Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CRISP ENTERPRISES, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/05/2008

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)
CRISP ENTERPRISES, INC.

3180 PULLMAN ST
COSTA MESA, CA 92626-3323

2b Employer Identification Number (EIN) 33-0934203

2c Plan Sponsor's telephone number 714-545-2743

2d Business code (see instructions) 323100

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.	09/15/2021	BRAD MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	168
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)**	153
a(2) Total number of active participants at the end of the plan year	**6a(2)**	145
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	24
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	169
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	169
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	81
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
CRISP ENTERPRISES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CRISP ENTERPRISES, INC.

D Employer Identification Number (EIN)
33-0934203

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
39-0989781	86231	808873	81	01/01/2020	12/31/2020

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	127154
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	2118894

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE

b	Balance at the end of the previous year			**7b**	5044
c	Additions: (1) Contributions deposited during the year	**7c(1)**	5615		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	189		
	(4) Transferred from separate account	**7c(4)**	126488		
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	132292
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	137336
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**	182		
	(3) Transferred to separate account	**7e(3)**	10000		
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	10182
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	127154

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury 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) ▶
CRISP ENTERPRISES, INC. 401(K) PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
CRISP ENTERPRISES, INC.	33-0934203

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

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

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

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)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORD KEEPER	10838	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
CRISP ENTERPRISES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CRISP ENTERPRISES, INC.

D Employer Identification Number (EIN)
33-0934203

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: AEGON BALANCED RET OPT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-119	P	2125

a Name of MTIA, CCT, PSA, or 103-12 IE: AEGON BOND RET OPT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-100	P	187255

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GR FD OF AMERICA RET

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-844	P	100712

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASH MUTUAL INVST RE

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-846	P	160796

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA GLOB EQT PORT RET OPT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-722	P	63267

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFLATION-PROTECTED SECURITIES

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-526	P	1338

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SM CAP PORT RET OPT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-725	P	7927

a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE STREET EMERGING MRKTS INDEX R		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-117	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	413
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE STREET INTERNATNL INDEX RET O		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-035	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	381
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE STREET RUSSELL SM CAP INDEX R		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-033	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19087
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE STREET S&P MID CAP INDEX RET		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-036	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	63938
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA VANGUARD REIT INDEX RET OPT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-099	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	48542
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA LIFEGOAL 2025 WITH BLA		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-676	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	128491
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA LIFEGOAL 2030 WITH BLA		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-677	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	54616
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA LIFEGOAL 2035 WITH BLK		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-678	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	256808
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA LIFEGOAL 2040 WITH BLK		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-679	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	75385
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA LIFEGOAL 2045 WITH BLK		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-680	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	238333

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2050 WITH BLK

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

c EIN-PN 39-0989781-681	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 183724

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2055 WITH BLK

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

c EIN-PN 39-0989781-682	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95663

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2060 WITH BLK

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

c EIN-PN 39-0989781-822	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48356

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL RET WITH BLAC

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

c EIN-PN 39-0989781-683	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102076

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STCK INDEX RE

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

c EIN-PN 39-0989781-587	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115688

a Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS CEREDEX MD-CAP VAL EQT RET O

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

c EIN-PN 39-0989781-942	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 163973

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
CRISP ENTERPRISES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CRISP ENTERPRISES, INC.

D Employer Identification Number (EIN)
33-0934203

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	121	37
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	45132	32082
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1845707	2118894
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	5044	127154
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1896004	2278167
	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	1896004	2278167

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)	146785	
	(B) Participants	2a(1)(B)	272966	
	(C) Others (including rollovers)	2a(1)(C)	5486	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		425237
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1754	
	(F) Other	2b(1)(F)	189	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1943
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(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)		266714
(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		
d Total income. Add all **income** amounts in column (b) and enter total	2d		693894
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	298399	
(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)		298399
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	2494	
(4) Other	2i(4)	10838	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		13332
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		311731
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		382163
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: KIECKHAFER SCHIFFER LLP **(2)** EIN: 81-5052000

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
CRISP ENTERPRISES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CRISP ENTERPRISES, INC.

