

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
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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>NESTLE USA, INC. HOURLY 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>005</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/1991</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>005</u>	1c Effective date of plan <u>02/01/1991</u>	
1b Three-digit plan number (PN) ▶	<u>005</u>				
1c Effective date of plan <u>02/01/1991</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>NESTLE USA, INC. SAVINGS PLAN ADMINISTRATION</u> <u>30500 BAINBRIDGE ROAD</u> <u>OLON, OH 44139-2216</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>95-1572209</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>440-349-5757</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>311900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>95-1572209</u>	2c Plan Sponsor's telephone number <u>440-349-5757</u>	2d Business code (see instructions) <u>311900</u>	
2b Employer Identification Number (EIN) <u>95-1572209</u>					
2c Plan Sponsor's telephone number <u>440-349-5757</u>					
2d Business code (see instructions) <u>311900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2021	JOY M. SPURRIER
	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	
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	4849
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)	4051
a(2) Total number of active participants at the end of the plan year		6a(2)	3658
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	862
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	4520
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	21
f Total. Add lines 6d and 6e		6f	4541
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	3884
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	143
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2S 2T			
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>0</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 _____

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 NESTLE USA, INC. HOURLY RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 NESTLE USA, INC. SAVINGS PLAN ADMINISTRATION	D Employer Identification Number (EIN) 95-1572209	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA INSTITUTIONAL PLAN SERVICES
02-0488491

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

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

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

VOYA INSTITUTIONAL PLAN SERVICES

02-0488491

(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?
37 50	NONE	11850	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 ☐

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:	KPMG, LLP	b EIN:	13-5565207
c Position:	AUDITOR		
d Address:	ONE CLEVELAND CENTER STE 2600 1375 EAST NINTH STREET CLEVELAND, OH 44114-1796	e Telephone:	401-421-6600

Explanation: ABLE TO COMBINE REQUIRED PLAN SERVICES UNDER NEW ACCOUNTING FIRM.

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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 NESTLE USA, INC. HOURLY RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 NESTLE USA, INC. SAVINGS PLAN ADMINISTRATION	D Employer Identification Number (EIN) 95-1572209	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	473688397936
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	106131679521490
(9) Value of interest in common/collective trusts		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	299001963317530743
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	310088818 327450169
Liabilities			
g	Benefit claims payable	1g	16476 40800
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	16476 40800
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	310072342 327409369

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	8283915
	(B) Participants	2a(1)(B)	18320086
	(C) Others (including rollovers).....	2a(1)(C)	1507505
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	28111506
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	567563
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	567563
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		35538989
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		64218058

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

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	45609398	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		45609398
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		-3075
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)	11850	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		11850
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		45618173

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		18599885
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		1262858

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: **ERNST & YOUNG U.S. LLP**

(2) EIN: **34-6565596**

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		20000000
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)	
NESTLE 401(K) SAVINGS PLAN	95-1572209	200	
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 NESTLE USA, INC. HOURLY RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 NESTLE USA, INC. SAVINGS PLAN ADMINISTRATION	D Employer Identification Number (EIN) 95-1572209

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): 04-3581074		
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 _____

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

NESTLÉ USA, INC.
HOURLY RETIREMENT SAVINGS PLAN
Years Ended December 31, 2020 and 2019
With Report of Independent Auditors

Ernst & Young LLP



**NESTLÉ USA, INC.
HOURLY RETIREMENT SAVINGS PLAN**

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Report of Independent Auditors

To the Plan Administrator of Nestlé USA, Inc. Hourly Retirement Savings Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Nestlé USA, Inc. Hourly Retirement Savings Plan, which comprise the statement of net assets available for plan benefits as of December 31, 2020, and the related statement of changes in net assets available for plan benefits for the year 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 conformity with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States. 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 certified investment information described in Note 6, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained a certification as of December 31, 2020, and for the year then ended, stating that the investment information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion on Financial Statements

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.

Disclaimer of Opinion on Supplemental Schedule

The accompanying supplemental schedule of assets (held at end of year) as of December 31, 2020 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for

Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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.

Disclaimer of Opinion of Other Auditors on 2019 Financial Statements

Other auditors disclaimed an opinion on the 2019 financial statements of Nestlé USA, Inc. Hourly Retirement Savings Plan on October 13, 2020, 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. Their report indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the 2019 financial statements other than that derived from the certified investment information were 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.

