

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/30/1964</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>09/30/1964</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>09/30/1964</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SCHWANS SHARED SERVICES, LLC</u> <u>115 WEST COLLEGE DRIVE</u> <u>MARSHALL, MN 56258</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>81-0572771</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>507-532-3274</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>81-0572771</u>	2c Plan Sponsor's telephone number <u>507-532-3274</u>	2d Business code (see instructions) <u>541990</u>	
2b Employer Identification Number (EIN) <u>81-0572771</u>					
2c Plan Sponsor's telephone number <u>507-532-3274</u>					
2d Business code (see instructions) <u>541990</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2021	JEROME KIVEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 9764
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 7424 6a(2) 7162 6b 31 6c 2112 6d 9305 6e 17 6f 9322 6g 8762 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 3F 3H 2K 2T 2R b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>4</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHWANS SHARED SERVICES, LLC	D Employer Identification Number (EIN) 81-0572771

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.
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1 Coverage Information:

(a) Name of insurance carrier
KNIGHTS OF COLUMBUS

(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
06-0416470	58033	NOT PROVIDED	1	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
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(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															
5	Current value of plan's interest under this contract in separate accounts at year end.....	5															
6	Contracts With Allocated Funds:																
a	State the basis of premium rates ▶ ON FILE WITH INSURANCE COMMISSIONER																
b	Premiums paid to carrier	6b	2230														
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. Specify nature of costs ▶	6d															
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 ▶																
b	Balance at the end of the previous year	7b	0														
c	Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below) ▶	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%; text-align: center;">7c(1)</td><td></td></tr> <tr><td style="text-align: center;">7c(2)</td><td></td></tr> <tr><td style="text-align: center;">7c(3)</td><td></td></tr> <tr><td style="text-align: center;">7c(4)</td><td></td></tr> <tr><td style="text-align: center;">7c(5)</td><td></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;">7c(6)</td></tr> </table>	7c(1)		7c(2)		7c(3)		7c(4)		7c(5)				7c(6)		0
7c(1)																	
7c(2)																	
7c(3)																	
7c(4)																	
7c(5)																	
7c(6)																	
d	(6) Total additions	7c(6)	0														
	Total of balance and additions (add lines 7b and 7c(6))	7d	0														
e	Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below) ▶	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%; text-align: center;">7e(1)</td><td></td></tr> <tr><td style="text-align: center;">7e(2)</td><td></td></tr> <tr><td style="text-align: center;">7e(3)</td><td></td></tr> <tr><td style="text-align: center;">7e(4)</td><td></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;">7e(5)</td></tr> </table>	7e(1)		7e(2)		7e(3)		7e(4)				7e(5)		0		
7e(1)																	
7e(2)																	
7e(3)																	
7e(4)																	
7e(5)																	
	(5) Total deductions	7e(5)	0														
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0														

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)	0
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)	0
(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)	0
(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. Specify nature of costs.	10b	

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. ▶

THE CONTRACT NUMBER FOR THIS INSURANCE CONTRACT WAS NOT PROVIDED.

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHWANS SHARED SERVICES, LLC	D Employer Identification Number (EIN) 81-0572771

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.
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1 Coverage Information:

(a) Name of insurance carrier
MODERN WOODMEN OF AMERICA

(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
36-1493430	57541	7189345	1	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
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(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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶ ON FILE WITH INSURANCE COMMISSIONER		
b	Premiums paid to carrier	6b	924
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 ▶		
b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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)	0
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)	0
(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)	0
(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. Specify nature of costs.	10b	

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. ▶

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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C Plan sponsor's name as shown on line 2a of Form 5500 SCHWANS SHARED SERVICES, LLC	D Employer Identification Number (EIN) 81-0572771	

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.
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1 Coverage Information:

(a) Name of insurance carrier
NORTHWESTERN MUTUAL

(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
39-0509570	67091	75941	2	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
0	25

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
MITCHELL B. GLOVER
55 CAMPAU AVE NW
STE 400
GRAND RAPIDS, MI 49503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	25	PERSISTENCY FEES AND OTHER COMPENSATION	3

(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	

(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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶ ON FILE WITH INSURANCE COMMISSIONER		
b	Premiums paid to carrier	6b	985
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 ▶		
b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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)	0
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)	0
(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)	0
(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. Specify nature of costs.	10b	

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. ▶

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHWANS SHARED SERVICES, LLC	D Employer Identification Number (EIN) 81-0572771

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.
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1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL 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
22-1211670	68241	09108N	7	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
17	0

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
JIM KONTZ
214 WEST COLLEGE DRIVE
MARSHALL, MN 56258

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17			3

(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	

(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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶ ON FILE WITH INSURANCE COMMISSIONER		
b	Premiums paid to carrier	6b	5789
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 ▶		
b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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)	0
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)	0
(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)	0
(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. Specify nature of costs.	10b	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHWANS SHARED SERVICES, LLC	D Employer Identification Number (EIN) 81-0572771	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK INSTITUTIONAL TRUST COMPA
94-3112180

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
COMMINGLED PENSION TRUST OF JPMORGA
45-5590883

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
COMMINGLED PENSION TRUST OF JPMORGA
26-1165037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
COMMINGLED PENSION TRUST OF JPMORGA
26-1165154

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

COMMINGLED PENSION TRUST OF JPMORGA

26-1165198

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

COMMINGLED PENSION TRUST OF JPMORGA

26-1165348

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

COMMINGLED PENSION TRUST OF JPMORGA

26-1165392

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

COMMINGLED PENSION TRUST OF JPMORGA

26-1165449

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

COMMINGLED PENSION TRUST OF JPMORGA

26-1165477

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

COMMINGLED PENSION TRUST OF JPMORGA

26-1164871

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

GALLIARD CAPITAL MANAGEMENT, INC.

41-1813702

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

GLOBAL TRUST COMPANY

26-3761443

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

GQG PARTNERS

450 EAST LAS OLAS BLVD., SUITE 750
FORT LUADERDATEL, FL 33301

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

MAWER COLLECTIVE INVESTMENT TRUST

38-7140710

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

PRUDENTIAL TRUST COMPANY

23-6994310

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

PZENA INVESTMENT MANAGEMENT

320 PARK AVENUE
8TH FLOOR
NEW YORK, NY 10022

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

RELIANCE TRUST

58-1428634

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

RELIANCE TRUST COMPANT

58-1428634

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

SEI TRUST COMPANY

06-1271230

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

STATE STREET GLOBAL ADVISORS

81-4017137

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

VANGUARD

23-1945930

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

WELLINGTON TRUST COMPANY

04-2755549

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

WELLS FARGO BANK, N.A.

47-6524425

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

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

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

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

(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)

FIDELITY TRUST COMPANY

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 71 28 37 68	NONE	659609	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	393161	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON INVESTMENTS SERVICES

52-1868818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51 28 17 31 50	NONE	204422	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)

ARROWMARK PARTNERS

39-2068140

(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?
28 51	NONE	142617	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUSSELL INVESTMENTS

81-1706025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 10	NONE	25000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SNYDER CAPITAL MANAGEMENT

04-3370184

(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?
28 51	NONE	22933	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

INTECH

01-0614895

(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?
28 51	NONE	22703	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLIFTONLARSONALLEN LLP

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	21420	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SANDERS CAPITAL, LLC

27-0705845

(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?
28 68 51	NONE	19986	Yes ☒ No ☐	Yes ☒ No ☐	484	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)

STATE STREET GLOBAL ADVISORS

81-4017137

(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?
51 18 19 52	NONE	3357	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SCHWANS SHARED SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>81-0572771</u>

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA S&P 500 500 INDEX NL SF CLASS</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-388</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>86331265</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO STABLE RETURN FUND W</u>		
b Name of sponsor of entity listed in (a): <u>GALLIARD CAPITAL MANAGEMENT</u>		
c EIN-PN <u>41-1813702-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>80881870</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PZENA INTERNATIONAL EXP VALUE ACWI</u>		
b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>		
c EIN-PN <u>90-6169542-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11101928</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PGIM CORE PLUS BOND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST CO.</u>		
c EIN-PN <u>23-6994310-165</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14397326</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA GLOBAL EQUITY EX USA INDEX NL</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>32-6528132-016</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17751548</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA GLOBAL EQUITY INDEX NL SF C</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-206</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2703423</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA RUSSELL ALL CAP INDEX NL SD</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-233</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21185113</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2020 NL SF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-432	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9548768
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2025 NL SF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-433	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30783639
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2030 NL SF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-434	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27853871
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2035 NL SF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-435	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23360112
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2040 NL SF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-436	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16246934
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK TOTAL RETURN BOND FUND M		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 47-1236644-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13973910
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM SMART RETIREMENT PASSIVE 2020		
b Name of sponsor of entity listed in (a): MORGAN GUARANTY TRUST COMPANY OF NY		
c EIN-PN 26-1165037-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2045 NL SF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-437	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12123321
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2050 NL SF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-438	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8919658
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2055 NL SF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-439	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5734466

