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.)
- ☒ 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
GILSTER-MARY LEE CORP EMPLOYEES PROFIT SHARING RETIREMENT TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1973

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)
GILSTER-MARY LEE CORP EMPLOYEES PROFIT SHARING RETIREMENT TRUST

P O BOX 227
CHESTER, IL 62233

2b Employer Identification Number (EIN) 37-0951425

2c Plan Sponsor's telephone number 618-826-2361

2d Business code (see instructions) 311900

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.	07/29/2021	ROBERT E. WELGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2021	MICHAEL W. WELGE
	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 ☐ Same as Plan Sponsor

DELBERT DETHROW, MARY CRISLER & ROBERT WELGE

1037 STATE STREET
CHESTER, IL 62233

3b Administrator's EIN
62-1474711

3c Administrator's telephone number
618-826-2361

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**	3286
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)**	3286
a(2) Total number of active participants at the end of the plan year	**6a(2)**	3356
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3356
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	3356
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	3356
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	49
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

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 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	**B** Three-digit plan number (PN) ▶
GILSTER-MARY LEE CORP EMPLOYEES PROFIT SHARING RETIREMENT TRUST	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
GILSTER-MARY LEE CORP EMPLOYEES PROFIT SHARING RETIREMENT TRUST	37-0951425

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

KERBER, ECK & BRAECKEL, LLP

3266 LEXINGTON AVE
CAPE GIRARDEAU, MO 63701

43-0352985

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	PLAN AUDITOR	34000	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

WELLS FARGO ADVISORS

34-1542819

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 72 71 27 33	INVESTMENT ADVISOR	31034	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
(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.	

(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
GILSTER-MARY LEE CORP EMPLOYEES PROFIT SHARING RETIREMENT TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GILSTER-MARY LEE CORP EMPLOYEES PROFIT SHARING RETIREMENT TRUST

D Employer Identification Number (EIN)
37-0951425

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	40528	12036
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	37153	89198
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	30025	13840
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1606919	2977935
(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)	130292	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	101880	0
(B) Common	1c(4)(B)	25032974	20682710
(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)	184900	169000
(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)**	17864721	18168138
	(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**	45029392	42112857
	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**		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	45029392	42112857

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)**	89198	
	(B) Participants	**2a(1)(B)**		
	(C) Others (including rollovers)	**2a(1)(C)**		
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		89198
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	1729	
	(B) U.S. Government securities	**2b(1)(B)**		
	(C) Corporate debt instruments	**2b(1)(C)**	4060	
	(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)**		5789
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	2309	
	(B) Common stock	**2b(2)(B)**	480557	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		482866
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	4965151	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	4720436	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		244715
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	50627	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		50627

		(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)		
c Other income	2c		9
d Total income. Add all **income** amounts in column (b) and enter total	2d		873204
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3713522	
(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)		3713522
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)	44597	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	31563	
(4) Other	2i(4)	57	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		76217
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3789739
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2916535
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] 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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: KERBER, ECK & BRAECKEL LLP **(2)** EIN: 43-0352985

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		18168138
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**		X	

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

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

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

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

5c 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 _____.

Financial Statements
And
Independent Auditors' Report

Gilster-Mary Lee Corporation Employees' Profit-Sharing Retirement Plan

December 31, 2020 and 2019

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keb

P 573.334.0568
F 573.334.3962

3266 Lexington Avenue
Cape Girardeau, MO 63701

Independent Auditors' Report

To the Trustees
Gilster-Mary Lee Corporation Employees'
Profit-Sharing Retirement Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Gilster-Mary Lee Corporation Employees' Profit-Sharing Retirement Plan, which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note A; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Gilster-Mary Lee Corporation Employees' Profit-Sharing Retirement Plan (modified cash basis) as of December 31, 2020 and 2019, and the changes in net assets available for benefits (modified cash basis) for the years then ended, in accordance with the modified cash basis of accounting described in Note A.

Basis of Accounting

We draw attention to Note A to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets (Held at End of Year) and Assets (Acquired and Disposed of Within Year), together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements, but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Kerber, Eck & Braeckel LLP

Cape Girardeau, MO
July 29, 2021

Gilster-Mary Lee Corporation Employees' Profit-Sharing Retirement Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
December 31

	2020	2019
Cash	$ 12,036	$ 40,528
Investments at fair value		
Common and preferred stocks		
Employer company - affiliate	18,168,138	17,864,721
Others	20,682,710	25,134,854
Investment companies and unit trusts		
U.S. government and other income funds	169,000	184,900
Corporate bonds	-	130,292
Money market and savings accounts	2,619,524	1,360,587
Broker cash accumulation funds	358,411	246,332
	41,997,783	44,921,686
Receivables		
Employer contributions	89,198	37,153
Accrued interest and dividends	13,840	30,025
	103,038	67,178
Net assets available for benefits	$ 42,112,857	$ 45,029,392

The accompanying notes are an integral part of these statements.

