELAP LLP

(2) EIN: 93-0418710

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

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

Part IV Compliance Questions

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

During the plan year:

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

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
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?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
WPP	20-4031493	001

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2019 or fiscal plan year beginning 01/01/2020 and ending 01/31/2020		
A Name of plan SWIFT&POSSIBLE LLC 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SWIFT		D Employer Identification Number (EIN) 30-0846200
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
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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 _____



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To the Retirement Plan Committee
Swift+POSSIBLE LLC 401(k) Plan

Except as discussed in the following paragraph, in planning and performing our limited-scope audit of the financial statements and supplemental schedules of the Swift+POSSIBLE LLC 401(k) Plan (the Plan) as of and for the period from January 1, 2020 to January 31, 2020 and the year ended December 31, 2019, in accordance with auditing standards generally accepted in the United States of America (GAAS), we considered the Plan's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of issuing our report on the financial statements and supplemental schedule but not for the purpose of expressing our opinion on the effectiveness of the Plan's internal control. Accordingly, we do not express an opinion on the effectiveness of the Plan's internal control.

We were engaged to perform a Department of Labor (DOL) limited-scope audit of those financial statements and supplemental schedule as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Our audit did not include all of the procedures required by GAAS and did not include a consideration of internal control relating to the information summarized in Note 3 to those financial statements and supplemental schedule. Because of the significance of the information that we did not audit, we were unable to, and did not, express an opinion on those financial statements and supplemental schedule.

Our consideration of internal control was for the limited purpose described in the preceding paragraphs and was not designed to identify all deficiencies in internal control that might be material weaknesses. In addition, because of inherent limitations in internal control – including the possibility of management override of controls – misstatements due to error or fraud may occur and not be detected by such controls. Given these limitations, during our audit, we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

During our limited-scope audit, we became aware of deficiencies in internal control other than significant deficiencies and material weaknesses, and the following other matters that are opportunities for strengthening the Plan's internal control and/or operating efficiency:

Review of Service Organization Control (SOC-1) Reports

During the audit, we noted that Management does not formally review the SOC-1 reports received directly from Fidelity, the trustee of the Plan. These SOC-1 reports focus on the service organizations' controls and control objectives, but also identify controls that should be in place at the plan sponsor in order for the service organizations' controls to be effective. Since Management is responsible for the prudent oversight and review of all services provided to the Plan by third parties, we recommend that Management review the SOC-1 reports provided by the Plan's service organizations. Such a review would help verify the status of these service organizations' controls as they affect the Plan and help ensure that significant plan sponsor controls, as identified in the SOC-1 reports, are in place and operating effectively.



Census reconciliation

During our limited-scope audit, we that the census report included ineligible compensation, based on a comparison to the year-end payroll reports. Accordingly, we recommend that the Plan administrator reconcile the census information in the census report to the year-end payroll report in order to help ensure that the census is complete and accurate.

Timely remittance of participant deferrals

During the audit of the Plan, we noted an instance in which amounts withheld from participants were not remitted to the Plan in a consistent manner. The DOL requires that participant contributions be remitted to the Plan on the earliest date on which they can be reasonably segregated from the Plan sponsor's general assets. Failure to remit participant contributions to the Plan in a timely manner results in a prohibited transaction that must be separately reported to the DOL and may result in penalties to the Plan sponsor. Furthermore, the participant contributions must be remitted timely and in a consistent manner.

We recommend that Management review the procedures for remitting amounts withheld from participants to the Plan and determine a timeline upon which deferred amounts can be reasonably segregated from the Plan sponsor's general assets and implement procedures to ensure that the remittances are made timely and consistently in accordance with such timeline.

* * * * *

Other matters:

Communication with those charged with governance

We have conducted a DOL limited-scope audit of the financial statements and supplemental schedule of the Plan as of and for the period from January 1, 2020 to January 31, 2020 and the year ended December 31, 2019, have issued our report thereon dated October 14, 2020. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 to those financial statements and supplemental schedule. Because of the significance of the information that we did not audit, we are unable to, and have not, expressed an opinion on those financial statements and supplemental schedule as a whole. We did, however, audit 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, in accordance with GAAS and found them to be presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Professional standards require that we provide you with information about our responsibilities under GAAS, as well as certain information related to the planned scope and timing of our limited-scope audit. We have communicated such information in our engagement letter to you dated April 13, 2020.

