Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1985

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)
MORNING STAR COMPANY

724 MAIN STREET
WOODLAND, CA 95695

2b Employer Identification Number (EIN)
94-2421552

2c Plan Sponsor's telephone number
530-666-6747

2d Business code (see instructions)
115110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2021	PAVEL KUZMENKO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2021	PAVEL KUZMENKO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1032
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	845
a(2) Total number of active participants at the end of the plan year	**6a(2)**	471
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	230
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	701
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f Total. Add lines **6d** and **6e**	**6f**	703
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	588
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	23
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 2K 2R 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

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

A Name of plan
MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MORNING STAR COMPANY

D Employer Identification Number (EIN)
94-2421552

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ACADIAN FUNDS

04-2929221

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

AMERICAN FUNDS SERVICE COMPANY

95-1411037

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

COLUMBIA FUNDS

P.O. BOX 219104
KANSAS CITY, MO 64121-9104

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

DELAWARE INVESTMENTS

23-2693133

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

INVESCO

58-2287224

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

NORTHERN FUNDS

39-1777365

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

PIMCO FUNDS

95-2632339

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

PRINCIPAL LIFE INSURANCE COMPANY

42-1520346

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

T. ROWE PRICE FUNDS

52-2264646

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

VANGUARD GROUP

23-1945930

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

WESTERN ASSET MANAGEMENT CO.

52-1200960

(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)

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 49 50 60 62 64	RECORDKEEPER /BOOKKEEPER	132423	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MORNING STAR COMPANY

D Employer Identification Number (EIN)
94-2421552

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

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE RETURN F FD

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
46-6933767-001	C	5247491

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE RET TR FD

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
46-6208187-001	C	24277

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO CORE BOND TR CIT

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
94-3222878-001	C	117268

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FRG/BLKRK INTL EQ IX TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
52-2265229-001	C	107587

a Name of MTIA, CCT, PSA, or 103-12 IE: WLLS FRG/BLKRK RSLL 2000 IX TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
52-2265233-001	C	67356

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FRGO/BLKRK S&P 500 IDX F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
94-3224211-001	C	3178449

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/BLKRK S&P MC IDX F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
52-2265235-001	C	157252

a Name of MTIA, CCT, PSA, or 103-12 IE: WLS FRG/BLKRK US AGRGT BD IX F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 20-5699010-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 559294

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/CAUSEWAY INT VL TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 47-6375784-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55732

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/DODGE&CX INT BD TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 47-6566265-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 183168

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/MFS VALUE F CIT

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 45-6648640-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1321730

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/MLT-MGR SM CP TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 45-6648658-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49404

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FRGO/TRP INST LCG MGD TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 45-6648614-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90034

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MORNING STAR COMPANY

D Employer Identification Number (EIN)
94-2421552

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reported 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	1182	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1113631	1172397
(2) Participant contributions	1b(2)	82822	87243
(3) Other	1b(3)	16754	21446
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4463683	5656351
(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)	4417478	6384384
(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)	1230414	1313431
(9) Value of interest in common/collective trusts	1c(9)	10044492	11159040
(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)	34894452	40156930
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	56264908	65951222
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	56264908	65951222

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)	1172397	
	(B) Participants	2a(1)(B)	2500369	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3672766
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	897	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	78773	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		79670
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	56	
	(B) Common stock	2b(2)(B)	56569	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	537509	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		594134
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	15817350	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	15316951	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		500399
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	1751525	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1751525

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1080046
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4756950
c Other income	2c		1875
d Total income. Add all **income** amounts in column (b) and enter total	2d		12437365
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2623279	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2623279
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	127772	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		127772
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2751051
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9686314
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: DEMERA, DEMERA, CAMERON **(2)** EIN: 94-2504252

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	0

			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	0
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	0
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	0
e	Was this plan covered by a fidelity bond?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MORNING STAR COMPANY

D Employer Identification Number (EIN)
94-2421552

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): 41-6257133

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

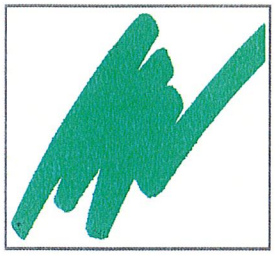
THE MORNING STAR COMPANY
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