D Employer Identification Number (EIN)
33-0934203

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3689044

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

Kieckhafer Schiffer LLP

CRISP ENTERPRISES, INC. 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2020 AND 2019
WITH INDEPENDENT AUDITOR'S REPORT

CRISP ENTERPRISES, INC. 401(K) PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

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Schedule H, Part IV, line 4i - Schedule of Assets (Held at End of Year)
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All other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of conditions under which they are required.

Kieckhafer Schiffer LLP

Independent Auditor's Report

Administrative Committee
Crisp Enterprises, Inc. 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Crisp Enterprises, Inc. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 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"), 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 Transamerica Life Insurance Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of December 31, 2020 and 2019 and for the years then ended, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedule

The supplemental schedule of assets (held at end of year) as of December 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is 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 this 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 Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Kieckhafer Schiffer LLP

KIECKHAFER SCHIFFER LLP
Irvine, California

September 1, 2021

CRISP ENTERPRISES, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2020 AND 2019

	2020	2019
ASSETS:		
Investments (at fair value):		
Pooled separate accounts	$ 2,118,894	$ 1,845,707
Insurance company general account	127,154	5,044
Total investments	2,246,048	1,850,751
Receivables:		
Notes from participants	32,082	45,132
Other receivable	37	121
Total receivables	32,119	45,253
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,278,167	$ 1,896,004

The accompanying notes and independent auditor's report are an integral part of the financial statements.

CRISP ENTERPRISES, INC. 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

	2020	2019
ADDITIONS:		
Investment income:		
Net appreciation in fair value of investments	$ 266,714	$ 325,745
Other income	189	-
Total investment income	266,903	325,745
Interest income on notes receivable from participants	1,754	2,889
Contributions:		
Employer	146,785	152,598
Participant	272,966	282,414
Rollover	5,486	9,193
Total contributions	425,237	444,205
Total additions	693,894	772,839
DEDUCTIONS:		
Benefits paid to participants	298,399	171,281
Administrative expenses	13,332	9,720
Total deductions	311,731	181,001
Net increase	382,163	591,838
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of the year	1,896,004	1,304,166
End of the year	$ 2,278,167	$ 1,896,004

The accompanying notes and independent auditor's report are an integral part of the financial statements.

CRISP ENTERPRISES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

1. Description of Plan

The following description of the Crisp Enterprises, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

a. General

The Plan is a defined contribution plan originally established October 5, 2008 by Crisp Enterprises, Inc. dba Crisp Imaging (the "Company" or "Plan Sponsor"), as defined in the Plan document, under the provisions of Section 401(a) of the Internal Revenue Code ("IRC"), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

b. Administration

The Plan is overseen by a committee (the "Administrative Committee" or "Plan Administrator") appointed by the Company. The Company's contract administrator, third-party trustee and custodian is Transamerica (the "Custodian") for the years ended December 31, 2020 and 2019. The Custodian has the power to administer the Plan and apply all of its provisions on behalf of the Plan Sponsor and the Administrative Committee. The Plan Sponsor has the discretion to appoint or remove any trustee or agent of the Plan.

c. Eligibility

The Plan covers all employees of the Company who are age 21 or older.

d. Participant Contributions

Participants may contribute to the Plan up to 100% of eligible compensation through elective, pre-tax salary deferrals, subject to IRC limits of $19,500 and $19,000 for the years ended December 31, 2020 and 2019, respectively. Upon reaching the age of 50, participants may make additional catch-up contributions limited to $6,500 and $6,000 for the years ended December 31, 2020 and 2019, respectively. Participants may also make rollover contributions from other qualified defined plans and certain individual retirement accounts.

e. Employer Contributions

The Company may make matching contributions each payroll period equal to a uniform percentage of participants' elective salary deferrals, as determined by the Company. For the years ended December 31, 2020 and 2019, the Company made safe harbor matching contributions to eligible participants equal to 100% of

participants' elective salary deferrals, limited to 3% of compensation, plus 50% of participants' elective salary deferrals, between 3% and 5% of compensation. Safe harbor matching contributions satisfy certain "safe harbor" requirements of the IRC, which eliminates the requirement for the Plan to perform certain annual non-discrimination testing.