Professional standards also require that we communicate to you the following information related to our limited-scope audit:

Qualitative aspects of accounting practices: Management of the Plan is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Plan are described in Note 2 to the financial statements and supplemental schedule. No new accounting policies were adopted, and the application of existing policies was not changed, during the period from January 1, 2020 to January 31, 2020. We noted no transactions entered into by the Plan during the period from January 1, 2020 to January 31, 2020 and the year ended December 31, 2019, for which there is a lack of authoritative guidance or consensus. All significant transactions have been



recognized in the financial statements and supplemental schedule in the proper period.

Accounting estimates are an integral part of the financial statements and supplemental schedule prepared by Management and are based on Management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and supplemental schedule and because of the possibility that future events affecting them may differ significantly from those expected. We noted no significant estimates that affected the Plan's financial statements and supplemental schedule during the period from January 1, 2020 to January 31, 2020 or for the year ended December 31, 2019.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the financial statements were those describing the Plan's provisions and the Plan merger and termination effective January 31, 2020.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties encountered in performing the limited-scope audit: We encountered no difficulties in dealing with Management in performing and completing our limited-scope audit.

Corrected and uncorrected misstatements: Professional standards require us to accumulate all misstatements identified during the limited-scope audit, other than those that are clearly trivial, and communicate them to the appropriate level of Management. There were no corrected or uncorrected misstatements of the financial statements.

Disagreements with Management: For purposes of this letter, a disagreement with Management is a disagreement on a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements, supplemental schedule, or auditors' report. We are pleased to report that no such disagreements arose during the course of our limited-scope audit.

Management representations: We have requested certain representations from Management that are included in the management representation letter dated October 14, 2020.

Management consultations with other independent accountants: In some cases, Management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves the application of an accounting principle to the Plan's financial statements or a determination of the type of auditors' opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all of the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other audit findings or issues: We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with Management each year prior to retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship, and our responses were not a condition to our retention.

* * * * *

This information is intended solely for the use of the Retirement Plan Committee and Management and is not intended to be, and should not be, used by anyone other than these specified parties.

We would be pleased to discuss the above matters or to respond to any questions, at your convenience.



We would also like to take this opportunity to thank Ms. Anna Yates, Ms. Ali Stone, and the various other personnel of the Company for the assistance that they gave us throughout the course of the limited-scope audit.

DELAP LLP

October 14, 2020

Swift+POSSIBLE LLC 401(k) Plan

Year End: December 31, 2019

Adjusting journal entries

Date: 1/1/2019 To 12/31/2019

Number	Date	Name	Account No	Debit	Credit	Recurrence	Misstatement
AJE 1	12/31/2019	Participant Deferral Receivable	105	30,205.55			
AJE 1	12/31/2019	ER matching contribution receivable	106	16,343.30			
AJE 1	12/31/2019	ER Matching Contributions	400		16,343.30		
AJE 1	12/31/2019	EE Contributions	401		30,205.55		
		To record contributions receivable					
				46,548.85	46,548.85		



October 14, 2020

Delap LLP
5885 Meadows Road, No. 200
Lake Oswego, OR 97035

This representation letter is provided in connection with your audits of the financial statements and supplemental schedule of the Swift+POSSIBLE LLC 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of January 31, 2019 (liquidation basis) and December 31, 2019 (ongoing basis), and the related statements of changes in net assets available for benefits for the period from January 1, 2020 to January 31, 2020 (liquidation basis) and the year ended December 31, 2019 (ongoing basis), and the related notes to the financial statements, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S.) (GAAP) and whether the supplemental schedule is fairly stated in all material respects in relation to the financial statements as a whole. As permitted by Regulation 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), we have instructed you not to perform any auditing procedures with respect to information prepared and certified to by Fidelity Trust Management Company, the trustee, in accordance with DOL Regulation 2520.103-5, except for comparing the information with the related information included in the financial statements and supplemental schedule. Because of the significance of the information which you did not audit, we understand that you will not express an opinion on the financial statements and supplemental schedule as a whole. We understand that the form and content of the information in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, has been audited by you in accordance with auditing standards generally accepted in the U.S., and was subjected to tests of the Plan's accounting records and other procedures you considered necessary to enable you to express an opinion as to whether they are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of October 14, 2020, the following representations made to you during your audits:

Financial Statements

- 1) We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated April 13, 2020, including our responsibility for the preparation and fair presentation of the financial statements and note disclosures.
- 2) The financial statements referred to above are fairly presented in conformity with GAAP, the notes include all disclosures required by laws and regulations to which the Plan is subject, including the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and the supplemental schedule referred to above is fairly presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- 3) We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
- 4) We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- 5) Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.