DeMera
DeMera
Cameron
LLP

Certified
Public
Accountants



Partners
Michael R. Davin, CPA
Shelley M. Nakaguchi, CPA
Andrew G. Cameron, CPA
Evin Edwards II, CPA
Kip J. Martin, CPA

Senior Tax Managers
Tim Downum, CPA
Balvir K. Bains, CPA
Cynthia Wiederhold, CPA

Certified Professional Staff
Titus M. Verzosa, CPA
Lisa R. Garabedian, CPA
Tammy Bibb, CPA
Diana Wong, CPA
Diane M. Zander, CPA

Of Counsel
Howard J. DeMera, CPA
Mark D. Cameron, CPA
(Inactive)

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Administrative Committee
of The Morning Star Company 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Morning Star Company 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 2, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the 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.

Suite 101
5080 North Fruit Avenue
Fresno, California 93711
Telephone 559/226-9200
Facsimile 559/226-9209
E-mail: mail@ddccpa.com
Website: www.ddccpa.com

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 referred to above.

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

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

DeMera DeMera Cameron LLP

Fresno, California
October 5, 2021

THE MORNING STAR COMPANY
401(k) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	2020	2019
Assets		
Investments at fair value:		
Common stock	$ 6,384,384	$ 4,417,478
Mutual funds	40,156,930	34,894,454
Pooled, common and collective funds	5,887,273	5,141,073
Cash - interest bearing	5,656,351	4,463,683
	58,084,938	48,916,688
Investments at contract value	5,271,767	4,903,417
Cash - non interest bearing	-	1,182
Receivables:		
Employer contributions	1,172,397	1,113,631
Participant contributions	87,243	82,822
Participant loans receivable	1,313,431	1,230,414
Interest and dividends receivable	21,446	16,754
	2,594,517	2,443,621
Total assets	65,951,222	56,264,908
Liabilities		
Accounts payable	-	-
Total liabilities	-	-
Net assets available for benefits	$ 65,951,222	$ 56,264,908

See accompanying notes and independent auditor's report

THE MORNING STAR COMPANY
401(k) PROFIT SHARING PLAN

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2020 and 2019

	2020	2019
Additions to net assets attributed to:		
Investment activity:		
Net appreciation in fair value of investments	$ 8,088,921	$ 8,044,023
Interest and dividends	595,031	860,767
	8,683,952	8,904,790
Less: investment expenses	127,773	142,929
	8,556,179	8,761,861
Interest income on notes receivable from participants	78,773	83,177
Contributions:		
Rollovers	-	3,771
Employer	1,172,397	1,113,631
Participants	2,500,369	2,360,739
Total additions	12,307,718	12,323,179
Deductions from net assets attributed to:		
Benefits paid to participants	2,509,284	5,561,883
Deemed distributions	113,995	-
Recordkeeping fees	-	11,595
Miscellaneous (income) expense, net	(1,875)	(3,441)
Total deductions	2,621,404	5,570,037
Net increase	9,686,314	6,753,142
Net assets available for benefits at beginning of year	56,264,908	49,511,766
Net assets available for benefits at end of year	$ 65,951,222	$ 56,264,908

See accompanying notes and independent auditor's report

THE MORNING STAR COMPANY
401(k) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2020 and 2019

NOTE 1 - Description of Plan:

The following brief description of The Morning Star Company 401(k) Profit Sharing Plan is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General

The Morning Star Company 401(k) Profit Sharing Plan covers substantially all employees of The Morning Star Company and VSP Products, Inc. (Companies) who have completed one year of service and attained the age of 21. It is subject to the provisions of Sections 401(a), 403(a) and 501(a) of the Internal Revenue Code, the Employee Retirement Income Security Act of 1974, the Tax Equity and Fiscal Responsibility Act of 1982, the 1986 Tax Reform Act and the Omnibus Reconciliation Acts of 1987 and 1988 and the Pension Protection Act of 2006.

Participant accounts

Participant accounts are credited with a discretionary employer contribution, a Safe Harbor matching contribution not exceeding 4% of compensation, as well as plan earnings. Participants may contribute to their own accounts through elective deferrals.