The Company may also make a discretionary non-elective contribution to the Plan each year. To be eligible for these contributions, participants must be employed on the last day of the Plan year and have completed 1,000 hours of service during the Plan year. If made, such contributions are allocated to eligible participants' accounts based on each participant's compensation in proportion to total compensation for all eligible participants. The Company did not make any discretionary non-elective contributions for the years ended December 31, 2020 or 2019.

All contributions are invested in the participants' accounts according to their specified investment allocations as of the date of the contribution.

f. Participant Accounts

Individual accounts are maintained for each participant to reflect the participant's contributions, employer contributions, and allocations of Plan earnings (losses) and administrative expenses. Allocations are done daily using a weighted-average of participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

g. Vesting

Participants are always 100% vested in their elective salary deferrals, catch-up contributions, rollover contributions, safe harbor matching contributions, and any earnings (losses) thereon effective January 1, 2017. Participants vest in employer discretionary non-elective contributions, and any earnings thereon, as follows:

Years of Vesting Service	Vesting Percentage
Less than 1 years	0%
1 but less than 2 years	20%
2 but less than 3 years	40%
3 but less than 4 years	60%
4 but less than 5 years	80%
5 or more years	100%

Participants become 100% vested in all of their accounts if they are employed with the Company and reach normal retirement age, become totally disabled, upon death, or if the Plan terminates.

h. Forfeitures

Participants who terminate employment forfeit the non-vested portion of their employer matching and discretionary non-elective contributions and earnings thereon. As of December 31, 2020 and 2019, there were no forfeited non-vested accounts. Forfeitures may be used to pay Plan administrative expenses or reduce matching contributions. For the years ended December 31, 2020 and 2019, no forfeitures were used.

i. Notes Receivable from Participants

Participants may borrow from their investment accounts the lesser of a) $50,000, reduced by the highest outstanding note balance during the prior year, or b) 50% of their vested account balance, subject to a $500 minimum. Notes are secured by the vested balance in the participant's account. The number of loans approved for a Participant in any 12-month period shall be limited to three.

Note payments are made through payroll deductions over periods up to five years, unless the note is used to acquire a principal residence, in which case the term may be extended at the discretion of the Plan Administrator. New notes bear interest at the prime rate plus 1% per annum, fixed at inception of the note. As of December 31, 2020, notes mature through 2025 and bear interest at rates ranging from 4.25% to 6.50% per annum, which are commensurate with local prevailing rates as determined by the Plan Administrator at the time of the note.

j. Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant or beneficiary may elect to receive an amount equal to the participant's vested account balance in a lump-sum payment, installment payments over the participant's or beneficiary's assumed life expectancy, roll the amount to an individual retirement account or other eligible transferee plan, or delay payment until the required beginning date of minimum distributions, depending on the value of the account. In addition, the Plan permits in-service distributions for participants who are age 59 ½ or older. The Plan also permits in-service distributions of early retirement for participants who are age 55 or older and have completed 5 years of vesting service. Distributions paid prior to the participant attaining age 59 ½ or 55 for early retirement and not rolled into another retirement account are subject to federal income tax of 20% and a federal excise tax of 10%.

Vested account balances less than $5,000, but more than $1,000 may be distributed as a lump-sum cash payment or in the form of a direct rollover to an individual retirement account or eligible retirement plan at the consent of the participant or beneficiary. Vested account balances less than $1,000 are distributed in a single lump-sum cash payment to the participant or beneficiary.

k. Hardship Withdrawals

Upon certain conditions, participants, while still employed by the Company, are permitted to withdraw, in a single lump sum, a portion of their vested account balances as a result of an immediate and heavy financial need. These conditions include the payment of tax-deductible medical expenses, post-secondary education tuition for immediate family members, funeral or burial costs of immediate family members, natural disaster clean-up on the participant's primary residence, the purchase of the participant's primary residence, or to prevent eviction or foreclosure from the participant's primary residence.

l. Administrative Expenses

All reasonable expenses of administration may be paid out of the Plan assets unless paid by the Company. Expenses, to the extent not paid by the Company, are paid by the Plan and allocated to participants based on their account balances. The Company paid $9,710 and $10,245 on behalf of the Plan for the years ended December 31, 2020 and 2019, respectively. Expenses that relate solely to a specific participant, such as fees for notes receivable or benefit payments, are assessed to the participant. Certain expenses are included in the transaction prices of investments bought and sold and cannot be separately quantified.