- 6) Related party relationships and transactions and relationships and transactions with parties-in-interest, as defined in ERISA Section 3(14) and regulations thereunder, have been appropriately accounted for and disclosed in accordance with GAAP and ERISA Section 3(14) and regulations thereunder.
- 7) The Board of Directors of the Plan sponsor elected to terminate the Plan effective January 31, 2019. All assets were distributed to the participants, transferred to the WPP's 401(k) Plan, and/or rolled over to the participants' other qualified defined benefit or defined contribution plans (in accordance with the Plan document and applicable resolutions and amendments) as of January 31, 2020. As a result, no new participants were permitted to enter the Plan, and no additional contributions were made to the Plan after the termination date. In accordance with GAAP, the Plan changed its basis of accounting used to value the Plan's assets from the ongoing plan basis used in the 2019 financial statements to the liquidation basis used in the 2020 financial statements. The conversion of the Plan's basis of accounting to the liquidation basis had no significant impact on the financial statements. There were no changes in the internal controls of the Plan or the Plan's service providers from January 1, 2020 through the date that the Plan's assets had been fully liquidated (January 31, 2020).
- 1) All events subsequent to the date of the financial statements and for which GAAP requires adjustment or disclosure have been adjusted or disclosed. We believe that the subsequent events disclosure regarding COVID-19 and its impact on the Plan is complete and accurate.
- 8) We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with GAAP, and we have not consulted a lawyer concerning litigation, claims, or assessments.
- 9) Other matters (e.g., breach of fiduciary responsibilities, non-exempt transactions, loans or leases in default, events reportable to the Pension Benefit Guaranty Corporation, or events that may jeopardize the Plan's tax status), if any, that legal counsel have advised us that must be disclosed have been properly disclosed.
- 10) Significant estimates and material concentrations have been properly disclosed in accordance with GAAP.
- 11) Financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements.
- 12) Guarantees, whether written or oral, under which the Plan is contingently liable, have been properly recorded or disclosed in accordance with GAAP.
- 13) The supplemental schedule or financial statements disclose the following (if applicable):
 - a) All non-exempt party-in-interest transactions [as defined in ERISA Section 3(14) and regulations thereunder].
 - b) Investments or loans in default or considered to be uncollectible.
 - c) Reportable transactions [as defined in ERISA Section 103(b)(3)(H) and regulations thereunder].
- 14) We have obtained the service auditors' reports from the Plan's service providers (e.g., Fidelity Management Trust Company), as applicable. We have reviewed such reports, including the complementary user controls. We have implemented the relevant user controls, and they were in operation for the period January 1, 2020 to January 31, 2020 and the year ended December 31, 2019.
- 15) At the discretion of the Retirement Plan Committee, certain administrative expenses of the Plan for the period January 31, 2020 and the year ended December 31, 2019 were paid directly by Swift+POSSIBLE LLC; other administrative expenses were paid by the Plan. There were no administrative fees payable by the Plan as of January 31, 2020 and December 31, 2019.
- 16) We have reviewed the draft financial statements (including the notes and supplemental schedule), accept responsibility for them, and approve of their issuance. The absence of our detailed review would be considered a "material weakness" (reported as such in the management letter), because the potential exists that a material misstatement of the financial statements could occur and not be prevented or detected by the Plan's internal control.

In order to provide oversight of the financial statement preparation services at an appropriate level, we have established effective review policies and procedures, including the performance of the following functions by appropriate personnel:

- a) We reconciled detailed schedules prepared by Plan personnel, and also schedules and reports received from the trustee, to the draft financial statements and supplemental schedule, as appropriate.
- b) We reviewed all supporting documentation and explanations for adjusting journal entries, and we approve of such entries. In addition, the adjusting journal entries have been properly reflected in the Plan's financial statements.
- c) We reviewed the adequacy of draft financial statement disclosures by preparing or reviewing a disclosure checklist.
- d) We reviewed and approved schedule and calculations supporting amounts included in the notes to the draft financial statements and supplemental schedule.
- e) We applied analytical procedures to the draft financial statements and supplemental schedule.
- f) We performed other procedures, as considered necessary, to help ensure that the draft financial statements and supplemental schedule have been properly prepared and that the draft note disclosures are appropriate and accurate.