Gilster-Mary Lee Corporation Employees' Profit-Sharing Retirement Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
December 31

	2020	2019
Additions		
Investment income		
Dividends and interest	$ 488,655	$ 1,356,324
Net appreciation (depreciation) in fair value of investments	295,342	(1,013,250)
	783,997	343,074
Employer company - affiliate	89,198	37,153
Other income	9	244
Total additions	873,204	380,471
Deductions		
Benefits paid to participants	3,713,522	14,003,047
Administrative expenses	76,217	105,970
Total deductions	3,789,739	14,109,017
NET (DECREASE)	(2,916,535)	(13,728,546)
Net assets available for benefits at beginning of year	45,029,392	58,757,938
Net assets avialble for benefits at end of year	$ 42,112,857	$ 45,029,392

The accompanying notes are an integral part of these statements.

NOTE A | SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies applied in the preparation of these financial statements follows.

1. *Basis of accounting*

The plan financial statements are presented on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. These financial statements include adjusting assets to fair market value, accruing employer contributions and accruing interest and dividend receivables. The financial statements omit recognition of accrued expenses and deferred benefits payable. Accordingly, these statements are not intended to and do not present financial position and results of operations in conformity with generally accepted accounting principles.

2. *Valuation of investments and income recognition*

Investments are recorded 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 in the principal and most advantageous market for the asset or liability.

If available, quoted market prices are used to value investments. The dates used in valuation of publicly traded securities held were January 21, 2021 and December 27, 2019. The amounts shown in note C for securities that have no quoted market price represent estimated fair value. Many factors are considered in arriving at fair value. In general, however, corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Investments in certain restricted common stocks are valued at the quoted market price of the issuer's unrestricted common stock less an appropriate discount. The amount of investments that have no quoted market prices and the method by which they are valued by the plan's trustees are included in note C.

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

3. *Cash*

The Plan maintains cash and money market account balances at several financial institutions. Accounts at each institution are insured by Federal Deposit Insurance Corporation up to $250,000. Uninsured balances aggregate approximately $2,285,600 at December 31, 2020 and $1,056,969 at December 31, 2019. The Plan has not experienced any losses in such accounts and believes it is not exposed to any credit risk on cash and cash equivalents.

NOTE A | SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

4. Estimates

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

5. Payments of benefits

Benefits are recorded when paid.

6. Subsequent events

Subsequent events were evaluated through July 29, 2021, which is the date the financial statements were available to be issued. The plan is currently undergoing an examination by the Department of Labor and has provided all information requested by examiners.

NOTE B | DESCRIPTION OF PLAN

1. General

The Gilster-Mary Lee Corporation Employees' Profit-Sharing Retirement Plan is a defined contribution pension plan covering substantially all employees of Gilster-Mary Lee Corporation. Established in 1972, the plan provides for pension, death, and disability benefits. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the Retirement Equity Act of 1984.

2. Contributions and Allocations to participant account balances

Contributions to the plan are determined by the employer Board of Directors on a discretionary basis as a percent of net income after tax. Contributions and forfeitures are allocated to participants in proportion to their plan compensation on an annual basis. The participants may not make additional contributions to their account. Plan income is allocated annually to participants in proportion to each participant's share of the Trust Fund as of the beginning of the year.

3. Vesting

Vesting of plan assets allocated to each participant's account is based on the completed years of service. An employee must complete 1,000 hours of service during the plan year to receive credit for a year of service for vesting purposes. The participant's account becomes fully vested upon five years of service.

NOTE B | DESCRIPTION OF PLAN

4. Plan benefits

Each participant may retire after he reaches sixty-five (65) years of age, at which time his account becomes fully vested. Participant retirements or terminations prior to age sixty-five are entitled to receive the vested portion of their account in a lump sum. In the event of death or disability, a participant's account becomes fully vested and their beneficiary becomes entitled to receive the total account balance.

5. Plan termination

It is the Company's intention to continue this plan indefinitely. However, in the event the plan is terminated, all accounts of participants will become fully vested. Upon termination of the trust, the administrator will distribute all assets remaining in the trust fund, after payment of any expenses properly chargeable against it, to the participants in accordance with the value of participants' account balances.