Payment of benefits and vesting

Participants are 100% vested at all times in their salary deferrals, Safe Harbor matching contributions and rollover contributions. Participants' interest in the discretionary contributions the employer makes to the Plan becomes 100% vested upon normal retirement age. Prior to normal retirement age, participants' interest in the discretionary contributions the employer makes become vested based on the following schedule:

Years of Credited Service	Percent Vested and Non-Forfeitable
0	0%
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Upon termination of employment, the non-vested portion of a participant's employer account will be forfeited and may be used to reduce the employer contributions or reallocated to continuing participants not to exceed their limitation as if they were additional employer nonelective contributions. Forfeitures totaled $6,371 and $13,886 for the years ended December 31, 2020 and 2019, respectively, none of which was used. As of December 31, 2020 and 2019, forfeited nonvested accounts available to be utilized totaled $32,271 and $25,292, respectively.

Upon death or disablement while employed by the Employer, the entire interest shall become 100% vested.

Upon retirement or permanent disability, the participant shall receive their vested portion in the form of a lump sum, part lump sum and part installments, installment payments, or a joint and survivor annuity. Upon death, the balance of the participant's account will be paid to their beneficiary.

Participant loans

Participants may borrow from their accounts up to a maximum of $50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest from 5.25% - 7.50%. Principal and interest are paid through monthly payroll deductions.

(continued)

Investment options

Upon enrollment in the Plan, participants may direct their contributions to various funds offered through Wells Fargo.

Participants may change their investment options at any time.

Amendment and termination of plan

The Employer shall have the right to amend the Plan by resolution of the Board of Trustees, provided that no amendment shall attempt to cause any of the assets of the Plan to be used for or diverted to purposes other than for the exclusive benefit of participants or their beneficiaries.

In the event the Employer elects to terminate the Plan or discontinue operation of its business, the entire interest of the participants shall vest 100% immediately and be non-forfeitable.

Employer contributions

Each year the Employer may contribute to the Plan a discretionary employer contribution. The amount of this contribution may not obligate the Employer to contribute, for any year, any sums which are estimated to be in excess of the amount which the Employer would be permitted to deduct on their Federal income tax return for such year.

In addition, the Employer will contribute a Safe Harbor employer matching contribution equal to 100% of each eligible participant's deferral contributions not exceeding 4% of compensation.

NOTE 2 - Summary of significant accounting policies:

Basis of presentation

The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for plan benefits and changes in those net assets at current values. The difference between the current value and the cost of the investments is reflected in the statement of changes in net assets available for plan benefits as appreciation (depreciation) in fair value of investments.

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan trustees to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Federal income taxes

The Plan has not received a determination letter from the IRS. However, the Plan relies on the latest determination letter for the Wells Fargo Bank, N.A. Defined Contribution Master Plan document dated March 31, 2014, in which the IRS stated that the Wells Fargo Bank, N.A. Defined Contribution Master Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code, as amended (the Code). The Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of December 31, 2020 and 2019. The Morning Star Company 401(k) Profit Sharing Plan files an annual informational return/report (Form 5500) with the Internal Revenue Service under the tax-exempt status allowed under the provisions of the Internal Revenue Code Section 501(a).

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations prior to 2017.

Concentration of credit risk

The Financial Accounting Standards Board requires disclosure in the financial statements relating to concentrations of credit risk and financial instruments with off-balance-sheet risk. Financial instruments that potentially subject the Plan to concentrations of credit risk consist principally of investments which are uninsured and subject to market fluctuations.

(continued)

Related party transactions

Certain Plan investments are shares of mutual funds managed by Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $126,910 and $154,524 for the years ended December 31, 2020 and 2019, respectively.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

Fair value of financial instruments

Unless otherwise indicated, the fair value of all reported assets and liabilities that represent financial instruments (none of which are held for trading purposes) approximates the carrying value of such amounts.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2020 and 2019, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Investment valuation and income recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The trustees determine the Plan's valuation policies. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Administrative expenses

While some administrative expenses are paid through the plan, the majority of administrative expenses relating to the Plan were paid by the Companies.

Information certified by the Plan's Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan's Trustee has certified that the following data included in the accompanying financial statements is complete and accurate: (a) investments as shown in the statements of net assets available for benefits as of December 31, 2020 and 2019, and (b) investment income (loss) as shown in the statement of changes in net assets available for benefits for the years ended December 31, 2020 and 2019. The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements.

Reclassifications

Certain reclassifications have been made to the prior year financial statements to confirm to the current year presentation.

Subsequent events

Management has evaluated subsequent events through October 5, 2021, the date on which the financial statements were available to be issued.