Information Provided

17) We have provided you with:

- a) Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, and other matters.
- b) Additional information that you have requested from us for the purpose of the audits.
- c) Unrestricted access to persons within the Plan and the Plan sponsor from whom you determined it necessary to obtain audit evidence.
- d) All minutes of the meetings of the Retirement Plan Committee for the period from January 1, 2019 through January 31, 2020.
- e) Plan instruments, trust agreements, insurance contracts, or investment contracts and amendments to such documents entered into during the year, including amendments to comply with applicable laws.

18) All material transactions have been recorded in the accounting records and are reflected in the financial statements.

19) We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

20) We have no knowledge of any fraud or suspected fraud that affects the Plan and involves:

- a) Management,
- b) Employees who have significant roles in internal control, or
- c) Others where the fraud could have a material effect on the financial statements.

21) We have no knowledge of any allegations of fraud or suspected fraud affecting the Plan's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.

22) We have no knowledge of any instances of noncompliance or suspected noncompliance with laws and regulations (including ERISA, DOL, and Internal Revenue Service (IRS) regulations) whose effects should be considered when preparing the Plan's financial statements.

23) We have no knowledge of any actual or possible litigation, claims, and assessments whose effects should be considered when preparing the Plan's financial statements.

24) We have disclosed to you the identity of the Plan's related parties and parties-in-interest and all the related party and party-in-interest relationships and transactions, including any side agreements..

- 25) The Plan has satisfactory title to all owned assets, which are recorded at fair value, [state exceptions, if any] and all liens, encumbrances, or security interests requiring disclosure in the financial statements have been properly disclosed.
- 26) We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
- 27) Amendments to the Plan instrument, if any, have been properly recorded or disclosed in the financial statements.
- 28) The methods and significant assumptions used to estimate fair values of financial instruments, including nonreadily marketable securities, are as described in Note 4 to the Plan's financial statements. The methods and significant assumptions used result in a measure of fair value appropriate for financial measurement and disclosure purposes.
- 29) All required amendments to and filings of Plan documents with the appropriate agencies have been made. The Plan obtained its latest determination letter on March 31, 2014, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, we believe that the Plan was qualified and the related trust was tax-exempt as of January 31, 2020 and December 31, 2019.
- 30) The Plan (and the trust established under the Plan) is qualified under the appropriate section of the IRC, and we intend to continue them as a qualified plan (and trust). The Plan sponsor(s) has operated the Plan (and trust) in a manner that did not jeopardize this tax status. Required nondiscrimination testing related to Code Section 401(k) and 401(m) arrangements, as applicable, has been completed for the Plan, and any excess deferrals or contributions have been disposed of in accordance with regulations.
- 31) The Plan has complied with the DOL's regulations concerning the timely remittance of participant contributions to trusts containing assets for the Plan.
- 32) The Plan has complied with the fidelity bonding requirements of ERISA.
- 33) We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the Plan.
- 34) We have obtained appropriate fee disclosures from covered service providers and have concluded that the fees are reasonable. The Plan is in compliance with DOL regulations regarding ERISA Section 408(b)(2).
- 35) We believe that the form and content of the supplemental schedule are fairly presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- 36) With respect to financial statement preparation and other non-attest services performed by Delap LLP, we have:
- Assumed all management responsibilities.
 - Designated an individual (within senior management) with suitable skill, knowledge, and/or experience to oversee such services.
 - Evaluated the adequacy and results of the services performed.
 - Accepted responsibility for the results of such services.

Signature: 

Anna Yates
Director of People Operations

Signature: Ali Stone
Ali Stone
Senior People Partner

Signature: PWW
Paul Wille
COO



delap



**Swift+POSSIBLE LLC
401(k) Plan**

**Financial Statements and
Supplemental Schedules**

**Period from January 1, 2020
To January 31, 2020
(Liquidation Basis)
and Year Ended
December 31, 2019
(Ongoing Basis)**

Swift+POSSIBLE LLC 401(k) Plan

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Independent Auditors' Report

To the Retirement Plan Committee of the
Swift+POSSIBLE 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Swift+POSSIBLE 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of January 31, 2020 (liquidation basis) and December 31, 2019 (ongoing basis), and the related statements of changes in net assets available for benefits for the period from January 1, 2020 to January 31, 2020 (liquidation basis) and the year ended December 31, 2019 (ongoing basis), 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan (the Trustee), 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 certifications from the Trustee as of and for the period from January 1, 2020 to January 31, 2020 and as of the year ended December 31, 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.