6. Forfeited accounts

At December 31, 2020 and 2019, forfeited nonvested accounts totaled $3,621 and $13,822 respectively. These accounts are reallocated to participants in the same manner as employer contributions.

NOTE C | INVESTMENTS

Employer Company Common Stock (Mary Lee Packaging Corporation)

Mary Lee Packaging Corporation is a holding company whose main assets are 100% holdings in Gilster-Mary Lee Corporation common stock, the plan sponsor. The fair value of Mary Lee Packaging Corporation common stock, as determined by Trustees, is a simple average of the GAAP and tax book values of the Company. The Company is valued at approximately 100% of the book value of the holding company assets at December 31, 2020 and 2019. The holding company investment in Gilster-Mary Lee Corporation common stock is accounted for on the equity method and represents approximately 99% of Mary Lee Packaging Corporation assets. The plan's holdings in Mary Lee Packaging Corporation approximated 13% of the total stock issued and outstanding for 2020 and 2019.

During 2020, the Plan sponsor engaged an independent company to perform an appraisal of the common stock of Mary Lee Packaging Corporation as of December 31, 2019. The valuation from this appraisal approximated the values used by the Plan for the employer sponsor common stock.

The total value of the investment in the holding company ($18,168,138 and $17,864,721, respectively) represents approximately 43.14% and 39.8% of plan total assets at the respective year ends. The original cost of the employer company stock was $7,476,810, at December 31, 2020 and 2019, respectively. Dividend income for 2020 and 2019 amounted to $- and $33,738 respectively.

The fair values of individual investments that represent approximately five percent or more of the plan's assets are as follows:

	December 31, 2020		December 31, 2019	
	Shares	Fair Value	Shares	Fair Value
Common Stocks:				
Mary Lee Packaging Corporation (employer holding company)	11,246	$ 18,168,138	11,246	$ 17,864,721
Delta Airlines, Inc.	134,000	5,449,780	136,000	8,036,240
Kroger Company	238,000	7,903,980	255,000	7,336,350
Ford Motor Company	490,000	5,649,700	500,000	4,682,500
Other individual investments under five percent (5%) of plan assets		4,826,185		7,001,875
Total Investments		$ 41,997,783		$ 44,921,686

NOTE D | FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures,* provides the framework for measuring fair value. The framework provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Level 1 Fair Value Measurements

The fair value measurements of publicly traded common and preferred stock, corporate bonds and investment company and unit trust income funds are based on quoted market prices, when available.

Level 3 Fair Value Measurements

The fair value of the employer company common stock is determined annually by the trustees as described in note C. The carrying values of cash in money market accounts, savings accounts and brokerage accounts approximate its fair value at December 31, 2020.

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

NOTE D | FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The following tables present fair value measurement information.

		Fair Value Measurements at Reporting Date Using		
December 31, 2020	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Employer company common stock	$18,168,138	$ -	$ -	$18,168,138
Common and preferred stocks	20,682,710	20,682,710	-	-
Investment companies and unit trust income funds	169,000	169,000	-	-
Money market and savings accounts	2,977,935	2,977,935	-	-
	$41,997,783	$23,829,645	$ -	$18,168,138

		Fair Value Measurements at Reporting Date Using		
December 31, 2019	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Employer company common stock	$17,864,721	$ -	$ -	$17,864,721
Common and preferred stocks	25,134,854	25,134,854	-	-
Investment companies and unit trust income funds	184,900	184,900	-	-
Corporate bonds (BB+ rated)	130,292	130,292	-	-
Money market and savings accounts	1,606,919	1,606,919	-	-
	$44,921,686	$27,056,965	$ -	$17,864,721

NOTE D | FAIR VALUE MEASUREMENTS

Level 3 Fair Value Measurements

The following tables set forth a summary of changes in the fair value of the plan's level 3 assets for the years ended December 31, 2020 and 2019.

December 31, 2020	Employer Company Common Stock
Beginning balance	$17,864,821
Unrealized gains relating to instruments still held at the reporting date	303,417
Ending balance	$18,168,238
Total gains for the year included in changes in net assets available for benefits attributable to the change in unrealized gains or losses relating to investments still held at the reporting date	$ 303,417

NOTE D | FAIR VALUE MEASUREMENTS

Level 3 Fair Value Measurements

December 31, 2019	Employer Company Common Stock
Beginning balance	$22,916,424
Unrealized (losses) relating to instruments still held at the reporting date	(5,051,703)
Ending balance	$17,864,721
Total gains for the year included in changes in net assets available for benefits attributable to the change in unrealized gains or losses relating to investments still held at the reporting date	$ (5,051,703)

NOTE E | EMPLOYER CONTRIBUTIONS RECEIVABLE

The employer company made cash contributions to the plan of $89,198 and $37,153 in 2020 and 2019, respectively. The contributions were received in February 2021 and January 2020, respectively.