m. CARES Act

The Coronavirus Aid Relief, and Economic Security Act ("CARES Act") was passed by the U.S. Senate on March 26, 2020. Section 2202 of the CARES Act permits eligible Plan participants to request penalty-free distributions of up to $100,000 for qualifying coronavirus-related reasons. These reasons include adverse financial consequences due to being quarantined, furloughed, laid off, or having work hours reduced or being unable to work due to a lack of childcare due to COVID-19. As a result of the CARES Act, the Administrative Committee and management has amended the Plan to allow for penalty-free withdrawals for qualifying COVID-19 related reasons.

2. Summary of Significant Accounting Policies

a. Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP") as set forth by the Financial Accounting Standards Board (the "FASB").

b. Use of Estimates

The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the amounts of net assets available for benefits, changes therein, accompanying notes and supplemental schedule. Actual results could differ from those estimates.

c. Investment Valuation and Income Recognition

Investments are 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. See Note 5 for discussion of fair value measurements.

Net appreciation in fair value of investments consists of the net change in unrealized gains or losses during the year and the realized gain or loss on investments sold during the year.

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.

d. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. If an active participant fails to make payments for more than 90 days after they are due, the note will be in default. Under certain circumstances, as indicated in the Plan document, a note that is in default may be treated as a taxable distribution from the Plan and will be included in the statements of changes in net assets available for benefits as a benefit payment.

e. Payment of Benefits

Benefits are recorded when paid.

f. Subsequent Events

The Plan Administrator has evaluated subsequent events through September 1, 2021, the date the financial statements were made available for issuance.

3. Information Certified by the Custodian (Unaudited)

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. The following information included in the financial statements and supplemental schedule was provided and certified by the Custodian as of December 31, 2020 and 2019 and for the years then ended as complete and accurate:

- Investments, at fair value
- Investment income
- Schedule of assets (held at end of year)

The classification of the investments into the appropriate levels (1, 2, or 3) as disclosed in Note 5.a is not certified by the Custodian and is the responsibility of Plan management.

4. Investments

All Plan investments are participant-directed and held by the Custodian as of December 31, 2020 and 2019. Participants can direct their accounts among various pooled separate accounts and an insurance company general account.

Fully Benefit-Responsive Investment Contracts

The Transamerica Stable Value Fund (the "Fund") is fully benefit-responsive, which guarantees that all qualified participant withdrawals will be at contract value (principal plus accrued interest). There is no specific portfolio of assets in which the Fund invests.

Prior to January 1st and July 1st, the effective annual rate of interest is established for the corresponding six month period. Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the effective annual rate of interest applicable for the six month period. The Fund is not considered a guaranteed interest contract and there is no stated minimum or maximum interest rate for the Fund. Contract charges may reduce this return. The Fund has a portfolio investment rate design in which all deposits are credited with the same interest rate, credited on a daily basis, and there is no set maturity. The credited interest rate is backed by the income received from assets held in the general account.

Average yield and crediting interest rate of the Fund for the years ended December 31, 2020 and 2019 and is as follows:

	2020	2019
Earned by the Plan	0.82%	0.90%
Based on actual interest rate credited to participants	0.82%	0.90%

The terms of Transamerica's Group Annuity Contract require all permitted participant-initiated transactions involving the Fund to occur at contract value with no conditions, limits or restrictions. Permitted participant-initiated transactions are those allowed by the Plan such as withdrawals for benefits, loans or transfers to other investment choices within the Plan. Since the Fund is an obligation of Transamerica, the occurrence of an event that limits the ability of the investment to transact at contract value between Transamerica and a participant holding the investment is not probable.

5. Fair Value Measurements

a. Fair Value Hierarchy

ASC 820, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

- Level 2 – Inputs to the valuation methodology include:
    - Quoted prices for similar assets or liabilities in active markets,
    - Quoted prices for identical or similar assets or liabilities in inactive markets,
    - Inputs other than quoted prices that are observable for the asset or liability, and
    - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value.

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

The following is a description of the valuation methodologies used for the Plan's investments at fair value. There have been no changes in the methodologies used at December 31, 2020 or 2019.