NOTE 3 – Investments at fair value:

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses the appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by the trustee. The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019, all of which are participant-directed:

	Assets at Fair Value as of December 31, 2020		
2020	Unadjusted Quoted Price in Active Markets Level 1	Observable Prices in Active Markets Level 2	Total
Invesco Oppenheimer Intl Bond I TR	$ -	$ 61,181	$ 61,181
Wells Fargo Core Bond CIT TR	-	117,268	117,268
Wells Fargo Blackrock Iintl Eq Index CIT TR	-	107,587	107,587
Wells Fargo Blackrock RU 2000 Index CIT TR	-	67,356	67,356
Wells Fargo Blackrock S&P Midcap Index CIT TR	-	119,451	119,451
Wells Fargo/BlackRock S&P500 Idx CIT F	-	2,911,682	2,911,682
Wells Fargo Blackrock S&P 500 Index CIT TR	-	266,767	266,767
Wells Fargo Blackrock US AGG Bd Index CIT TR	-	346,751	346,751
WF/Causeway International Value CIT TR	-	55,732	55,732
WF/Dodge & Cox Intermediate Bond CIT TR	-	183,168	183,168
WF/BlackRock US Aggreg Bond Index CIT F	-	212,543	212,543
WF/BlackRock S&P MidCap Index CIT F	-	37,801	37,801
Wells Fargo/MFS Value CIT F	-	1,208,350	1,208,350
Wells Fargo/MFS Value CIT TR	-	113,379	113,379
Wells Fargo /Multi-Manager Sm Cap CIT TR	-	49,404	49,404
WF/T Rowe Price Inst LCG Mgd CIT TR	-	90,034	90,034
Acadian Emerging Markets I - TR	-	72,726	72,726
American Funds EuroPacific Growth R6	1,674,032	-	1,674,032
American Funds EuroPacific Gr R6 TR	-	153,906	153,906
Delaware Small Cap Value R6	839,966	-	839,966
Northern Global Real Estate Index- TR	-	66,809	66,809
T. Rowe Price Growth Stock I	3,718,898	-	3,718,898
T. Rowe Price QM US Small-Cap Gr Eq I	1,387,900	-	1,387,900
PIMCO High Yield I - TR	-	82,111	82,111
PIMCO Real Return/Institutional - TR	-	223,532	223,532
Western Asset Core Bond IS	1,631,924	-	1,631,924
Columbia Small Cap Index Inst 2	53,565	-	53,565
Vanguard Target Retirement 2060 Inv	244,277	-	244,277
Vanguard Target Retirement Income Inv	2,222,930	-	2,222,930
Vanguard Target Retirement 2020 Inv	4,944,305	-	4,944,305
Vanguard Target Retirement 2030 Inv	6,069,514	-	6,069,514
Vanguard Target Retirement 2040 Inv	6,548,338	-	6,548,338
Vanguard Target Retirement 2050 Inv	5,586,001	-	5,586,001
Vanguard Developed Markets Index Admiral	34,727	-	34,727
Self-directed accounts - mutual funds	4,540,288	-	4,540,288
Self-directed accounts - various common stock	6,013,707	370,677	6,384,384
	$ 45,510,372	$ 6,918,215	$ 52,428,587

(continued)