NOTE F | EMPLOYEE CONTRIBUTIONS

Generally, employee contributions are not permitted under the plan except for re-employment participants who may repay prior plan distributions and participant transfers or rollover contributions from other qualified employee retirement plans.

NOTE G | PLAN TAX STATUS

The Internal Revenue Service (IRS) has ruled the plan qualifies under the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax law. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The plan trustees are not aware of any action or event that has occurred that might affect the plan's qualified status.

The plan obtained its latest determination letter on September 30, 2016, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter and the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the plan was qualified and the related trust was tax-exempt as of the financial statement date.

The preparation of financial statements in conformity with the modified cash basis of accounting requires the plan administrator to evaluate tax positions taken by the plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the U.S. Department of Labor or IRS. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

NOTE H | TRANSACTIONS WITH PARTIES IN INTEREST

Note C includes transactions considered to be related party transactions with the plan employer company. The plan trustee, who is also a plan participant, is a board member and shareholder of the Chester National Bank. Gilster-Mary Lee Corporation is also a shareholder in Chester Nation Bank. Chester National Bank holds $2,535,600 and $1,306,969 of plan assets as of December 31, 2020 and 2019, respectively.

The employer company provides personnel and equipment for plan operations. No cost is charged to the plan for these services.

Fees paid during the year for legal, accounting, and other services rendered by parties in interest were based on customary and reasonable rates for such services.

NOTE I | RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Gilster-Mary Lee Corporation Employees' Profit-Sharing Retirement Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 37-0951425 PN 001
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
	American Airlines Group	2,000 Shares	$ 80,428	$ 31,660
	American International Group WTS	266 Warrants	6,310	32
	Ares Capital Corporation	10,000 Shares	178,588	176,000
	B&G Foods	20,000 Shares	102,908	591,600
	Capital Product Partners	4,999 Shares	170,741	47,591
	Century Link Inc.	117 Shares	5,395	1,287
	Citigroup, Inc.	544 Shares	154,359	33,657
	Conagra, Inc.	13,000 Shares	246,007	442,780
	Delphi Automotive Systems	2,794 Shares	35,412	2,067
	Delta Airlines, Inc.	134,000 Shares	1,555,262	5,449,780
	Diamond S Shipping Inc.	3,433 Shares	172,347	23,138
	Ford Motor Company	490,000 Shares	3,777,828	5,649,700
	Fox Corporation	35 Shares	-	1,086
	Frontier Communications	42 Shares	-	11
	GVC Holding PLC	47 Shares	318	824
	The Kroger Company	238,000 Shares	897,619	7,903,980
*	Mary Lee Packaging	11,246 Shares	7,476,810	18,168,138
	MFS Intermediate Income Trust	20,000 Shares	200,000	75,400
	Navios Maritime Holdings	8,000 Shares	544,638	27,600
	Navios Maritime Container	55 Shares	-	282
	Navios Maritime Partners	733 Shares	169,820	9,947
	NCR Corporation	562 Shares	2,683	19,086
	News Corp. Limited	26 Shares	190	499
	OGE Energy Corp	1,000 Shares	11,506	31,300
	Pitney Bowes, inc.	6,000 Shares	116,387	42,300
	Prospect Capital Corp	15,000 Shares	163,623	91,950
	Putnam Premier Income Trust	20,000 Shares	200,000	93,600
	Silicon Graphics, Inc.	697 Shares	-	5,402
	TE Connectivity LTD	1 Share	-	130
	Teradata Corp.	250 Shares	1,449	6,493
	Travelers Companies Inc.	132 Shares	5,193	19,631
	Uniti Group Inc.	986 Shares	41,460	12,581
	Verizon Communications	526 Shares	25,308	30,124
	Visteon	4 Shares	3,293	569
	Vodafone Airtouch ADS	1,090 Shares	32,449	19,217
	Westinghouse Air Brake	128 Shares	-	10,350
	Windstream Holdings, Inc.	164 Shares	13,323	56
Cash				
	Money market accounts	N/A	2,619,524	2,619,524
	Broker cash accumulation accounts	N/A	358,411	358,411
			$ 19,369,589	$ 41,997,783