Basis of Accounting

As discussed in Note 1 to the financial statements, the Board of Directors of Swift+POSSIBLE LLC, the Plan's sponsor, elected to terminate the Plan effective January 31, 2020, and all assets were distributed through January 31, 2020. In accordance with accounting principles generally accepted in the United States of America, the Plan changed its basis of accounting from the ongoing basis used in presenting the 2019 financial statements to the liquidation basis used in presenting the 2020 financial statements. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule, as listed in the accompanying table of contents, as of December 31, 2019 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

DELAPE LLP

October 14, 2020

Swift+POSSIBLE LLC 401(k) Plan

Statements of Net Assets Available for Benefits

January 31, 2020 (Liquidation Basis) and December 31, 2019 (Ongoing Basis)

	<u>2020</u>	<u>2019</u>
Assets		
Investments at fair value	\$ -	\$ 6,183,546
Receivables		
Employer contribution	-	16,343
Participant contributions	-	30,206
Total receivables	-	46,549
Net Assets Available for Benefits	<u>\$ -</u>	<u>\$ 6,230,095</u>

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

Swift+POSSIBLE LLC 401(k) Plan

Statements of Changes in Net Assets Available For Benefits Period from January 1, 2020 to January 31, 2020 (Liquidation Basis) and Year Ended December 31, 2019 (Ongoing Basis)

	2020	2019
Additions to Net Assets Attributed to		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ (21,863)	\$ 999,701
Interest and dividends	107	131,699
Total investment income (loss) - net	(21,756)	1,131,400
Contributions		
Participant salary deferrals	-	903,545
Employer	-	456,374
Participant rollovers	43,416	124,281
Total contributions	43,416	1,484,200
Total Additions - Net	21,660	2,615,600
Deductions from Net Assets Attributed to		
Benefits paid to participants	1,038,663	659,012
Transfers to another plan (Note 1)	5,205,718	-
Administrative expenses	7,374	40,718
Total Deductions	6,251,755	699,730
Net Increase (decrease)	(6,230,095)	1,915,870
Net assets available for benefits - beginning of period	6,230,095	4,314,225
Net Assets Available for Benefits - End of Period	\$ -	\$ 6,230,095

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

Swift+POSSIBLE LLC 401(k) Plan

Notes to Financial Statements

**Period from January 1, 2020 to January 31, 2020 and
Year Ended December 31, 2019**

1. Description of the Plan

The following description of the Swift+POSSIBLE LLC 401(k) 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 was a defined contribution plan established for the benefit of eligible employees of Swift+POSSIBLE LLC (the Employer). The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Fidelity Management Trust Company (the Trustee) was the appointed trustee of the Plan's assets.

Plan merger and termination

Effective January 1, 2020, the plan was amended to freeze the plan. Accordingly, no new participants were permitted to enter the Plan and no additional contributions were made to the Plan after January 1, 2020.

Effective January 31, 2020, the Board of Directors of the Employer elected to terminate the Plan and merge the assets of the Plan into the WPP Group 401(k) Plan and Trust (the Successor Plan). As of January 31, 2020, all of the Plan's assets were transferred to the Successor Plan, resulting in the transfer of \$5,205,718 into the Successor Plan.

Due to the Plan termination, and in accordance with accounting principles generally accepted in the United States of America (GAAP), the Plan changed its basis of accounting used to value the Plan's assets from the ongoing basis used in the 2019 financial statements to the liquidation basis used in the 2020 financial statements. The conversion of the Plan's basis of accounting to the liquidation basis did not have a significant impact on the accompanying financial statements.

Eligibility

Employees – other than those who are non-resident aliens, part-time, temporary, or seasonal employees, or under age 21 (as defined in the Plan document) – were eligible to participate and receive Employer contributions in the Plan. Qualifying employees could participate in the Plan on the next entry date following the date they meet the eligibility requirements. Entry dates were each January 1, April 1, July 1, and October 1. Effective January 1, 2020, all newly eligible participants who met the eligibility requirements for participation are eligible to participate in the Successor Plan.