2019	Assets at Fair Value as of December 31, 2019 Unadjusted Quoted Price in Active Markets Level 1	Observable Prices in Active Markets Level 2	Total
Oppenheimer International Bond I TR	$ -	$ 44,106	$ 44,106
Wells Fargo Core Bond CIT TR	-	118,460	118,460
Wells Fargo Blackrock Intl Eq Index CIT TR	-	72,295	72,295
Wells Fargo Blackrock RU 2000 Index CIT TR	-	33,430	33,430
Wells Fargo Blackrock S&P Midcap Index CIT TR	-	109,076	109,076
Wells Fargo/BlackRock S&P500 Idx CIT F	-	2,617,135	2,617,135
Wells Fargo Blackrock S&P 500 Index CIT TR	-	164,483	164,483
Wells Fargo Blackrock US AGG Bd Index CIT TR	-	255,761	255,761
WF/Causeway International Value CIT TR	-	46,474	46,474
WF/Dodge & Cox Intermediate Bond CIT TR	-	88,206	88,206
WF/BlackRock US Aggreg Bond Index CIT F	-	82,176	82,176
WF/BlackRock S&P MidCap Index CIT F	-	6,247	6,247
Wells Fargo/MFS Value CIT F	-	1,395,174	1,395,174
Wells Fargo/MFS Value CIT TR	-	92,055	92,055
Wells Fargo /Multi-Manager Sm Cap CIT TR	-	25,241	25,241
WF/T Rowe Price Inst LCG Mgd CIT TR	-	34,862	34,862
Acadian Emerging Markets I - TR	-	44,686	44,686
American Funds EuroPacific Growth R6	1,365,969	-	1,365,969
American Funds EuroPacific Gr R6 TR	-	44,342	44,342
Delaware Small Cap Value R6	1,251,246	-	1,251,246
Northern Global Real Estate Index- TR	-	41,737	41,737
T. Rowe Price Growth Stock I	3,084,502	-	3,084,502
T. Rowe Price QM US Small-Cap Gr Eq I	1,288,966	-	1,288,966
PIMCO High Yield I - TR	-	62,672	62,672
PIMCO Real Return/Institutional - TR	-	166,078	166,078
Western Asset Core Bond IS	1,328,742	-	1,328,742
Vanguard Target Retirement 2060 Inv	131,896	-	131,896
Vanguard Target Retirement Income Inv	1,268,913	-	1,268,913
Vanguard Target Retirement 2020 Inv	4,081,408	-	4,081,408
Vanguard Target Retirement 2030 Inv	6,123,819	-	6,123,819
Vanguard Target Retirement 2040 Inv	5,683,012	-	5,683,012
Vanguard Target Retirement 2050 Inv	4,244,139	-	4,244,139
Vanguard Developed Markets Index Admiral	27,658	-	27,658
Self-directed accounts - mutual funds	4,610,561	-	4,610,561
Self-directed accounts - various common stock	4,046,801	370,677	4,417,478
	$ 38,537,632	$ 5,915,373	$ 44,453,005

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2020 and 2019, are reported in net appreciation (depreciation) in fair value of investments.

The Plan's policy is to recognize transfers between Level 1 and Level 2 and into and out of Level 3 at the end of the reporting period. For the years ended December 31, 2020 and 2019, there were no significant transfers between Level 1 and Level 2 or into or out of Level 3.

NOTE 4 - Guaranteed investment contract with insurance company:

The Plan has entered into a fully benefit-responsive guaranteed investment contract with Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value.

(continued)

Contract value as reported by the Plan by Wells Fargo Bank, N.A., represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2020 and 2019, was $5,271,767 and $4,903,417, respectively, and is considered Level 2. The average yield and crediting interest rates were approximately 2.20% and 2.59% for 2020 and 2019, respectively. The crediting interest rate is based on a formula taking into consideration a number of factors.

Certain events limit the Plan's ability to transact at contract value with the issuer. Such events include the following: (i) amendments to the plan documents (including complete or partial termination or merger with another plan), (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (iii) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (iv) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

NOTE 5 - Allocation of assets:

Net assets available in the amount of $8,384,352 and $6,917,312 have been allocated to the accounts of employees who have withdrawn from the plan at December 31, 2020 and 2019, respectively.

NOTE 6 - COVID-19:

The COVID-19 outbreak is disrupting and affecting a range of industries. The extent of the impact of COVID-19 on financial performance of investments will depend on certain developments, including the duration and spread of the outbreak and impact throughout the world, all of which are uncertain and cannot be predicted. At this point, the extent to which COVID-19 may have on the Plan's investment performance is uncertain.