* Indicates Party in Interest

Gilster-Mary Lee Corporation Employees' Profit-Sharing Retirement Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
EIN 37-0951425 PN 001
December 31, 2020

(a) Identity of issue, borrower, lessor or similar party	(b) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
Investments at fair value	362 Shares	$ 10,176	$ 13,924
Cognizant Technology CL	964 Shares	50,094	75,557
First Trust Biotechnology	121 Shares	19,941	19,362
IBM	421 Shares	49,947	52,623
John Hancock R6	8,492 Bonds	143,693	144,033
Otis Worldwide Corp	181 Shares	14,233	8,639
PGIM High Yield CL R6	24,225 Shares	118,261	132,032
Viatris	265 Shares	4,383	4,570
		$ 410,728	$ 450,740

GILSTER-MARY LEE CORPORATION EMPLOYEES' PROFIT-SHARING RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
EMPLOYER ID # 37-0951425
PLAN # 001
DECEMBER 31, 2020

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	American Airlines Group	2,000 Shares	$80,428	$31,660
	American International Group WTS	266 Warrants	6,310	32
	Ares Capital Corporation	10,000 Shares	178,588	176,000
	B&G Foods	20,000 Shares	102,908	591,600
	Capital Product Partners	4,999 Shares	170,741	47,591
	Century Link Inc.	117 Shares	5,395	1,287
	Citigroup, Inc.	544 Shares	154,359	33,657
	Conagra, Inc.	13,000 Shares	246,007	442,780
	Delphi Automotive Systems	2,794 Shares	35,412	2,067
	Delta Airlines, Inc.	134,000 Shares	1,555,262	5,449,780
	Diamond S Shipping Inc.	3,433 Shares	172,347	23,138
	Ford Motor Company	490,000 Shares	3,777,828	5,649,700
	Fox Corporation	35 Shares	-	1,086
	Frontier Communications	42 Shares	-	11
	GVC Holding PLC	47 Shares	318	824
	The Kroger Company	238,000 Shares	897,619	7,903,980
	Mary Lee Packaging	11,246 Shares	7,476,810	18,168,138
	MFS Intermediate Income Trust	20,000 Shares	200,000	75,400
	Navios Maritime Holdings	8,000 Shares	544,638	27,600
	Navios Maritime Container	55 Shares	-	282
	Navios Maritime Partners	733 Shares	169,820	9,947
	NCR Corporation	562 Shares	2,683	19,086
	News Corp. Limited	26 Shares	190	499
	OGE Energy Corp	1,000 Shares	11,506	31,300
	Pitney Bowes, inc.	6,000 Shares	116,387	42,300
	Prospect Capital Corp	15,000 Shares	163,623	91,950
	Putnam Premier Income Trust	20,000 Shares	200,000	93,600
	Silicon Graphics, Inc.	697 Shares	-	5,402
	TE Connectivity LTD	1 Share	-	130
	Teradata Corp.	250 Shares	1,449	6,493
	Travelers Companies Inc.	132 Shares	5,193	19,631
	Uniti Group Inc.	986 Shares	41,460	12,581
	Verizon Communications	526 Shares	25,308	30,124
	Visteon	4 Shares	3,293	569
	Vodafone Airtouch ADS	1,090 Shares	32,449	19,217
	Westinghouse Air Brake	128 Shares	-	10,350
	Windstream Holdings, Inc.	164 Shares	13,323	56
	Cash			
	Money market accounts	N/A	2,619,524	2,619,524
	Broker cash accumulation accounts	N/A	358,411	358,411
			$ 19,369,589	$ 41,997,783

* Indicates Party in Interest

Gilster-Mary Lee Corporation Employees' Profit-Sharing Retirement Plan
Schedule H, line 4i - Schedule of Assets Both (Acquired and Disposed of Within a Year)
Employer ID #37-0951425
Plan #001

(a) identity of issue, borrower, lessor or similar party	(b) Description of investment, including maturity date, rate of investment, collateral, par or maturity value		(c) Costs of Acquisitions	(d) Proceeds of Dispositions
Carrier Global Corp	362	Shares	10,176	13,924
Cognizant Technology	964	Shares	50,094	75,557
First Trust Biotechnology	121	Shares	19,941	19,362
IBM	421	Shares	49,947	52,624
John Hancock R6	8,492	Bonds	143,693	144,033
Otis Worldwide Corp	181	Shares	14,233	8,639
PGIM High Yield R6	24,225	Shares	118,261	132,031
Viatris	265	Shares	4,383	4,570

Totals $ 410,728 $ 450,740