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2060 NL SF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-424	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2109700
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2065 NL SF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-044	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 426643
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT INCOME NL SF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-440	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2816381
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA US EXTENDED MARKET INDEX		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-330	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40936282
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II CORE BOND PLUS		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2755549-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13970123
a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS US SELECT CIT C		
b Name of sponsor of entity listed in (a): GQG PARTNERS		
c EIN-PN 83-6352671-026	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16748388
a Name of MTIA, CCT, PSA, or 103-12 IE: MAWER INTERNATIONAL EQUITY CIT W		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 38-7140710-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15503213
a Name of MTIA, CCT, PSA, or 103-12 IE: US TREASURY INFLATION PROTECTED SEC		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 45-4544033-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7522729
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM SMART RETIREMENT PASSIVE 2025		
b Name of sponsor of entity listed in (a): MORGAN GUARANTY TRUST COMPANY OF NY		
c EIN-PN 26-1165154-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: JMP SMART RETIREMENT PASSIVE 2030		
b Name of sponsor of entity listed in (a): MORGAN GUARANTY TRUST COMPANY OF NY		
c EIN-PN 26-1165198-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: JPM SMART RETIREMENT PASSIVE 2035

b Name of sponsor of entity listed in (a): MORGAN GUARANTY TRUST COMPANY OF NY

c EIN-PN 26-1165348-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPM SMART RETIREMENT PASSIVE 2040

b Name of sponsor of entity listed in (a): MORGAN GUARANTY TRUST COMPANY OF NY

c EIN-PN 26-1165392-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPM SMART RETIREMENT PASSIVE 2050

b Name of sponsor of entity listed in (a): MORGAN GUARANTY TRUST COMPANY OF NY

c EIN-PN 26-1165477-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPM SMART RETIREMENT PASSIVE BLEND

b Name of sponsor of entity listed in (a): MORGAN GUARANTY TRUST COMPANY OF NY

c EIN-PN 26-1164781-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMART RETIREMENT PASSIVE 2045

b Name of sponsor of entity listed in (a): MORGAN GUARANTY TRUST COMPANY OF NY

c EIN-PN 26-1165449-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI

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

c EIN-PN 94-3358161-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPCM SMART RETIREMENT PASSIVE 2055

b Name of sponsor of entity listed in (a): MORGAN GUARANTY TRUST COMPANY OF NY

c EIN-PN 45-5590883-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: EPOCH US ALL CAP EQUITY

b Name of sponsor of entity listed in (a): EPOCH INVESTMENT PARTNERS, INC.

c EIN-PN 81-4667969-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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)
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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)
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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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SCHWANS SHARED SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>81-0572771</u>	

Part I	Asset and Liability Statement
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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)	6565502	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	808501	326851
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3801441	3613828
(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)	58663645	44440145
(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)	9474452	8164453
(9) Value of interest in common/collective trusts	1c(9)	330522752	482930518
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	125068914	11584674
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	523254	526071

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	535428461	551586540

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	191877	284906
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	713929	565270
k Total liabilities (add all amounts in lines 1g through 1j)	1k	905806	850176

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	534522655	550736364
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2631048	
(B) Participants	2a(1)(B)	19170731	
(C) Others (including rollovers).....	2a(1)(C)	2781964	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		24583743
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	22824	
(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)	546677	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		569501
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	597616	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1839431	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2437047
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	87186935	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	85235425	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1951510
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6699304	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		6699304

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		36872893
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		9622488
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		82736486

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	68144287	
(2) To insurance carriers for the provision of benefits	2e(2)	9928	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		68154215
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)	609294	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1019625	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1628919
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		69783134

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12953352
l Transfers of assets:			
(1) To this plan.....	2l(1)		3260357
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ 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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
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?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHWANS SHARED SERVICES, LLC		D Employer Identification Number (EIN) 81-0572771
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): 04-6568107		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

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 _____

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

YEARS ENDED DECEMBER 31, 2020 AND 2019



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**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
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YEARS ENDED DECEMBER 31, 2020 AND 2019**

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Schwan's Company Retirement Savings Plan
Marshall, Minnesota

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Schwan's Company Retirement Savings 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



CliftonLarsonAllen LLP

Minneapolis, Minnesota
September 23, 2021

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019**

	<u>2020</u>	<u>2019</u>
ASSETS		
INVESTMENTS (at Fair Value)	\$ 542,569,165	\$ 518,056,752
RECEIVABLES		
Interest and Dividends	154,202	57,013
Employer Contributions	-	6,565,502
Notes Receivable from Participants	8,286,306	9,713,961
Amounts Due from Brokers for Securities Sold	172,649	751,488
Total Receivables	<u>8,613,157</u>	<u>17,087,964</u>
Total Assets	551,182,322	535,144,716
LIABILITIES		
ACCOUNTS PAYABLE	284,906	191,877
AMOUNTS DUE TO BROKERS FOR SECURITIES PURCHASED	<u>565,270</u>	<u>713,929</u>
Total Liabilities	<u>850,176</u>	<u>905,806</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 550,332,146</u></u>	<u><u>\$ 534,238,910</u></u>

See accompanying Notes to Financial Statements.

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2020 AND 2019**

	<u>2020</u>	<u>2019</u>
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS AVAILABLE FOR BENEFITS ATTRIBUTED TO:		
INVESTMENT INCOME (LOSS)		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 55,143,378	\$ 98,848,990
Interest and Dividends	<u>2,459,871</u>	<u>4,184,474</u>
Total Investment Income (Loss)	57,603,249	103,033,464
Less: Investment Management Fees	<u>(1,019,625)</u>	<u>(1,025,785)</u>
Net Investment Income (Loss)	56,583,624	102,007,679
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	546,677	559,535
CONTRIBUTIONS		
Employee 401(k) Deferrals	19,170,731	19,437,252
Employer Match	2,631,048	7,403,725
Employer Profit Sharing	-	6,491,575
Rollovers	<u>2,781,964</u>	<u>2,969,324</u>
Total Contributions	24,583,743	36,301,876
BENEFITS PAID TO PARTICIPANTS	(68,261,943)	(79,847,886)
INSURANCE PREMIUMS	(9,928)	(11,462)
ADMINISTRATIVE EXPENSES	<u>(609,294)</u>	<u>(633,983)</u>
NET INCREASE PRIOR TO PLAN TRANSFERS	12,832,879	58,375,759
PLAN TO PLAN TRANSFER OUT	-	(122,818,589)
PLAN TO PLAN TRANSFER IN	<u>3,260,357</u>	<u>14,645,707</u>
NET INCREASE (DECREASE) AFTER PLAN TRANSFER	16,093,236	(49,797,123)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>534,238,910</u>	<u>584,036,033</u>
End of Year	<u><u>\$ 550,332,146</u></u>	<u><u>\$ 534,238,910</u></u>

See accompanying Notes to Financial Statements.

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019**

NOTE 1 DESCRIPTION OF PLAN

The following description of Schwan's Company Retirement Savings Plan (the Plan) provides general information only. The Plan is for eligible employees of Schwan's Company subsidiaries (the Company). Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established in 1964 and most recently restated effective January 31, 2017. The Plan generally covers all employees of Schwan's Shared Services, LLC, Schwan's Consumer Brands, Inc., Schwan's Food Service, Inc., and SFC Global Supply Chain, Inc., except those covered by certain collective bargaining agreements.

Effective January 1, 2019, the Plan amended to include an additional excluded item when determining a participant's certified earnings. The additional excluded item is any payment to a participant who is classified as an exempt employee for the purpose of temporarily subsidizing such participant's employee benefits following an acquisition.

Effective January 1, 2019, the Plan was amended to remove the six-month suspension of deferrals for those who receive a hardship distribution and also removed the requirement to secure a loan prior to obtaining a hardship distribution.

Effective January 1, 2019, the Plan was amended to remove Schwan's Strategic Partner Solutions as an employer.

Effective January 1, 2019, the Plan was amended to include the transfer the accounts of current or former noncollectively bargained employees of the Better Baked Foods, LLC 401(k) Plan.

Effective February 24, 2019, the Plan was amended to establish a new plan for employees who work for Schwan's Home Service, Inc.

Effective May 31, 2019, the Plan was amended to exclude from qualified employment, employment as a foreign national who is temporarily working on assignment in the United States.

Effective September 9, 2019, the Plan was amended to include an individual retirement account described in section 408(a) of the Code as an eligible contribution.

Effective December 17, 2019, the Plan was amended to include Beneficiary to have the right to designate one or more primary Beneficiaries to receive all or a portion of the individual's Vested Total Account upon death of the individual.

Effective April 8, 2020, the Plan was amended to suspend guaranteed Non-Safe Harbor Matching Contributions.

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

General (Continued)

Effective July 1, 2020, the Plan was amended to include merchandiser employees as an excluded member of automatic enrollment.

Effective October 1, 2020, the Plan was amended to include the transfer of accounts of employees of MaMa Rosa's, LLC S 401(k) Plan.

Eligibility

Employees are eligible to immediately participate in the deferral and match components of the Plan upon hire. Employees are eligible for the discretionary annual contribution if they complete 500 hours of service during the year and are employed on the last day of the Plan year. Wages paid to employees while eligible for an annual bonus plan are not eligible for the employer discretionary annual contribution.

Contributions

Each year, participants may contribute up to 75% of pretax and/or after-tax (Roth) annual compensation as defined, by the Plan, subject to certain limitations. The Plan includes an auto-enrollment feature whereby all newly eligible participants are enrolled at 1%. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants age 50 or older may contribute additional amounts known as "catch-up" contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers several investment options with varying investment objectives. Participants may invest in self-directed funds that are not affiliated with the investment options of the Plan.