THE MORNING STAR COMPANY 401 (k) PROFIT SHARING PLAN

EIN# 94-2421552
Plan Number: 003
Form 5500

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 including maturity date, rate of interest collateral, par, or maturity value**	**Cost**	**Current Value**
*	Wells Fargo Cash Investment - MM Fund	Cash/money market	$ 5,656,351	$ 5,656,351
*	Wells Fargo Core Bond CIT TR	Pooled, common, and collective funds	110,391	117,268
*	Wells Fargo Stable Return Fund F	Pooled, common, and collective funds	5,155,483	5,247,491
*	Wells Fargo Stable Return Fund TR	Pooled, common, and collective funds	23,903	24,276
*	Wells Fargo Blackrock Iintl Eq Index CIT TR	Pooled, common, and collective funds	95,818	107,587
*	Wells Fargo Blackrock RU 2000 Index CIT TR	Pooled, common, and collective funds	51,674	67,356
*	Wells Fargo BlackRock S&P MidCap Index CIT F	Pooled, common, and collective funds	29,375	37,801
*	Wells Fargo Blackrock S&P Midcap Index CIT TR	Pooled, common, and collective funds	103,294	119,451
*	Wells Fargo/BlackRock S&P500 Idx CIT F	Pooled, common, and collective funds	2,433,689	2,911,682
*	Wells Fargo Blackrock S&P 500 Index CIT TR	Pooled, common, and collective funds	221,476	266,767
*	Wells Fargo Blackrock US AGG Bd Index CIT TR	Pooled, common, and collective funds	328,932	346,751
*	Wells Fargo BlackRock US Aggreg Bond Index CIT F	Pooled, common, and collective funds	206,960	212,543
*	WF/Causeway International Value CIT TR	Pooled, common, and collective funds	50,137	55,732
*	WF/Dodge & Cox Intermediate Bond CIT TR	Pooled, common, and collective funds	173,512	183,168
*	Wells Fargo/MFS Value CIT F	Pooled, common, and collective funds	1,139,560	1,208,350
*	Wells Fargo/MFS Value CIT TR	Pooled, common, and collective funds	105,148	113,379
*	Wells Fargo /Multi-Manager Sm Cap CIT TR	Pooled, common, and collective funds	43,434	49,404
*	WF/T Rowe Price Inst LCG Mgd CIT TR	Pooled, common, and collective funds	81,444	90,034
	Acadian Emerging Markets I - TR	Mutual funds	63,968	72,726
	American Funds EuroPacific Growth R6	Mutual funds	1,336,305	1,674,032
	American Funds EuroPacific Gr R6 TR	Mutual funds	116,023	153,906
	Delaware Small Cap Value R6	Mutual funds	835,911	839,966
	Northern Global Real Estate Index- TR	Mutual funds	67,455	66,809
	T. Rowe Price Growth Stock I	Mutual funds	2,882,901	3,718,898
	T. Rowe Price QM US Small-Cap Gr Eq I	Mutual funds	1,148,488	1,387,900
	Vanguard Developed Markets Index Admiral	Mutual funds	30,609	34,727
	Invesco Oppenheimer Intl Bond I TR	Mutual funds	56,182	61,181
	PIMCO High Yield I - TR	Mutual funds	78,053	82,111
	PIMCO Real Return/Institutional - TR	Mutual funds	204,359	223,532
	Western Asset Core Bond IS	Mutual funds	1,566,845	1,631,924
	Columbia Small Cap Index Inst 2	Mutual funds	39,314	53,565
	Vanguard Target Retirement 2060 Inv	Mutual funds	209,843	244,277
	Vanguard Target Retirement Income Inv	Mutual funds	2,130,011	2,222,930
	Vanguard Target Retirement 2020 Inv	Mutual funds	4,684,577	4,944,305
	Vanguard Target Retirement 2030 Inv	Mutual funds	5,459,920	6,069,514
	Vanguard Target Retirement 2040 Inv	Mutual funds	5,782,585	6,548,338
	Vanguard Target Retirement 2050 Inv	Mutual funds	4,832,099	5,586,001
	Self-directed accounts - mutual funds	Mutual funds	4,253,602	4,540,288
	Self-directed accounts - various common stock	Common stock	4,360,879	6,384,384
	Investments	Interest receivable on investments noted above	-	21,446
	Participant loans	5.25-7.50% loans receivable, principal and interest payments due bi-weekly, secured by participant's vested interest in plan	-	1,313,431
			$ 56,150,510	$ 64,691,582

* This is a party-in-interest transaction with the Plan trustee, which is exempt from the prohibited transactions rules of ERISA

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MORNING STAR COMPANY 401(K) PROFIT SHARING PL