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

The form and content of the information included in the 2020 financial statements and supplemental schedule, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Ernst & Young LLP

October 5, 2021

NESTLÉ USA, INC.
HOURLY RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Plan Benefits

December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Investments:		
Investment in Nestlé in the USA Savings Trust at fair value (notes 5, 6 and 8)	\$ 267,602,747	\$ 251,642,041
Investment in Nestlé in the USA Savings Trust at contract value (notes 3 and 6)	47,734,833	46,476,238
Receivables:		
Participant loans (note 6)	9,606,698	10,701,450
Employer contribution receivable	<u>397,936</u>	<u>473,688</u>
Net assets available for plan benefits	<u>\$ 325,342,214</u>	<u>\$ 309,293,417</u>

See accompanying notes to financial statements.

NESTLÉ USA, INC.
HOURLY RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Plan Benefits

Year ended December 31, 2020

Income from investment in Nestlé in the USA Savings Trust (notes 5 and 6)	\$ 34,370,294
Interest income – participant loans (note 6)	567,563
Contributions:	
Employer	8,283,915
Employee	18,320,086
Rollover	<u>1,507,505</u>
Total contributions	28,111,506
Deductions from net assets attributed to:	
Distributions to participants	45,585,074
Administrative expenses	<u>152,634</u>
Total deductions	45,737,708
Plan-to-plan transfers (note 1(i))	<u>(1,262,858)</u>
Net increase	16,048,797
Net assets available for plan benefits:	
Beginning of year	<u>309,293,417</u>
End of year	<u><u>\$ 325,342,214</u></u>

See accompanying notes to financial statements.

NESTLÉ USA, INC.
HOURLY RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2020 and 2019

(1) Description of the Plan

The following description of the Nestlé USA, Inc. Hourly Retirement Savings Plan (the Plan) is provided for general information only. Participants should refer to the plan document for more complete information.

(a) General

The Plan is a defined contribution plan sponsored by Nestlé USA, Inc. (Plan Administrator and Plan Sponsor). The Plan, which was established effective February 1, 1991, is applicable to certain hourly employees of Nestlé USA, Inc., Nestlé Purina PetCare Company, and Nestlé HealthCare Nutrition, Inc. (collectively, the Company). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and was established to assist employees in adopting a regular savings program and to provide employees with additional security upon retirement.

Affiliates of the Company may adopt the Plan by order of the board of directors of Nestlé USA, Inc. together with the ratification of the board of directors of the affiliate. Nestlé USA, Inc. may determine whether any special provisions shall be applicable to certain employees of an affiliate as specified in the applicable adoption agreement.

The Company and its affiliates who are participating in the Plan and their respective plan adoption dates are listed below. After adoption of the Plan, the participant account balances and loans outstanding (if any) of the participants' prior plan were transferred to the Plan.

Participating Affiliate	Adoption Date
Granite City, Illinois (until 11/15/96)	February 1, 1991
Ripon, California (until 7/1/94)	February 1, 1991
Sunbury, Ohio (until 12/31/93)	February 1, 1991
New Orleans, Louisiana (until 12/31/97)	October 7, 1991
Fulton, New York (until 5/2/03)	January 1, 1992
New Milford, Connecticut (until 5/1/02)	January 1, 1992
Freehold, New Jersey	September 1, 1992
Danville, Virginia (until 1/1/98)	September 1, 1993
Union City, California (until 1/7/00)	June 1, 1995
Burlington, Wisconsin	January 1, 1995
Stoughton, Wisconsin (until 8/21/03)	September 29, 1995
Bloomington, Illinois (until 4/1/18)	December 1, 1995
Crete, Nebraska	January 1, 1996
Jefferson, Wisconsin	January 1, 1996
Othello, Washington (until 10/2/00)	February 1, 1996
Moses Lake, Washington (until 10/2/00)	February 1, 1996
Elizabeth City, North Carolina (until 7/29/00)	June 1, 1996
Ft. Dodge, Iowa	June 1, 1996

NESTLÉ USA, INC.
HOURLY RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2020 and 2019