The Plan provides for discretionary annual contributions as determined by the Company's Board of Directors. Employer contributions are not to exceed the maximum allowable amounts deductible by the Company under the provisions of the Internal Revenue Code (IRC). Profit sharing amounts are contributed at the option of the Company's Board of Directors and are invested in a portfolio of investments as directed by each participant. Discretionary contributions of \$0 and \$6,491,575 were made for the year ended December 31, 2020 and 2019, respectively. Contributions are subject to certain limitations.

The Plan provides matching contributions. The Company's matching contribution is 50% of the first 6% of employee deferrals. Effective April 8, 2020, the Plan was amended to suspend guaranteed Non-Safe Harbor Matching Contributions.

Participant Accounts

Each participant's account may be credited with the participant's contribution, matching contributions and/or allocations of the Company's contributions, Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are vested immediately in their 401(k), rollover, voluntary matching, merger accounts, and discretionary contributions plus actual earnings thereon.

CARES Act

Effective in 2020, certain provisions under the CARES Act relating to participant distributions and participant loans were enacted. The CARES Act allows for utilization of these provisions immediately, but requires formal adoption of the amendments no later than the last day of the Plan year beginning on or after January 1, 2022.

Notes Receivable from Participants

The Plan allows participants to borrow from their 401(k), matching, discretionary, rollover, and merger accounts. Participants may apply for a loan of up to 50% of the total vested value of their balance or \$50,000 minus the highest outstanding loan balance in the last 12-month period. The minimum loan is \$1,000 with no more than one loan outstanding at one time. Loans are repayable in equal periodic installments over the life of the loan which is required to be no more than five years. Interest rates on loans shall be equal to 1% over the prime rate of interest charged by large United States money center commercial banks.

Forfeitures

Forfeitures are used to reduce the Company's contributions or for other purposes as allowed by the Plan document. There were \$28,797 and \$112,441 of forfeited nonvested accounts as of December 31, 2020 and 2019, respectively. Forfeitures of \$125,067 and \$37,769 were used to restore participant accounts as of December 31, 2020 and 2019, respectively. Forfeitures of \$103,723 and \$45,636 were used to pay Plan expenses for the years ended December 31, 2020 and 2019, respectively.

Payment of Benefits

On termination of service, including due to death, disability, or retirement, a participant is eligible to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. If a participant terminates employment and the participant's vested account balance is less than \$1,000, the Plan administrator will authorize the benefit payment without the participant's consent (automatic distribution). Automatic distributions between \$1,000 and \$5,000 without the participants consent will be paid in a direct rollover to an Individual Retirement Account (IRA). The Plan allows for in-service distributions from participants' 401(k), matching, discretionary, rollover and merger accounts in the case of attainment of age 59½. The Plan also allows for financial hardship withdrawals from participant's 401(k) (excluding earnings), discretionary, rollover and merger accounts subject to certain restrictions.

Life Insurance Contracts

In previous years, participants were able to invest in allocated insurance contracts. New contracts are no longer permitted. These contracts have been excluded from Plan assets in accordance with accounting principles generally accepted in the United States of America.

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Expenses

Recordkeeping, trustee, administrative and investment related expenses are paid by the Plan. Expenses not paid by the Plan are paid by the Company.

Investment Valuation and Income Recognition

The Plan's investments are valued 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 4 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. For certain investments held in the Plan, investment fees are reported as part of the net appreciation or depreciation.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

NOTE 3 INVESTMENTS AND CERTIFICATION OF INVESTMENT INFORMATION

Fidelity Management Trust Company, the trustee, has supplied the Plan administrator with a certification as to the completeness and accuracy of notes receivable from participants and investment information presented in the accompany statements of net assets available for benefits as of December 31, 2020 and 2019, and the statements of changes in net assets available for benefits for the years then ended and the supplemental schedule of assets (held at end of year) as of December 31, 2020.

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019**

NOTE 4 FAIR VALUE OF INVESTMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The 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 are described as follows:

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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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;
- 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 market value measurement.

The asset 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 assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2020 and 2019.

The investments in interest-bearing cash are valued at amortized cost which approximates fair value.

Common stocks are valued at the closing price reported in the active market in which the individual security is traded.

Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019**

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

Common collective trusts are valued at the NAV of units of the bank collective trust. The NAV is determined and published daily and is the basis for current transactions.

Self-directed brokerage accounts consist of mutual funds, common stocks, exchange traded funds, and cash that are valued on the basis of readily determinable market prices.

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

2020				
	Level 1	Level 2	Level 3	Total
Assets:				
Interest Bearing Cash	\$ -	\$ 1,840,187	\$ -	\$ 1,840,187
Common Stocks	37,756,590	-	-	37,756,590
Common Collective Trusts	-	482,930,518	-	482,930,518
Self-Directed Brokerage	12,417,304	-	-	12,417,304
Mutual Funds	7,624,566	-	-	7,624,566
Total Investments at Fair Value	<u>\$ 57,798,460</u>	<u>\$ 484,770,705</u>	<u>\$ -</u>	<u>\$ 542,569,165</u>
2019				
	Level 1	Level 2	Level 3	Total
Assets:				
Interest Bearing Cash	\$ -	\$ 2,864,342	\$ -	\$ 2,864,342
Common Stocks	54,772,687	-	-	54,772,687
Common Collective Trusts	-	330,522,752	-	330,522,752
Self-Directed Brokerage	9,332,047	-	-	9,332,047
Mutual Funds	120,564,924	-	-	120,564,924
Total Investments at Fair Value	<u>\$ 184,669,658</u>	<u>\$ 333,387,094</u>	<u>\$ -</u>	<u>\$ 518,056,752</u>

NOTE 5 PLAN TAX STATUS

The Company has received a favorable determination letter dated February 2, 2018, from the Internal Revenue Service (IRS) indicating that the Plan is qualified under Section 401(a) of the IRC and that the related trust is exempt from federal income taxation under Code Section 501(a). The Plan has been amended since receiving the determination letter; however, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require 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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019**

NOTE 6 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Benefits will be distributed to the participant in accordance with the benefit distribution rules.

NOTE 7 PARTY-IN-INTEREST TRANSACTIONS

Transactions resulting in Plan assets being transferred to or used by a related party are prohibited by ERISA unless a specific exemption applies. Fidelity Management Trust Company is a party-in-interest as defined by ERISA as a result of investing Plan assets in the investment funds and payment of fees. However, such transactions are exempt under Section 408(b)(8) and are not prohibited by ERISA. Total fees paid to Fidelity for trustee and recordkeeping fees were \$587,874 and \$613,783 for the years ended December 31, 2020 and 2019, respectively. Total fees paid to Willis Towers Watson for fiduciary services were \$204,422 and \$276,236 for the years ended December 31, 2020 and 2019, respectively. Plan management has evaluated and concluded that these transactions are considered arms-length transactions.

NOTE 8 RISKS AND UNCERTAINTIES

The Plan provides for investment in a variety of investment funds. In general, investments are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect participants' account balance and the amounts reported in the statements of net assets available for benefits.

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Plan is required to submit an annual Form 5500 to the Department of Labor. The following is a reconciliation of net assets available for benefits per the Plan's financial statements to Form 5500 as of December 31:

	2020	2019
Net Assets Available for Benefits Per the Financial Statements	\$ 550,332,146	\$ 534,238,910
Allocated Life Insurance Policies	526,071	523,254
Defaulted Loans	(121,853)	(239,509)
Net Assets Available for Benefits Per Form 5500	<u>\$ 550,736,364</u>	<u>\$ 534,522,655</u>

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019**

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of distributions to participants per the financial statements to Form 5500 for the year ended December 31:

	<u>2020</u>
Distributions to Participants Per the Financial Statements	\$ 68,261,943
Add: Loans in Default at End of Year	121,853
Less: Loans in Default at Beginning of Year	<u>(239,509)</u>
Benefits Paid to Participants Per Form 5500	<u><u>\$ 68,144,287</u></u>

The following is a reconciliation of investment income per the financial statements to Form 5500 for the year ended December 31:

	<u>2020</u>
Total Investment Income per the Financial Statements	\$ 57,603,249
Less: Change in Life Insurance Policies Value	2,817
Add: Participant Loan Interest	<u>546,677</u>
Total Investment Income per Form 5500	<u><u>\$ 58,152,743</u></u>

NOTE 10 PLAN TO PLAN TRANSFERS IN

Effective January 1, 2019, current or former noncollectively bargained participants of Better Baked Foods, LLC 401(k) Plan were transferred into this Plan with participant balances in the amount of \$14,558,501 transferring into the Plan.

Assets of \$87,206 from Schwan's Mama Rosa's LLC H 401(k) Plan were transferred during the 2019 Plan year.

Effective October 1, 2020, certain employees transferred balances from the Schwan's Mama Rosa's, LLC S 401(k) Plan into this Plan with participant balances in the amount of \$3,260,357 transferring into the Plan.

NOTE 11 PLAN TO PLAN TRANSFERS OUT

Effective February 24, 2019, participants who worked for Schwan's Home Service, Inc. were spun-out and separated from the Plan into a newly created plan. Participant balances of \$122,818,589 were transferred out of the Plan.

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019**

NOTE 12 SUBSEQUENT EVENTS

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through September 23, 2021, the date the financial statements were available to be issued.

Effective February 18, 2021, certain employees transferred balances from the Better Baked Foods, LLC 401(k) Plan into this Plan with participant balances in the amount of approximately \$7,158,000 transferring in.

The Plan was amended effective January 1, 2021 to allow for a discretionary company match. The Plan Sponsor designated a discretionary company match effective April 1, 2021 of 50% of the first 6% of reduction in certified earnings for each pay period which was agreed to by the participant pursuant to a salary reduction agreement..

SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
E.I.N. 81-0572771 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	2U INC	Corporate Stocks - Common	**	\$ 245,613
	8X8 INC	Corporate Stocks - Common	**	123,474
	ABBVIE INC	Corporate Stocks - Common	**	100,187
	ABIOMED INC	Corporate Stocks - Common	**	86,563
	AGIOS PHARMACEUTICALS INC	Corporate Stocks - Common	**	67,077
	ALIBABA GROUP HOLDING LTD SPON ADR	Corporate Stocks - Common	**	354,450
	ALLAKOS INC	Corporate Stocks - Common	**	60,762
	ALLEGHANY CORP DEL	Corporate Stocks - Common	**	115,307
	ALPHABET INC CL C	Corporate Stocks - Common	**	783,092
	AMETEK INC NEW	Corporate Stocks - Common	**	409,868
	AMN HEALTHCARE SERVICES INC	Corporate Stocks - Common	**	127,425
	AMPHENOL CORPORATION CL A	Corporate Stocks - Common	**	393,051
	ANTHEM INC	Corporate Stocks - Common	**	501,545
	APPLE INC	Corporate Stocks - Common	**	762,439
	APTIV PLC	Corporate Stocks - Common	**	160,519
	ARVINAS INC	Corporate Stocks - Common	**	29,728
	ATMOS ENERGY CORP	Corporate Stocks - Common	**	139,521
	AXOGEN INC	Corporate Stocks - Common	**	122,778
	BANK OZK	Corporate Stocks - Common	**	78,802
	BARCLAYS PLC ADR	Corporate Stocks - Common	**	123,623
	BELDEN INC	Corporate Stocks - Common	**	114,190
	BIO TECHNE CORP	Corporate Stocks - Common	**	198,788
	BIOTELEMETRY INC	Corporate Stocks - Common	**	305,765
	BWX TECHNOLOGIES INC	Corporate Stocks - Common	**	293,566
	CABOT CORP	Corporate Stocks - Common	**	152,684
	CARGURUS INC CL A	Corporate Stocks - Common	**	67,206
	CARTERS INC	Corporate Stocks - Common	**	90,027
	CATALENT INC	Corporate Stocks - Common	**	400,255
	CH ROBINSON WORLDWIDE INC	Corporate Stocks - Common	**	151,388
	CHANNELADVISOR CORP	Corporate Stocks - Common	**	44,267
	CHARLES RIVER LABS INTL INC	Corporate Stocks - Common	**	398,779
	CIGNA CORP	Corporate Stocks - Common	**	464,035
	CIMPRESS PLC	Corporate Stocks - Common	**	110,905
	CITIGROUP INC	Corporate Stocks - Common	**	507,279
	CLEAN HARBORS INC	Corporate Stocks - Common	**	603,856
	COOPER COMPANIES INC	Corporate Stocks - Common	**	133,340
	COPART INC	Corporate Stocks - Common	**	309,729
	DAIMLER AG	Corporate Stocks - Common	**	87,602
	DECIPHERA PHARMACEUTICALS INC	Corporate Stocks - Common	**	80,756
	DOLLAR TREE INC	Corporate Stocks - Common	**	259,514
	DR HORTON INC	Corporate Stocks - Common	**	388,918

SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
E.I.N. 81-0572771 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	ENTEGRIS INC	Corporate Stocks - Common	**	\$ 690,961
	EURONET WORLDWIDE INC	Corporate Stocks - Common	**	207,093
	EXACT SCIENCES CORP	Corporate Stocks - Common	**	92,745
	FACEBOOK INC CL A	Corporate Stocks - Common	**	688,638
	FIREEYE INC	Corporate Stocks - Common	**	100,013
	FIRST AMERICAN FINANCIAL CORP	Corporate Stocks - Common	**	162,017
	FMC CORP NEW	Corporate Stocks - Common	**	460,026
	FORWARD AIR CORP	Corporate Stocks - Common	**	153,759
	FOX FACTORY HOLDING CORP	Corporate Stocks - Common	**	65,436
	FRONTDOOR INC	Corporate Stocks - Common	**	178,599
	GARTNER INC	Corporate Stocks - Common	**	138,887
	GENERAC HOLDINGS INC	Corporate Stocks - Common	**	227,867
	GENERAL MOTORS CO	Corporate Stocks - Common	**	625,102
	GENUINE PARTS CO	Corporate Stocks - Common	**	77,435
	GRACO INC	Corporate Stocks - Common	**	192,525
	GRAND CANYON EDUCATION INC	Corporate Stocks - Common	**	57,637
	GRAPHIC PACKAGING HOLDING CO	Corporate Stocks - Common	**	83,852
	HALLIBURTON CO	Corporate Stocks - Common	**	143,113
	HALOZYME THERAPEUTICS INC	Corporate Stocks - Common	**	549,765
	HANESBRANDS INC	Corporate Stocks - Common	**	271,934
	HCA HEALTHCARE INC	Corporate Stocks - Common	**	440,261
	HEALTH EQUITY INC	Corporate Stocks - Common	**	171,907
	HEARTLAND EXPRESS INC	Corporate Stocks - Common	**	56,890
	HEICO CORP CL A	Corporate Stocks - Common	**	208,954
	HELEN OF TROY LTD	Corporate Stocks - Common	**	320,622
	HENRY SCHEIN INC	Corporate Stocks - Common	**	261,291
	HERON THERAPEUTICS INC	Corporate Stocks - Common	**	107,563
	HEXCEL CORPORATION	Corporate Stocks - Common	**	126,318
	HOLOGIC INC	Corporate Stocks - Common	**	164,379
	IAA INC	Corporate Stocks - Common	**	209,822
	IDEX CORPORATION	Corporate Stocks - Common	**	199,999
	ING GROEP NV SPON ADR	Corporate Stocks - Common	**	55,365
	INGREDION INC	Corporate Stocks - Common	**	216,042
	INTEGRA LIFESCIENCES HLDS CORP	Corporate Stocks - Common	**	57,976
	J2 GLOBAL INC	Corporate Stocks - Common	**	368,391
	JOHN BEAN TECHNOLOGIES CORP	Corporate Stocks - Common	**	134,369
	JOHNSON & JOHNSON	Corporate Stocks - Common	**	334,435
	JPMORGAN CHASE & CO	Corporate Stocks - Common	**	543,607
	KAR AUCTION SERVICES INC	Corporate Stocks - Common	**	353,797
	KENNAMETAL INC	Corporate Stocks - Common	**	65,850
	KEYSIGHT TECHNOLOGIES INC	Corporate Stocks - Common	**	237,236
	KIRBY CORP	Corporate Stocks - Common	**	165,288
	KODIAK SCIENCES INC	Corporate Stocks - Common	**	121,643
	LENNAR CORP CL A	Corporate Stocks - Common	**	362,018
	LKQ CORP	Corporate Stocks - Common	**	245,625
	LPL FINL HLDGS INC	Corporate Stocks - Common	**	141,637
	MARKEL CORP	Corporate Stocks - Common	**	92,999
	MASIMO CORP	Corporate Stocks - Common	**	50,457
	MATSON INC	Corporate Stocks - Common	**	148,694

SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
E.I.N. 81-0572771 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	MEDNAX INC	Corporate Stocks - Common	**	\$ 123,635
	MEDTRONIC PLC	Corporate Stocks - Common	**	364,699
	MERCK & CO INC NEW	Corporate Stocks - Common	**	213,465
	MERIT MEDICAL SYSTEMS INC	Corporate Stocks - Common	**	250,574
	MERITAGE HOMES CORP	Corporate Stocks - Common	**	65,513
	MICRON TECHNOLOGY INC	Corporate Stocks - Common	**	1,021,097
	MICROSOFT CORP	Corporate Stocks - Common	**	703,516
	MID AMERICA APT CMNTY INC	Corporate Stocks - Common	**	155,197
	MIDDLEBY CORP	Corporate Stocks - Common	**	156,769
	NATIONAL RETAIL PROPERTIES INC	Corporate Stocks - Common	**	129,514
	NATWEST GROUP PLC SPON ADR	Corporate Stocks - Common	**	99,320
	NESTLE SA REG ADR	Corporate Stocks - Common	**	312,054
	NEUROCRINE BIOSCIENCES INC	Corporate Stocks - Common	**	80,133
	NEVRO CORPORATION	Corporate Stocks - Common	**	56,952
	NEW RELIC INC	Corporate Stocks - Common	**	112,686
	NUANCE COMMUNICATIONS INC	Corporate Stocks - Common	**	113,049
	OMNICELL INC	Corporate Stocks - Common	**	117,382
	ON SEMICONDUCTOR CORP	Corporate Stocks - Common	**	339,903
	ONTRAK INC	Corporate Stocks - Common	**	63,955
	PEPSICO INC	Corporate Stocks - Common	**	320,149
	PFIZER INC	Corporate Stocks - Common	**	404,029
	PLURALSIGHT INC	Corporate Stocks - Common	**	199,688
	POLARIS INC	Corporate Stocks - Common	**	75,654
	PRECISION BIOSCIENCES INC	Corporate Stocks - Common	**	28,166
	PROOFPOINT INC	Corporate Stocks - Common	**	199,843
	PROSPERITY BANCSHARES INC	Corporate Stocks - Common	**	175,954
	QUIDEL CORP	Corporate Stocks - Common	**	176,957
	REVANCE THERAPEUTICS INC	Corporate Stocks - Common	**	85,759
	RITCHIE BROS AUCTIONEERS	Corporate Stocks - Common	**	343,440
	ROCHE HOLDING LTD SPON ADR	Corporate Stocks - Common	**	354,142
	SALLY BEAUTY HLDGS INC	Corporate Stocks - Common	**	262,041
	SENSATA TECHNOLOGIES HOLDING PLC	Corporate Stocks - Common	**	335,745
	SHUTTERSTOCK INC	Corporate Stocks - Common	**	154,874
	SKECHERS USA INC CL A	Corporate Stocks - Common	**	298,232
	SOLARWINDS CORP	Corporate Stocks - Common	**	161,641
	SOTERA HEALTH CO	Corporate Stocks - Common	**	93,216
	SPDR S&P 500 ETF Trust	Corporate Stocks - Common	**	786,929
	SPRINGWORKS THERAPEUTICS INC	Corporate Stocks - Common	**	54,755
	SS&C TECHNOLOGIES HOLDINGS INC	Corporate Stocks - Common	**	89,048
	STANLEY BLACK & DECKER INC	Corporate Stocks - Common	**	109,459
	STERIS PLC	Corporate Stocks - Common	**	556,492
	SUMITOMO MITSUI FINL GRP ADR	Corporate Stocks - Common	**	61,474
	SUMO LOGIC INC	Corporate Stocks - Common	**	42,386
	SUNCOR ENERGY INC	Corporate Stocks - Common	**	179,598
	SYNCHRONY FINANCIAL	Corporate Stocks - Common	**	113,955
	SYNEOS HEALTH INC	Corporate Stocks - Common	**	199,350
	SYNOPSYS INC	Corporate Stocks - Common	**	545,184
	TAIWAN SEMIC MFG CO LTD SP ADR	Corporate Stocks - Common	**	886,261

SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
E.I.N. 81-0572771 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	TCF FINANCIAL CORP	Corporate Stocks - Common	**	\$ 21,090
	TENNANT CO	Corporate Stocks - Common	**	52,015
	THE BOOKING HOLDINGS INC	Corporate Stocks - Common	**	77,147
	TRIMBLE INC	Corporate Stocks - Common	**	149,053
	TRINET GROUP INC	Corporate Stocks - Common	**	87,367
	TRUIST FINL CORP	Corporate Stocks - Common	**	292,375
	TYSON FOODS INC CL A	Corporate Stocks - Common	**	48,105
	UGI CORP NEW	Corporate Stocks - Common	**	211,445
	UNITEDHEALTH GROUP INC	Corporate Stocks - Common	**	573,420
	VERIZON COMMUNICATIONS INC	Corporate Stocks - Common	**	5,588
	VIKING THERAPEUTICS INC	Corporate Stocks - Common	**	610,890
	VROOM INC	Corporate Stocks - Common	**	403,551
	WASTE CONNECTIONS INC	Corporate Stocks - Common	**	128,700
	WELLS FARGO & CO	Corporate Stocks - Common	**	1,298,187
	WESTERN ALLIANCE BANCORP	Corporate Stocks - Common	**	499,850
	WISDOMTREE INVESTMENTS INC	Corporate Stocks - Common	**	190,369
	WIX.COM LTD	Corporate Stocks - Common	**	187,551
	WOODWARD INC	Corporate Stocks - Common	**	66,541
	BlackRock Liquidity T-Fund Instl	Interest Bearing Cash	**	1,840,187
	RT GQG US EQUITY C	Collective Funds	**	16,748,388
	SS RSL ALL CAP IDX C	Collective Funds	**	21,185,113
	MAWER INTL EQUITY W	Collective Funds	**	15,503,213
	NORTHERN TRUST ADMIN CIT Pzena Intl Exp Value ACWI	Collective Funds	**	11,101,928
	SSGA EQ EX USA IDX NL FND CL A	Collective Funds	**	17,751,548
	BTC Total Ret Bond M	Collective Funds	**	13,973,910
	Prudential Core Plus Bond Fund 6	Collective Funds	**	14,397,326
	WT CIF II CR PL BD 4	Collective Funds	**	13,970,123
	SS GLB EQ INDEX NL C	Collective Funds	**	2,703,423
	SS S&P 500 INDEX K	Collective Funds	**	86,331,265
	SS US EXT MARKET C	Collective Funds	**	40,936,282
	SS TRGT RET INC M	Collective Funds	**	2,816,381
	SS TRGT RET 2020 M	Collective Funds	**	9,548,768
	SS TRGT RET 2025 M	Collective Funds	**	30,783,639
	SS TRGT RET 2030 M	Collective Funds	**	27,853,871
	SS TRGT RET 2035 M	Collective Funds	**	23,360,112
	SS TRGT RET 2040 M	Collective Funds	**	16,246,934
	SS TRGT RET 2045 M	Collective Funds	**	12,123,231
	SS TRGT RET 2050 M	Collective Funds	**	8,919,658
	SS TRGT RET 2055 M	Collective Funds	**	5,734,466
	SS TRGT RET 2060 M	Collective Funds	**	2,109,700
	SS TRGT RET 2065 M	Collective Funds	**	426,643
	BTC US TIPS NL IDX M	Collective Funds		7,522,729
	GALLIARD STABLE VAL	Collective Funds		80,881,867
	VAN REAL EST IDX IS	Registered Investment Co.	**	7,624,566
	INSURANCE FUND	Insurance Contracts	**	526,071
*	FIDELITY BROKERAGE	Various	**	12,417,304
	PARTICIPANTS	Participant Loans		
		4.25% - 7% Interest	-	8,164,453
		Total Investments		<u>\$ 551,259,689</u>

* Indicates party-in-interest

**Cost omitted for participant-directed accounts

Attachment 1

Portfolio	Fee Description	Recipient	Period	Schedule
Wells Fargo Stable Return Fund				
	Wrap Fee	American General Life Ins. Co.	1/1/2020-12/31/2020	0.17% on issuer contract value
		Massachusetts Mutual Life Ins. Co.	1/1/2020-3/31/2020	0.2% on issuer contract value
			4/1/2020-9/30/2020	0.18% on issuer contract value
			10/1/2020-12/31/2020	0.17% on issuer contract value
		Metropolitan Life Ins. Co.	1/1/2020-3/30/2020	0.18% on issuer contract value
			3/31/2020-9/30/2020	0.17% on issuer contract value
			10/1/2020-12/31/2020	0.16% on issuer contract value
		Nationwide Life Ins. Co.	1/1/2020-12/31/2020	0.17% on issuer contract value
		Pacific Life Ins. Co.	1/1/2020-9/30/2020	0.18% on issuer contract value
			10/1/2020-12/31/2020	0.16% on issuer contract value
		Prudential Ins. Co. of America	1/1/2020-12/31/2020	0.16% on issuer contract value
		Royal Bank of Canada - Contract 1	1/1/2020-10/31/2020	0.18% on issuer contract value
			11/1/2020-12/31/2020	0.16% on issuer contract value
		Royal Bank of Canada - Contract 2	1/1/2020-10/31/2020	0.18% on issuer contract value
			11/1/2020-12/31/2020	0.16% on issuer contract value
		State Street Bank and Trust Co.	1/1/2020-10/19/2020	0.18% on issuer contract value
			10/20/2020-12/31/2020	0.16% on issuer contract value
		Transamerica Life Ins. Co.	1/1/2020-7/31/2020	0.16% on issuer contract value
			8/1/2020-12/31/2020	0.15% on issuer contract value

Wells Fargo Stable Value Fund W

Trustee

Wells Fargo Bank, N.A.