EIN 94 2421552
PLAN NUMBER 003
PLAN YEAR 01/01/2020 TO 12/31/2020

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Acadian Funds	Registered Investment Company ACADIAN EMERGING MARKETS I	$ 0.00	$ 72,726.34
	The American Funds	Registered Investment Company AM FDS EURO PACIFIC GRTH R6 FD	$ 0.00	$ 1,674,032.41
	American Funds Service Company	Registered Investment Company AMERICAN FUNDS EUROPACIFIC GR	$ 0.00	$ 153,905.97
	Columbia Funds	Registered Investment Company COLUMBIA SMALL CAP INDEX I2 FD	$ 0.00	$ 53,565.40
	Delaware Investments	Registered Investment Company DELAWARE SMALL CAP VALUE R6 FD	$ 0.00	$ 839,965.58
	Invesco	Registered Investment Company INVESCO OPPENHEIMER INTL BOND	$ 0.00	$ 61,180.61
	Northern Funds	Registered Investment Company NORTHERN GLOBAL REAL ESTATE IX	$ 0.00	$ 66,808.73
	PIMCO Funds	Registered Investment Company PIMCO HIGH YIELD I - TR	$ 0.00	$ 82,110.77
	PIMCO Funds	Registered Investment Company PIMCO REAL RETURN/INST	$ 0.00	$ 223,531.51
	Principal Life Insurance Company	Brokerage Account SELF-DIRECTED BROKERAGE ACCT	$ 0.00	$ 16,573,827.91
	T. Rowe Price Funds	Registered Investment Company T ROWE PRICE QM US SC GR EQ I	$ 0.00	$ 1,387,900.24
	T. Rowe Price Funds	Registered Investment Company T. ROWE PRICE GRTH STK I FND	$ 0.00	$ 3,718,898.19
	Vanguard Group	Registered Investment Company VANGUARD DEV MKTS INDEX ADM FD	$ 0.00	$ 34,727.29
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT INC INV FUND	$ 0.00	$ 2,222,930.39
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2020 INV FUND	$ 0.00	$ 4,944,305.09

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MORNING STAR COMPANY 401(K) PROFIT SHARING PL

EIN 94 2421552
PLAN NUMBER 003
PLAN YEAR 01/01/2020 TO 12/31/2020

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2030 INV FUND	$ 0.00	$ 6,069,513.80
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2040 INV FUND	$ 0.00	$ 6,548,337.83
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2050 INV FUND	$ 0.00	$ 5,586,000.48
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2060 INV FUND	$ 0.00	$ 244,277.40
*	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO CORE BOND TR CIT	$ 0.00	$ 117,267.80
*	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO STABLE RET TR FD	$ 0.00	$ 25,345.00
*	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO STABLE RETURN F FD	$ 0.00	$ 5,475,292.00
*	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO/BLKRK S&P MC IDX F	$ 0.00	$ 37,800.71
*	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO/CAUSEWAY INT VL TR	$ 0.00	$ 55,731.84
*	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO/DODGE&CX INT BD TR	$ 0.00	$ 183,167.67
	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO/MFS VALUE F CIT	$ 0.00	$ 1,208,350.54
*	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO/MFS VALUE TR CIT	$ 0.00	$ 113,379.05
*	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO/MLT-MGR SM CP TR	$ 0.00	$ 49,403.85
*	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FRG/BLKRK INTL EQ IX TR	$ 0.00	$ 107,586.99
	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FRG/BLKRK S&P 500 IDX TR	$ 0.00	$ 266,766.76

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MORNING STAR COMPANY 401(K) PROFIT SHARING PL

EIN 94 2421552
PLAN NUMBER 003
PLAN YEAR 01/01/2020 TO 12/31/2020

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FRGO/BLKRK S&P MC IDX TR	$ 0.00	$ 119,450.84
*	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FRGO/BLKRK S&P 500 IDX F	$ 0.00	$ 2,911,682.27
*	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FRGO/TRP INST LCG MGD TR	$ 0.00	$ 90,034.08
	Western Asset Management Co.	Registered Investment Company WESTERN ASSET CORE BOND IS FD	$ 0.00	$ 1,631,923.88
*	WELLS FARGO BANK, N.A.	Common/Collective Trust WLLS FRG/BLKRK RSLL 2000 IX TR	$ 0.00	$ 67,356.18
	WELLS FARGO BANK, N.A.	Common/Collective Trust WLS FR/BLKRK US AGRGT BD IX TR	$ 0.00	$ 346,750.98
*	WELLS FARGO BANK, N.A.	Common/Collective Trust WLS FRG/BLKRK US AGRGT BD IX F	$ 0.00	$ 212,542.86
*	Participant Loans	Range of Interest Rates Rates Range From 5.25% To 7.50%	$ 0.00	$ 1,313,431.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)