Contributions

The Plan includes a salary deferral provision which provides for both pre-tax contributions and after-tax Roth 401(k) contributions. Participants may elect to defer up to 100% of their eligible compensation, subject to current Internal Revenue Code (IRC) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (i.e., rollover contributions).

The Employer matched 100% of each participant's contributions up to 3% of the participant's eligible compensation, plus 50% of each participant's contributions over 3% up to 5% of the participant's eligible compensation. In addition, the Employer could make discretionary matching contributions not to exceed 4% of a participant's eligible compensation. The Employer's contributions were generally funded as earned by participants. The Employer did not make any discretionary matching contributions during the period from January 1, 2020 to January 31, 2020 and the year ended December 31, 2019.

Swift+POSSIBLE LLC 401(k) Plan

Notes to Financial Statements

**Period from January 1, 2020 to January 31, 2020 and
Year Ended December 31, 2019**

Participant accounts

Each participant's account was credited (charged) with the participant's contributions and allocations of (a) the Employer's contributions, (b) Plan earnings (losses), and (c) administrative expenses. Earnings (losses) for each investment fund were allocated to participants' accounts based on the individual participant's account balance as compared to the total balance of the related investment fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants were immediately 100% vested in all contributions and the Plan's earnings (losses) thereon.

Benefits

On termination of service due to death, disability, or retirement, a participant (or their beneficiary) could elect to receive a lump-sum amount equal to the value of the participant's account. For termination of service for other reasons, distributions of balances less than or equal to \$1,000 were made in a lump-sum. If the terminated participant's balance exceeds \$1,000 but is less than or equal to \$5,000, and the participant did not elect to receive a distribution, the Plan permits the plan administrator to make a distribution directly to an individual retirement account set up on the participant's behalf. For vested balances greater than \$5,000, the Plan permitted a participant to elect a lump-sum distribution. Also, upon certain financial hardship conditions, participants could elect to withdraw part or all of their elective contributions, exclusive of the related earnings (losses). Upon reaching age 59½, participants could make in-service withdrawals of part or all of their account balance, including the related earnings (losses).

Administrative expenses

At the Employer's discretion, administrative expenses of the Plan could be paid directly by the Employer; certain other administrative expenses could be paid by the Plan. Expenses that were paid by the Employer are excluded from the accompanying financial statements. In addition, certain investment related expenses are offset against net appreciation or included in net depreciation in fair value of investments in the accompanying statement of changes in net assets available for benefits.

2. Summary of Significant Accounting Policies

Basis of accounting

As discussed in Note 1, the accompanying 2020 financial statements have been prepared on a liquidation basis and the 2019 financial statements have been prepared on the accrual basis of accounting.

Use of estimates

The preparation of financial statements in conformity with GAAP required the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation

The Plan's investments were reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by the Trustee. See Note 4 for discussion of fair value measurements.

Swift+POSSIBLE LLC 401(k) Plan

Notes to Financial Statements

**Period from January 1, 2020 to January 31, 2020 and
Year Ended December 31, 2019**

Investment income recognition

Purchases and sales of investments were recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits

Benefits were recorded when paid.

Subsequent events

The plan administrator has evaluated, for potential recognition or disclosure in the financial statements, subsequent events that have occurred through October 14, 2020, which is the date that the financial statements were available to be issued.

3. Information Prepared and Certified by the Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the following information included in the accompanying financial statements, notes, and supplemental schedules was obtained from data that was prepared and certified to as complete and accurate by the Trustee and has not been audited by the Plan's independent auditors:

- Investments
- Net appreciation (depreciation) in fair value of investments
- Interest and dividends
- Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

4. Fair Value Measurements

GAAP defines fair value, establishes a framework for measuring fair value, and requires certain disclosures about fair value measurements. The hierarchy of fair value valuation techniques under GAAP provides for three levels: Level 1 provides the most reliable measure of fair value, whereas Level 3, if applicable, generally would require significant management judgment. The three levels for categorizing assets and liabilities under GAAP's fair value measurement requirements are as follows:

- Level 1: Fair value of the asset or liability is determined using unadjusted quoted prices in active markets for identical assets or liabilities;
- Level 2: Fair value of the asset or liability is determined using inputs other than quoted prices that are observable for the applicable asset or liability, either directly or indirectly, such as quoted prices for similar (as opposed to identical) assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in markets that are not active; and
- Level 3: Fair value of the asset or liability is determined using unobservable inputs that are significant to the fair value measurement and reflect the Plan's own assumptions regarding the applicable asset or liability.