1/1/2020-12/31/2020

0.03% on all assets

SDB Indirect Fees

Plan Number	Payor Name	Compensation	Address Type	Street Address	City	State	Zip	Fund Family	CUSIP
09690	AMG YACKTMAN FUND I	0.40%	USADDRESS	600 STEAMBOAT ROAD, SUITE 300	GREENWICH	CT	06830	MANAGERS FUNDS	00170K588
09690	GQG PARTNERS EMERG MARKETS EQ INSTL	0.15%	USADDRESS	1 FREEDOM VALLEY DRIVE	OAKS	PA	19456	GQG PARTNERS FUND	00771X419
09690	BUFFALO MID CAP FUND	0.40%	USADDRESS	615 E. MICHIGAN STREET	MILWAUKEE	WI	53202	BUFFALO FUNDS	119530202
09690	BUFFALO GROWTH FUND	0.40%	USADDRESS	615 E. MICHIGAN STREET	MILWAUKEE	WI	53202	BUFFALO FUNDS	119826105
09690	DFA US TARGETED VALUE PRTF INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233203595
09690	EATON VANCE GLOBAL MACRO ABSLTE RT CL I	\$16.00	USADDRESS	TWO INTERNATIONAL PLACE	BOSTON	MA	02110	EATON VANCE GROUP	277923728
09690	FEDERATED HERMES STR VAL DIV CL A	0.40%	USADDRESS	4000 ERICSSON DRIVE	WARRENDALE	PA	150867515	FEDERATED FUNDS	314172586
09690	ALPS CORECOMM MNGMNT COMPT COMM SM STRT	0.08%	USADDRESS	1290 BROADWAY SUITE 1100	DENVER	CO	80203	ALPS FUNDS	317609667
09690	FIRST EAGLE OVERSEAS CLASS A	0.40%	USADDRESS	1345 AVENUE OF THE AMERICAS 48TH FLR	NEW YORK	NY	10105	FIRST EAGLE SOGEN FUNDS	32008F101
09690	FIRST EAGLE GLOBAL CLASS A	0.40%	USADDRESS	1345 AVENUE OF THE AMERICAS 48TH FLR	NEW YORK	NY	10105	FIRST EAGLE SOGEN FUNDS	32008F507
09690	GLENMEDE LARGE CAP GROWTH	0.40%	USADDRESS	1650 MARKET ST. SUITE 1200	PHILADELPHIA	PA	19103	GLENMEDE	378690770
09690	JOHN HANCOCK REGIONAL BANK CL A	0.40%	USADDRESS	601 CONGRESS ST., 9TH FL.	BOSTON	MA	02210	JOHN HANCOCK FUNDS	409905106
09690	HARDING LOEVNER INTL EQUITY PORT INSTL	0.15%	USADDRESS	PO BOX 4766	CHICAGO	IL	60680	HARDING LOEVNER	412295107
09690	OAKMARK INTL ADVISOR FUND	0.10%	USADDRESS	111 SOUTH WACKER DR.	CHICAGO	IL	60606	OAKMARK FUNDS	413838731
09690	LAZARD DEVELOPING MRKTS EQ CL SHARES	0.40%	USADDRESS	30 ROCKEFELLER PLAZA, 57TH FL.	NEW YORK	NY	10112	LAZARD FUNDS	52106N467
09690	METROPOLITAN WEST TOT RETURN BOND CL M	0.35%	USADDRESS	865 SOUTH FIGUEROA ST. #1400	LOS ANGELES	CA	90017	METROPOLITAN WEST FUNDS	592905103
09690	METROPOLITAN WEST TOTAL RETURN CLASS I	0.10%	USADDRESS	865 SOUTH FIGUEROA ST. #1400	LOS ANGELES	CA	90017	METROPOLITAN WEST FUNDS	592905509
09690	MORGAN STANLEY GLOBAL OPPORTUNITY A	0.40%	USADDRESS	522 FIFTH AVENUE, 4TH FLOOR	NEW YORK	NY	10036	MORGAN STANLEY FUNDS	61756E685
09690	MORGAN STANLEY INSTLINTERNTL OPP CL A	0.40%	USADDRESS	522 FIFTH AVENUE, 4TH FLOOR	NEW YORK	NY	10036	MORGAN STANLEY FUNDS	61756E826
09690	HCM INCOME PLUS FUNDINVESTOR	0.40%	USADDRESS	1145 HEMBREE ROAD	ROSWELL	GA	30076	HOWARD CAPITAL MANAGEMENT	66538G148
09690	HCM DIVIDEND SECTOR PLUS FUND INVESTOR	0.40%	USADDRESS	1145 HEMBREE ROAD	ROSWELL	GA	30076	HOWARD CAPITAL MANAGEMENT	66538G627
09690	HCM TACTICAL GROWTH FUND INVESTOR	0.40%	USADDRESS	1145 HEMBREE ROAD	ROSWELL	GA	30076	HOWARD CAPITAL MANAGEMENT	66538G858
09690	PFG MFS AGGRESSIVE GROWTH STRATEGY R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66538J506
09690	PFG JP MORGAN TACTICAGGRESSIVE STRAT R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66538J605
09690	PFG EQUITY STRATEGY FUND CL R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66538J803
09690	PFG MEEDER TACTICAL STRATEGY FUND R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66538J837
09690	PFG JP MORGAN TACTICMODERATE STRATEGY R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66538J852
09690	PFG ACTIVE CORE BOND STRATEGY FUND CL R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66538J878
09690	PFG TACTICAL INCOME STRATEGY CL R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A652
09690	PFG EQUITY INDEX FOCUSED STRATEGY R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A660
09690	PFG SECTOR EQUITY BUS CYCLE STRAT R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A678
09690	PFG BR EQUITY ESG STRATEGY CL R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A686
09690	PFG AMERICAN FUNDS GROWTH STRAT CL R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A694
09690	PIMCO TOTAL RETURN CLASS A	0.40%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	693390445
09690	PIMCO REAL RETURN CLASS A	0.40%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	693391120
09690	PIMCO INTL BOND FUND (UNHEDGED) A	0.40%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	722005196
09690	SPROTT GOLD EQUITY FUND INVESTOR	0.40%	FOREIGNADDRESS	200 BAY STREET, SUITE 2600	TORONTO	CA	M5J 2J1	SPROTT FUNDS	85208P105
09690	TCW EMERGING MARKETS INCOME CL N	0.40%	USADDRESS	865 SOUTH FIGUERA STREET, 22ND FLOOR	LOS ANGELES	CA	90017	TCW GALILEO	87234N351
09690	PERFORMANCE TRUST STRATEGIC BOND FD	0.40%	USADDRESS	500 WEST MADISON, SUITE 470	CHICAGO	IL	60661	PERFORMANCE TRUST FUNDS	89833W394
09690	USAA NASDAQ 100 INDEX RETAIL	0.10%	USADDRESS	4900 TIEDEMAN RD 4TH FLOOR	BROOKLYN	OH	44114	VICTORY CAPITAL MANAGEMENT	903288819
09690	VICTORY SYCAMORE ESTABLISHED VALUE I	0.10%	USADDRESS	4900 TIEDEMAN RD 4TH FLOOR	BROOKLYN	OH	44114	VICTORY CAPITAL MANAGEMENT	92646A831
09690	WASATCH CORE GROWTH	0.40%	USADDRESS	505 WAKARA WAY, SUITE 300	SALT LAKE CITY	UT	84108	WASATCH FUNDS	936772201
09690	WASATCH MICRO-CAP VALUE FUND	0.40%	USADDRESS	505 WAKARA WAY, SUITE 300	SALT LAKE CITY	UT	84108	WASATCH FUNDS	936793504
09690	WASATCH CORE GROWTH INSTITUTIONAL	0.10%	USADDRESS	505 WAKARA WAY, SUITE 300	SALT LAKE CITY	UT	84108	WASATCH FUNDS	936793793
09690	WASATCH GLOBAL VALUE FUND	0.40%	USADDRESS	505 WAKARA WAY, SUITE 300	SALT LAKE CITY	UT	84108	WASATCH FUNDS	936793843
09690	WCM ALTERNATIVES EVENT DRIVEN FD I	0.12%	USADDRESS	100 SUMMIT LAKE DRIVE #201	VALHALLA	NY	10595	WESTCHESTER FUNDS	95737C103
09690	WESTERN ASSET CORE BOND FUND CL I	0.15%	USADDRESS	620 8TH AVENUE, 49TH FL.	NEW YORK	NY	10018	LEGG MASON	957663305

Plan: 09690

The Schwan Food Company Retirement Savings Plan

Run Date: 03/19/2021

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	BROKERAGE LINK*3	SEE NOTE *2	SEE NOTE *3

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0415	FID TREASURY ONLY MM - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDLXX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.42%
BLNK	BROKERAGELINK	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
O9XL	SS GLB EQ INDEX NL C	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
O9XM	SS S&P 500 INDEX K	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
O9XN	SS US EXT MARKET C	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
O9XO	SS TRGT RET INC M	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
O9XP	SS TRGT RET 2020 M	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
O9XQ	SS TRGT RET 2025 M	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
O9XR	SS TRGT RET 2030 M	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
O9XS	SS TRGT RET 2035 M	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
O9XT	SS TRGT RET 2040 M	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
O9XU	SS TRGT RET 2045 M	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
O9XV	SS TRGT RET 2050 M	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
O9XW	SS TRGT RET 2055 M	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
O9XX	SS TRGT RET 2060 M	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
O9XY	SS TRGT RET 2065 M	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
OAWS	BTC ACWI EX US NL M	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
OAWT	BTC US TIPS NL IDX M	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
OAWU	GALLIARD STABLE VAL	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
OAWV	PZENA INTLEXPVL ACWI	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OFVH	VANGUARD INST INDEX - VANGUARD GROUP INC	VINIX	VANGUARD	FUND MANAGEMENT	0.02%
OH6J	JPMCB SR PB INC CF	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
OH6L	JPMCB SR PB 2020 CF	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
OH6M	JPMCB SR PB 2025 CF	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
OH6N	JPMCB SR PB 2030 CF	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OH6O	JPMCB SR PB 2035 CF	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
OH6P	JPMCB SR PB 2040 CF	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
OH6Q	JPMCB SR PB 2045 CF	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
OH6R	JPMCB SR PB 2050 CF	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
OH6S	JPMCB SR PB 2055 CF	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OJ0T	PRU CORE PL BD CL 6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
OKBH	VAN REAL EST IDX IS - VANGUARD GROUP INC	VGSNX	VANGUARD	FUND MANAGEMENT	0.09%
OQFC	VANG TOT BD MKT INST - VANGUARD GROUP INC	VBPIX	VANGUARD	FUND MANAGEMENT	0.03%
OSID	VANG EXT MKT IDX INS - VANGUARD GROUP INC	VIEIX	VANGUARD	FUND MANAGEMENT	0.04%
TD4H	EQUITY FUND	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
TFNJ	INTERNATIONAL EQUITY	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
TFNK	FIXED INCOME FUND	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6

SCHEDULE C SUPPLEMENTAL REPORT

*1 If EIN is provided, Address will not be provided. If EIN is not available and Address is available, the Address will be displayed. If neither EIN nor Address is available "See Note *2" will be displayed.