Pooled Separate Accounts

Pooled separate accounts are valued at net asset value ("NAV"), which is determined by dividing the fair market value of the underlying investments by the total number of units in the account. Pooled separate accounts invest in mutual funds, domestic stocks and fixed securities. Although the majority of the fair values of the underlying investments are publicly quoted pricing inputs (Level 1),

pooled separate accounts are not publicly quoted and, therefore, are classified as Level 2 within the valuation hierarchy.

Insurance Company General Account

The insurance company general account is valued at net asset value ("NAV") based on the fair market value of its underlying investments, all of which have observable Level 1 or Level 2 pricing inputs, including quoted prices for similar assets in active and non-active markets. The insurance company general account is not publicly quoted and, therefore is classified as Level 2 within the valuation hierarchy.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020 and 2019:

	Investments at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ -	$ 2,118,894	$ -	$ 2,118,894
Insurance company general account	-	127,154	-	127,154
Total investments at fair value	$ -	$ 2,246,048	$ -	$ 2,246,048

	Investments at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ -	$ 1,845,707	$ -	$ 1,845,707
Insurance company general account	-	5,044	-	5,044
Total investments at fair value	$ -	$ 1,850,751	$ -	$ 1,850,751

Investments Calculated at Net Asset Value per Share

The following table provides information regarding redemption of investments where the NAV has been used to measure fair value as of December 31, 2020 and 2019:

	Fair Value		Redemption Frequency	Redemption Notice Period
	2020	2019		
Pooled separate accounts	$2,118,894	$1,845,707	Daily	None
Insurance company general account	127,154	5,044	Daily	1 Day

6. Party-in-Interest Transactions

A party-in-interest is defined as a fiduciary or employee of the Plan, any person who provides service to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or a relative of such persons mentioned.

All of the Plan's investments are managed by the Custodian, as of December 31, 2020 and 2019 and for the years then ended. Therefore, these investments and their related investment transactions qualify as party-in interest transactions.

For the years ended December 31, 2020 and 2019, Aligne Wealth Preservation and Insurance Services, LLC ("Aligne") provided services to the Company related to the Plan and earned fees on these services. Therefore, Aligne qualifies as a party-in-interest.

Additionally, the Company is a party-in-interest to the Plan. However, there were no transactions with the Company other than the funding of contributions to the Plan and payment of certain administrative expenses.

7. Plan Termination

Although they have not expressed any intent to do so, the Company has the right under the Plan to discontinue its employer contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan

termination, participants would become 100% vested in their employer matching and discretionary non-elective contributions and earnings thereon.

8. Tax Status

The Plan utilizes a Transamerica Retirement Solutions Volume Submitter Profit Sharing Plan Document as of December 31, 2020 and 2019. The Plan document received an opinion letter dated March 31, 2014, in which the IRS stated that as of that date the Plan document was designed in compliance with the applicable IRC requirements. The Plan has been amended since Transamerica received the opinion letter. However, Plan management believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, Plan management believes that the Plan is qualified and the related trust is tax exempt as of December 31, 2020 and 2019 and for the years then ended.

Assuming it meets certain initial and ongoing requirements, the Plan is generally exempt from federal and state income taxes. However, GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks such as interest rate, credit, foreign currency and overall market volatility 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 statements of net assets available for benefits.

CRISP ENTERPRISES, INC. 401(K) PLAN
(Plan Number 001, Sponsor EIN Number 33-0934203)
Schedule H, Part IV, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2020