Swift+POSSIBLE LLC 401(k) Plan

Notes to Financial Statements

Period from January 1, 2020 to January 31, 2020 and
Year Ended December 31, 2019

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

The following is a description of the valuation methodology used for the Plan's assets measured at fair value. There have been no changes in the methodology used as of January 31, 2020 and December 31, 2019.

Mutual funds – The fair value of mutual funds is based on the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

As of January 31, 2020, the Plan had no assets or liabilities measured at fair value. The following tables set forth, by level within the fair value hierarchy, the Plan's assets measured at fair value as of December 31, 2019:

	Level 1	Level 2	Level 3	Total
2019				
Mutual funds	\$ 6,183,546	\$ -	\$ -	\$ 6,183,546

5. Related Party Transactions

The Employer was the sponsor of the Plan and paid certain administrative expenses of the Plan during the period from January 1, 2020 to January 31, 2020 and the year ended December 31, 2019. In addition, the plan administrator and members of the Retirement Plan Committee were participants in the Plan.

6. Tax Status

The Plan adopted a volume submitter defined contribution retirement plan (the Volume Submitter Plan) developed by Fidelity Management & Research Company (FMR). The Internal Revenue Service (IRS) has determined and informed FMR by a letter dated March 31, 2014 that the Volume Submitter Plan is designed in accordance with the applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's legal counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

GAAP requires Management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has analyzed the tax positions taken by the Plan and has concluded that as of January 31, 2020 and December 31, 2019, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Swift+POSSIBLE LLC 401(k) Plan

Schedule H, Line 4i - Schedule of Assets

(Held at End of Year) - Ongoing Basis

December 31, 2019

EIN: 30-0846200 Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	The Vanguard Group, Inc. (Vanguard)	Vanguard Target Retirement 2050 Fund Investor Shares	**	\$ 1,131,547
	Vanguard	Vanguard Target Retirement 2030 Fund Investor Shares	**	642,772
	Vanguard	Vanguard Target Retirement 2040 Fund Investor Shares	**	630,994
	Vanguard	Vanguard Target Retirement 2025 Fund Investor Shares	**	615,857
	Vanguard	Vanguard Target Retirement 2055 Fund Investor Shares	**	590,563
	Vanguard	Vanguard Large Cap Index Fund Admiral Shares	**	467,210
	Vanguard	Vanguard Target Retirement 2060 Fund Investor Shares	**	423,148
	Vanguard	Vanguard Target Retirement 2045 Fund Investor Shares	**	362,803
	Vanguard	Vanguard Growth Index Fund Admiral Shares	**	262,222
	Vanguard	Vanguard Total International Stock Index Fund Admiral Shares	**	216,642
	Vanguard	Vanguard Target Retirement 2035 Fund Investor Shares	**	187,617
	Vanguard	Vanguard Mid Cap Index Fund Admiral Shares	**	163,617
	Vanguard	Vanguard Small Cap Index Fund Admiral Shares	**	116,913
	Dimensional Fund Advisors	DFA Emerging Markets Value Portfolio Institutional Class	**	94,570
	Vanguard	Vanguard Value Index Fund Admiral Shares	**	80,758
	Vanguard	Vanguard FTSE Social Index Fund Admiral Shares	**	68,874
	Vanguard	Vanguard REIT Index Fund Admiral Shares	**	59,958
	Vanguard	Vanguard Intermediate Term Bond Index Fund Admiral Shares	**	35,624
	Vanguard	Vanguard Target Retirement 2015 Fund Investor Shares	**	11,333
	Vanguard	Vanguard Target Retirement Income Fund	**	11,326
	Vanguard	Vanguard Short Term Investment Grade Fund Admiral Shares	**	5,147
	Calvert Research and Management	Calvert Bond Fund Class I	**	1,625
	Franklin Templeton Investments	Templeton Global Bond Fund Class R6	**	1,212
	Vanguard	Vanguard Target Retirement 2020 Fund Investor Shares	**	1,201
	Vanguard	Vanguard Federal Money Market Fund	**	13
Total				\$ 6,183,546

** Cost information not required for participant-directed accounts.

The independent auditors' report should be read with the supplemental schedule.