*2 Disclosures in this report are intended to satisfy the alternative reporting option. If complete information for non-Fidelity funds and/or other third party service providers related to compensation is not available, more information for the annual operating expenses of the fund may be found in the Fee Table of the Fund Summary section of each prospectus and/or statement of additional information. In addition, information about the services provided and the identity of the entities performing services with respect to each fund may be found in the Fund Services section of each prospectus. If the compensation being reported relates to a Fidelity fund, more information for the annual operating expenses of the fund may be found in the Fee section of one or more of the following sources: investment management agreement, trust agreement, collective trust participation agreement, commingled pool participation agreement, mutual fund prospectus, statement of additional information, the fund's investment manager or annuity provider.

*3 For Self-Directed Brokerage Investments, each fund family may offer an indirect support fee paid to Fidelity Investments. Each indirect support fee paid by a fund may differ depending on the form of investment. Please contact your Fidelity representative to receive information on indirect support fees for your Self-Directed Brokerage Investments.

*4 Net Expense Ratio is displayed.

*5 Gross Expense Ratio is displayed.

*6 Disclosures in this report are intended to satisfy the alternative reporting option. If complete information for this Fund is not available, the fee information for the annual operating expenses and/or information about the services provided and identity of the entities performing the services can be found in the Fee section of one or more of the following sources: investment management agreement, trust agreement, collective trust participation agreement, commingled pool participation agreement, mutual fund prospectus, the fund's investment manager or annuity provider.

Additional Information:

Fidelity may have provided non-monetary compensation, such as meals or business entertainment, to associates or service providers during the plan year for which this data is being reported. If you believe there are associates or plan service providers who have received total non-monetary compensation, from all sources of \$5,000 or more, that are not reflected on this report, you may contact your Fidelity representative and ask for a detailed summary of non-monetary compensation provided during the plan year. For additional information, please refer to the Auditor's Guide.

Fidelity utilizes omnibus accounts at unaffiliated banks to facilitate transactions for the defined contribution plans it services as set forth in your trust or service agreement or letter of authorization. If markets permit, omnibus account balances are invested in short-term investments that generally earn a rate approximating the Target Federal Funds Rate and/or money market rates. These earnings are called "float" and are considered eligible indirect compensation for purposes of Schedule C. Fidelity uses these earnings to pay bank fees and make other required adjustments and generally retains any float earnings that exceed such fees and adjustments. Fidelity is responsible for paying bank fees to the extent they exceed float earnings.

Since the amount of float generated depends on the length of time that assets are held in the omnibus accounts, Fidelity adheres to the following specific time frames within which cash pending investment or distribution is held:

SCHEDULE C SUPPLEMENTAL REPORT

- If contributions are received by Fidelity in good order before the close of trading, Fidelity executes transactions in the investment options as of that day's closing price (the "transaction date" or "T"). Settlement of trades for most investment options occurs on the following business day ("T+1") or, in the case of certain securities including company stock, on T+2 (prior to September 5, 2017 the settlement period for certain securities including company stock was T+3).
- Exchange requests received by Fidelity in good order before the close of trading are processed in that day's nightly cycle. If investment options have identical settlement rules, exchanges between them generate no overnight balances, as money is received from one investment option and conveyed to another investment option on the same business day. If investment options have different settlement rules, balances attributable to exchanges may remain in the omnibus account for a few days if FMTC serves as trustee of the plan.
- Disbursement requests received in good order before the close of trading are processed in that day's nightly cycle, and reflected as debits from participant accounts as of that date ("T"). Proceeds attributable to disbursements are received from investment options or from the unaffiliated Plan trustee based on the settlement period for the investment options. Disbursements are made to participants on T+2 either through electronic funds transfers or by mailing a check. Disbursement proceeds distributed by check remain in the omnibus account until the check is presented for payment.

SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
E.I.N. 81-0572771 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	2U INC	Corporate Stocks - Common	**	\$ 245,613
	8X8 INC	Corporate Stocks - Common	**	123,474
	ABBVIE INC	Corporate Stocks - Common	**	100,187
	ABIOMED INC	Corporate Stocks - Common	**	86,563
	AGIOS PHARMACEUTICALS INC	Corporate Stocks - Common	**	67,077
	ALIBABA GROUP HOLDING LTD SPON ADR	Corporate Stocks - Common	**	354,450
	ALLAKOS INC	Corporate Stocks - Common	**	60,762
	ALLEGHANY CORP DEL	Corporate Stocks - Common	**	115,307
	ALPHABET INC CL C	Corporate Stocks - Common	**	783,092
	AMETEK INC NEW	Corporate Stocks - Common	**	409,868
	AMN HEALTHCARE SERVICES INC	Corporate Stocks - Common	**	127,425
	AMPHENOL CORPORATION CL A	Corporate Stocks - Common	**	393,051
	ANTHEM INC	Corporate Stocks - Common	**	501,545
	APPLE INC	Corporate Stocks - Common	**	762,439
	APTIV PLC	Corporate Stocks - Common	**	160,519
	ARVINAS INC	Corporate Stocks - Common	**	29,728
	ATMOS ENERGY CORP	Corporate Stocks - Common	**	139,521
	AXOGEN INC	Corporate Stocks - Common	**	122,778
	BANK OZK	Corporate Stocks - Common	**	78,802
	BARCLAYS PLC ADR	Corporate Stocks - Common	**	123,623
	BELDEN INC	Corporate Stocks - Common	**	114,190
	BIO TECHNE CORP	Corporate Stocks - Common	**	198,788
	BIOTELEMETRY INC	Corporate Stocks - Common	**	305,765
	BWX TECHNOLOGIES INC	Corporate Stocks - Common	**	293,566
	CABOT CORP	Corporate Stocks - Common	**	152,684
	CARGURUS INC CL A	Corporate Stocks - Common	**	67,206
	CARTERS INC	Corporate Stocks - Common	**	90,027
	CATALENT INC	Corporate Stocks - Common	**	400,255
	CH ROBINSON WORLDWIDE INC	Corporate Stocks - Common	**	151,388
	CHANNELADVISOR CORP	Corporate Stocks - Common	**	44,267
	CHARLES RIVER LABS INTL INC	Corporate Stocks - Common	**	398,779
	CIGNA CORP	Corporate Stocks - Common	**	464,035
	CIMPRESS PLC	Corporate Stocks - Common	**	110,905
	CITIGROUP INC	Corporate Stocks - Common	**	507,279
	CLEAN HARBORS INC	Corporate Stocks - Common	**	603,856
	COOPER COMPANIES INC	Corporate Stocks - Common	**	133,340
	COPART INC	Corporate Stocks - Common	**	309,729
	DAIMLER AG	Corporate Stocks - Common	**	87,602
	DECIPHERA PHARMACEUTICALS INC	Corporate Stocks - Common	**	80,756
	DOLLAR TREE INC	Corporate Stocks - Common	**	259,514
	DR HORTON INC	Corporate Stocks - Common	**	388,918

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DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	ENTEGRIIS INC	Corporate Stocks - Common	**	\$ 690,961
	EURONET WORLDWIDE INC	Corporate Stocks - Common	**	207,093
	EXACT SCIENCES CORP	Corporate Stocks - Common	**	92,745
	FACEBOOK INC CL A	Corporate Stocks - Common	**	688,638
	FIREEYE INC	Corporate Stocks - Common	**	100,013
	FIRST AMERICAN FINANCIAL CORP	Corporate Stocks - Common	**	162,017
	FMC CORP NEW	Corporate Stocks - Common	**	460,026
	FORWARD AIR CORP	Corporate Stocks - Common	**	153,759
	FOX FACTORY HOLDING CORP	Corporate Stocks - Common	**	65,436
	FRONTDOOR INC	Corporate Stocks - Common	**	178,599
	GARTNER INC	Corporate Stocks - Common	**	138,887
	GENERAC HOLDINGS INC	Corporate Stocks - Common	**	227,867
	GENERAL MOTORS CO	Corporate Stocks - Common	**	625,102
	GENUINE PARTS CO	Corporate Stocks - Common	**	77,435
	GRACO INC	Corporate Stocks - Common	**	192,525
	GRAND CANYON EDUCATION INC	Corporate Stocks - Common	**	57,637
	GRAPHIC PACKAGING HOLDING CO	Corporate Stocks - Common	**	83,852
	HALLIBURTON CO	Corporate Stocks - Common	**	143,113
	HALOZYME THERAPEUTICS INC	Corporate Stocks - Common	**	549,765
	HANESBRANDS INC	Corporate Stocks - Common	**	271,934
	HCA HEALTHCARE INC	Corporate Stocks - Common	**	440,261
	HEALTH EQUITY INC	Corporate Stocks - Common	**	171,907
	HEARTLAND EXPRESS INC	Corporate Stocks - Common	**	56,890
	HEICO CORP CL A	Corporate Stocks - Common	**	208,954
	HELEN OF TROY LTD	Corporate Stocks - Common	**	320,622
	HENRY SCHEIN INC	Corporate Stocks - Common	**	261,291
	HERON THERAPEUTICS INC	Corporate Stocks - Common	**	107,563
	HEXCEL CORPORATION	Corporate Stocks - Common	**	126,318
	HOLOGIC INC	Corporate Stocks - Common	**	164,379
	IAA INC	Corporate Stocks - Common	**	209,822
	IDEX CORPORATION	Corporate Stocks - Common	**	199,999
	ING GROEP NV SPON ADR	Corporate Stocks - Common	**	55,365
	INGREDION INC	Corporate Stocks - Common	**	216,042
	INTEGRA LIFESCIENCES HLDS CORP	Corporate Stocks - Common	**	57,976
	J2 GLOBAL INC	Corporate Stocks - Common	**	368,391
	JOHN BEAN TECHNOLOGIES CORP	Corporate Stocks - Common	**	134,369
	JOHNSON & JOHNSON	Corporate Stocks - Common	**	334,435
	JPMORGAN CHASE & CO	Corporate Stocks - Common	**	543,607
	KAR AUCTION SERVICES INC	Corporate Stocks - Common	**	353,797
	KENNAMETAL INC	Corporate Stocks - Common	**	65,850
	KEYSIGHT TECHNOLOGIES INC	Corporate Stocks - Common	**	237,236
	KIRBY CORP	Corporate Stocks - Common	**	165,288
	KODIAK SCIENCES INC	Corporate Stocks - Common	**	121,643
	LENNAR CORP CL A	Corporate Stocks - Common	**	362,018
	LKQ CORP	Corporate Stocks - Common	**	245,625
	LPL FINL HLDGS INC	Corporate Stocks - Common	**	141,637
	MARKEL CORP	Corporate Stocks - Common	**	92,999
	MASIMO CORP	Corporate Stocks - Common	**	50,457
	MATSON INC	Corporate Stocks - Common	**	148,694