(a)	(b) Identity of Issuer, 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
	Pooled Separate Accounts:			
	AEGON	AEGON Balanced	**	$ 2,125
	AEGON	AEGON Bond	**	187,255
	American Funds	American Funds Growth Fund of America	**	100,712
	American Funds	American Funds Washington Mutual Investors	**	160,796
	DFA	DFA Global Equity Portfolio	**	63,267
	DFA	DFA Inflation - Protected Securities Portfolio	**	1,338
	DFA	DFA U.S. Small Cap Portfolio	**	7,927
	State Street	State Street Emerging Markets Index	**	413
	State Street	State Street International Index	**	381
	State Street	State Street Russell Small Cap Index	**	19,087
	State Street	State Street S&P Mid Cap Index	**	63,938
*	Transamerica	Transamerica Black Rock Lifepath Index 2025	**	128,491
*	Transamerica	Transamerica Black Rock Lifepath Index 2030	**	54,616
*	Transamerica	Transamerica Black Rock Lifepath Index 2035	**	256,808
*	Transamerica	Transamerica Black Rock Lifepath Index 2040	**	75,385
*	Transamerica	Transamerica Black Rock Lifepath Index 2045	**	238,333
*	Transamerica	Transamerica Black Rock Lifepath Index 2050	**	183,725
*	Transamerica	Transamerica Black Rock Lifepath Index 2055	**	95,663
*	Transamerica	Transamerica Block Rock Lifepath Index 2060	**	48,356
*	Transamerica	Transamerica Black Rock Lifepath Index Retirement	**	102,076
*	Transamerica	Transamerica Partners Stock Index	**	115,688
*	Transamerica	Transamerica Vanguard Real Estate Index	**	48,542
	Virtus	Virtus Ceredex Mid-Cap Value	**	163,972
	Total Pooled Separate Accounts			2,118,894
	Insurance Company General Account:			
*	Transamerica	Stable Value	**	127,154
*	Participant Loans	Interest rates at 4.25% - 6.50%, maturing through 2025	$ -	32,082
				$ 2,278,130

* Party-in-interest to the Plan

** The cost of participant-directed investments is not required to be disclosed.

The accompanying notes and independent auditor's report are an integral part of this supplemental schedule.

SERVICE PROVIDER INFORMATION
2020 SCHEDULE C
(FORM 5500)
CONTRACT NUMBER: **808873**
FOR INFORMATION PURPOSES ONLY,
DO NOT USE FOR FILING

FOR THE CALENDAR YEAR 2020 OR THE FISCAL YEAR PLAN YEAR

A. NAME OF PLAN: **Crisp Enterprises, Inc. 401(k) Plan**
B. THREE-DIGIT PLAN NUMBER: **001**
C. PLAN SPONSOR'S NAME AS SHOWN ON LINE 2a OF FORM 5500: **Crisp Enterprises, Inc.**
D. EMPLOYER IDENTIFICATION NUMBER: **33-0934203**

PART I - SERVICE PROVIDER INFORMATION

1. INFORMATION ON PERSONS RECEIVING ONLY ELIGIBLE INDIRECT COMPENSATION
   a. EXCLUDED FROM THE REMAINDER OF THIS PART BECAUSE THEY RECEIVED ONLY ELIGIBLE INDIRECT COMPENSATION AND THE PLAN RECEIVED THE REQUIRED DISCLOSURES:
   [X] Yes [ ] No
   b. NAME AND EIN OR ADDRESS OF PERSON WHO PROVIDED DISCLOSURES ON ELIGIBLE INDIRECT COMPENSATION: **TRANSAMERICA LIFE INSURANCE COMPANY**
   39-0989781

2. INFORMATION ON OTHER SERVICE PROVIDERS RECEIVING DIRECT OR INDIRECT COMPENSATION
   a. NAME AND EIN OR ADDRESS OF SERVICE PROVIDER WHO RECEIVED DIRECT OR INDIRECT COMPENSATION: **MML Investors Services LLC**
   04-1590850
   b. SERVICE CODE(S): **27**
   c. RELATIONSHIP TO EMPLOYER, EMPLOYEE ORGANIZATION, OR PERSON KNOWN TO BE A PARTY-IN-INTEREST: **Investment Advisory - Plan**
   d. DIRECT COMPENSATION PAID BY THE PLAN: **$2,493.94**
   e. DID SERVICE PROVIDER RECEIVE INDIRECT COMPENSATION?
   [ ] Yes [X] No
   f. DID INDIRECT COMPENSATION INCLUDE ELIGIBLE INDIRECT COMPENSATION, FOR WHICH THE PLAN RECEIVED THE REQUIRED DISCLOSURES?
   [ ] Yes [ ] No
   g. TOTAL INDIRECT COMPENSATION RECEIVED BY SERVICE PROVIDER EXCLUDING ELIGIBLE INDIRECT COMPENSATION FOR WHICH YOU ANSWERED "YES" TO ELEMENT F: **$0.00**
   h. DID THE SERVICE PROVIDER GIVE A FORMULA INSTEAD OF AN AMOUNT OR ESTIMATED AMOUNT?
   [ ] Yes [ ] No