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(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	MEDNAX INC	Corporate Stocks - Common	**	\$ 123,635
	MEDTRONIC PLC	Corporate Stocks - Common	**	364,699
	MERCK & CO INC NEW	Corporate Stocks - Common	**	213,465
	MERIT MEDICAL SYSTEMS INC	Corporate Stocks - Common	**	250,574
	MERITAGE HOMES CORP	Corporate Stocks - Common	**	65,513
	MICRON TECHNOLOGY INC	Corporate Stocks - Common	**	1,021,097
	MICROSOFT CORP	Corporate Stocks - Common	**	703,516
	MID AMERICA APT CMNTY INC	Corporate Stocks - Common	**	155,197
	MIDDLEBY CORP	Corporate Stocks - Common	**	156,769
	NATIONAL RETAIL PROPERTIES INC	Corporate Stocks - Common	**	129,514
	NATWEST GROUP PLC SPON ADR	Corporate Stocks - Common	**	99,320
	NESTLE SA REG ADR	Corporate Stocks - Common	**	312,054
	NEUROCRINE BIOSCIENCES INC	Corporate Stocks - Common	**	80,133
	NEVRO CORPORATION	Corporate Stocks - Common	**	56,952
	NEW RELIC INC	Corporate Stocks - Common	**	112,686
	NUANCE COMMUNICATIONS INC	Corporate Stocks - Common	**	113,049
	OMNICELL INC	Corporate Stocks - Common	**	117,382
	ON SEMICONDUCTOR CORP	Corporate Stocks - Common	**	339,903
	ONTRAK INC	Corporate Stocks - Common	**	63,955
	PEPSICO INC	Corporate Stocks - Common	**	320,149
	PFIZER INC	Corporate Stocks - Common	**	404,029
	PLURALSIGHT INC	Corporate Stocks - Common	**	199,688
	POLARIS INC	Corporate Stocks - Common	**	75,654
	PRECISION BIOSCIENCES INC	Corporate Stocks - Common	**	28,166
	PROOFPOINT INC	Corporate Stocks - Common	**	199,843
	PROSPERITY BANCSHARES INC	Corporate Stocks - Common	**	175,954
	QUIDEL CORP	Corporate Stocks - Common	**	176,957
	REVANCE THERAPEUTICS INC	Corporate Stocks - Common	**	85,759
	RITCHIE BROS AUCTIONEERS	Corporate Stocks - Common	**	343,440
	ROCHE HOLDING LTD SPON ADR	Corporate Stocks - Common	**	354,142
	SALLY BEAUTY HLDGS INC	Corporate Stocks - Common	**	262,041
	SENSATA TECHNOLOGIES HOLDING PLC	Corporate Stocks - Common	**	335,745
	SHUTTERSTOCK INC	Corporate Stocks - Common	**	154,874
	SKECHERS USA INC CL A	Corporate Stocks - Common	**	298,232
	SOLARWINDS CORP	Corporate Stocks - Common	**	161,641
	SOTERA HEALTH CO	Corporate Stocks - Common	**	93,216
	SPDR S&P 500 ETF Trust	Corporate Stocks - Common	**	786,929
	SPRINGWORKS THERAPEUTICS INC	Corporate Stocks - Common	**	54,755
	SS&C TECHNOLOGIES HOLDINGS INC	Corporate Stocks - Common	**	89,048
	STANLEY BLACK & DECKER INC	Corporate Stocks - Common	**	109,459
	STERIS PLC	Corporate Stocks - Common	**	556,492
	SUMITOMO MITSUI FINL GRP ADR	Corporate Stocks - Common	**	61,474
	SUMO LOGIC INC	Corporate Stocks - Common	**	42,386
	SUNCOR ENERGY INC	Corporate Stocks - Common	**	179,598
	SYNCHRONY FINANCIAL	Corporate Stocks - Common	**	113,955
	SYNEOS HEALTH INC	Corporate Stocks - Common	**	199,350
	SYNOPSYS INC	Corporate Stocks - Common	**	545,184
	TAIWAN SEMIC MFG CO LTD SP ADR	Corporate Stocks - Common	**	886,261

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DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	TCF FINANCIAL CORP	Corporate Stocks - Common	**	\$ 21,090
	TENNANT CO	Corporate Stocks - Common	**	52,015
	THE BOOKING HOLDINGS INC	Corporate Stocks - Common	**	77,147
	TRIMBLE INC	Corporate Stocks - Common	**	149,053
	TRINET GROUP INC	Corporate Stocks - Common	**	87,367
	TRUIST FINL CORP	Corporate Stocks - Common	**	292,375
	TYSON FOODS INC CL A	Corporate Stocks - Common	**	48,105
	UGI CORP NEW	Corporate Stocks - Common	**	211,445
	UNITEDHEALTH GROUP INC	Corporate Stocks - Common	**	573,420
	VERIZON COMMUNICATIONS INC	Corporate Stocks - Common	**	5,588
	VIKING THERAPEUTICS INC	Corporate Stocks - Common	**	610,890
	VROOM INC	Corporate Stocks - Common	**	403,551
	WASTE CONNECTIONS INC	Corporate Stocks - Common	**	128,700
	WELLS FARGO & CO	Corporate Stocks - Common	**	1,298,187
	WESTERN ALLIANCE BANCORP	Corporate Stocks - Common	**	499,850
	WISDOMTREE INVESTMENTS INC	Corporate Stocks - Common	**	190,369
	WIX.COM LTD	Corporate Stocks - Common	**	187,551
	WOODWARD INC	Corporate Stocks - Common	**	66,541
	BlackRock Liquidity T-Fund Instl	Interest Bearing Cash	**	1,840,187
	RT GQG US EQUITY C	Collective Funds	**	16,748,388
	SS RSL ALL CAP IDX C	Collective Funds	**	21,185,113
	MAWER INTL EQUITY W	Collective Funds	**	15,503,213
	NORTHERN TRUST ADMIN CIT Pzena Intl Exp Value ACWI	Collective Funds	**	11,101,928
	SSGA EQ EX USA IDX NL FND CL A	Collective Funds	**	17,751,548
	BTC Total Ret Bond M	Collective Funds	**	13,973,910
	Prudential Core Plus Bond Fund 6	Collective Funds	**	14,397,326
	WT CIF II CR PL BD 4	Collective Funds	**	13,970,123
	SS GLB EQ INDEX NL C	Collective Funds	**	2,703,423
	SS S&P 500 INDEX K	Collective Funds	**	86,331,265
	SS US EXT MARKET C	Collective Funds	**	40,936,282
	SS TRGT RET INC M	Collective Funds	**	2,816,381
	SS TRGT RET 2020 M	Collective Funds	**	9,548,768
	SS TRGT RET 2025 M	Collective Funds	**	30,783,639
	SS TRGT RET 2030 M	Collective Funds	**	27,853,871
	SS TRGT RET 2035 M	Collective Funds	**	23,360,112
	SS TRGT RET 2040 M	Collective Funds	**	16,246,934
	SS TRGT RET 2045 M	Collective Funds	**	12,123,231
	SS TRGT RET 2050 M	Collective Funds	**	8,919,658
	SS TRGT RET 2055 M	Collective Funds	**	5,734,466
	SS TRGT RET 2060 M	Collective Funds	**	2,109,700
	SS TRGT RET 2065 M	Collective Funds	**	426,643
	BTC US TIPS NL IDX M	Collective Funds		7,522,729
	GALLIARD STABLE VAL	Collective Funds		80,881,867
	VAN REAL EST IDX IS	Registered Investment Co.	**	7,624,566
	INSURANCE FUND	Insurance Contracts	**	526,071
*	FIDELITY BROKERAGE	Various	**	12,417,304
	PARTICIPANTS	Participant Loans		
		4.25% - 7% Interest	-	8,164,453
		Total Investments		<u>\$ 551,259,689</u>

* Indicates party-in-interest

**Cost omitted for participant-directed accounts