   a. NAME AND EIN OR ADDRESS OF SERVICE PROVIDER WHO RECEIVED DIRECT OR INDIRECT COMPENSATION: **TRANSAMERICA LIFE INSURANCE COMPANY**
   39-0989781
   b. SERVICE CODE(S): **15,37,52,62,64,67**

c. RELATIONSHIP TO EMPLOYER, EMPLOYEE ORGANIZATION, OR PERSON KNOWN TO BE A PARTY-IN-INTEREST: **Recordkeeper**

d. DIRECT COMPENSATION PAID BY THE PLAN: **$10,838.07**

e. DID SERVICE PROVIDER RECEIVE INDIRECT COMPENSATION?

[X] Yes [ ] No

f. DID INDIRECT COMPENSATION INCLUDE ELIGIBLE INDIRECT COMPENSATION, FOR WHICH THE PLAN RECEIVED THE REQUIRED DISCLOSURES?

[X] Yes [ ] No

g. TOTAL INDIRECT COMPENSATION RECEIVED BY SERVICE PROVIDER EXCLUDING ELIGIBLE INDIRECT COMPENSATION FOR WHICH YOU ANSWERED "YES" TO ELEMENT F: **$0.00**

h. DID THE SERVICE PROVIDER GIVE A FORMULA INSTEAD OF AN AMOUNT OR ESTIMATED AMOUNT?

[ ] Yes [X] No

3. SERVICE PROVIDER INFORMATION (CONTINUED)

N/A

Crisp Enterprises, Inc. 401k Plan
EIN No.: 33-0934203, Plan No. 001
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2020

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) CURRENT VALUE
*	Transamerica Life Insurance Co.	Transamerica Stable Value Core Option	$ 127,154
		General Insurance Fund Total	**$ 127,154**
*	Transamerica Life Insurance Co.	AEGON Balanced Ret Opt	$ 2,125
*	Transamerica Life Insurance Co.	AEGON Bond Ret Opt	$ 187,255
*	Transamerica Life Insurance Co.	American Funds Growth Fund of America Ret Opt	$ 100,712
*	Transamerica Life Insurance Co.	American Funds Washington Mutual Investors Ret Opt	$ 160,796
*	Transamerica Life Insurance Co.	DFA Global Equity Portfolio Ret Opt	$ 63,267
*	Transamerica Life Insurance Co.	DFA Inflation-Protected Securities Portfolio Ret Opt	$ 1,338
*	Transamerica Life Insurance Co.	DFA U.S. Small Cap Portfolio Ret Opt	$ 7,927
*	Transamerica Life Insurance Co.	State Street Emerging Markets Index Ret Opt	$ 413
*	Transamerica Life Insurance Co.	State Street International Index Ret Opt	$ 381
*	Transamerica Life Insurance Co.	State Street Russell Small Cap Index Ret Opt	$ 19,087
*	Transamerica Life Insurance Co.	State Street S&P Mid Cap Index Ret Opt	$ 63,938
*	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2025 Ret Opt	$ 128,491
*	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2030 Ret Opt	$ 54,616
*	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2035 Ret Opt	$ 256,808
*	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2040 Ret Opt	$ 75,385
*	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2045 Ret Opt	$ 238,333
*	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2050 Ret Opt	$ 183,724
*	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2055 Ret Opt	$ 95,663
*	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2060 Ret Opt	$ 48,356
*	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index Retirement Ret Opt	$ 102,076
*	Transamerica Life Insurance Co.	TA Vanguard REIT Index Ret Opt	$ 48,542
*	Transamerica Life Insurance Co.	Transamerica Partners Stock Index Ret Opt	$ 115,688
*	Transamerica Life Insurance Co.	Virtus Ceredex Mid-Cap Value Equity Ret Opt	$ 163,973
		Separate Accounts Total	**$ 2,118,894**
*	Participants	Notes Receivable with interest rates of 4.25% to 6.50%	**$ 32,082**
		TOTAL PLAN ASSETS	**$ 2,278,130**

* Indicates Party-In-Interest to the Plan