Participating Affiliate	Adoption Date
St. Joseph, Missouri – Lower Lake (until 3/27/04)	June 1, 1996
St. Joseph, Missouri – Packers Avenue	June 1, 1996
Trenton, Missouri (until 9/8/98)	July 15, 1996
Eau Claire, Wisconsin	November 1, 1996
Allentown, Pennsylvania	December 31, 1996
Franklin Park, Illinois (until 4/1/18)	June 1, 1997
Nampa, Idaho (until 10/2/00)	January 1, 1998
Weirton, West Virginia (until 9/1/11)	January 1, 1998
Eau Claire, Wisconsin (Gateway)	November 1, 2000
Morton, Illinois	January 1, 2008
Jacksonville, Illinois	January 1, 2008
Waverly, Iowa	January 1, 2009
Fremont, Michigan	January 1, 2010
Ft. Smith, Arkansas	January 1, 2010
Modesto, California	January 1, 2010
Reedsburg, Wisconsin (sold under prior plan)	January 1, 2010
Danville, Virginia (until 7/1/20)	July 1, 2017
Trenton, Missouri	June 4, 2018
McDonough, Georgia	August 5, 2018

(b) Eligibility

Any employee of the Company who was a participant in an existing savings plan sponsored by an affiliate on the date the Plan is adopted by that affiliate automatically becomes a participant under the Plan on the adoption date. Employees become eligible to participate in the Plan immediately upon hire.

Certain employees will be automatically enrolled in the Plan approximately 30 days after they become eligible if they do not log on to the record-keeper's website or call the record-keeper's call center to voluntarily enroll or decline enrollment. Employees who were enrolled automatically had a contribution rate of 6%, invested 100% in a Target Date Fund selected based on their date of birth. If employees are automatically enrolled in the Plan, their contribution rate will automatically increase 1% per year on or about the anniversary date of their enrollment until they reach the maximum deferral rate under the Plan. Employees may decline auto enrollment within 30 days of the date appearing on their Automatic Enrollment Notification.

NESTLÉ USA, INC.
HOURLY RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2020 and 2019

(c) Contributions

The Plan provides for contributions by employees and the respective adoption agreements may provide for matching contributions by the Company based on percentages of employee contributions. The contributions from both the employees and the Company are limited to the maximum amount deductible under the Internal Revenue Code (IRC).

Each participating employee elects to enter into a telephonic or electronic agreement with the Plan Sponsor, thereby contributing to his or her account a percentage of eligible compensation. Employee contributions are made before tax and after tax, if applicable. The participants designate a percentage between 1% and 25% of their annual eligible compensation as an elective contribution rate, subject to IRC limitations of \$19,500 for the year ended December 31, 2020. Certain highly compensated employees are limited to a maximum contribution of 13% of eligible compensation.

The company makes a retirement contribution to the Plan for certain collectively bargained eligible employees. The contribution is equal to a percentage of eligible compensation (subject to IRC limitations). The retirement contribution based on 2020 compensation was \$397,936.

The Plan allows employees age 50 and older during the calendar year to elect to make up to an additional \$6,500 catch-up contribution during the year ended December 31, 2020. Catch-up contribution amounts are not eligible for Company matching contributions.

(d) Participant Account Balances

Participant contributions are credited to accounts established for each participant and, along with related investment gains and losses, are fully vested and nonforfeitable.

Contributions by the Company (if any) are credited to a participant's match account and, along with related investment gains and losses, become vested based upon a participant's years of service with the Company or upon reaching the normal retirement date, whichever is earlier. Except as otherwise provided in the relevant adoption agreement, the normal retirement date is the date upon which the participant reaches age 65. Participants vest in their match account as specified in their applicable adoption agreement.

Forfeitures represent the nonvested portion of Company matching contributions plus earnings thereon, which are not distributable to participants who terminate employment before they are 100% vested. Forfeitures are applied either to the payment of expenses incurred by the Plan Administrator in connection with administering the Plan or to reduce future employer contributions as allowed by the Plan Document. Forfeited nonvested amounts used to pay Plan expenses or reduce employer contributions during the year ended December 31, 2020, totaled \$158,811. At December 31, 2020 and 2019, forfeited nonvested accounts totaled \$1,374 and \$32,160, respectively.

(e) Funds

The Plan provides for the establishment of a line-up of investment funds, which are administered within the Nestlé in the USA Savings Trust (Master Trust) (see note 5). The Master Trust was established by the Company for the pooled investment of assets. The Master Trust investments, investment returns, and plan expenses are allocated to participating plans, based on the underlying equity in each plan.

NESTLÉ USA, INC.
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December 31, 2020 and 2019

The Company has the sole discretion to determine or change the number and nature of investment funds in the line-up.

Participants specify the desired allocation of their contributions (including the related Company matching contributions, if any) to the Funds (excluding the Self-Directed Brokerage Account which requires a transfer from the Core Funds or Target Date Funds). The allocation percentages are limited to increments of 1% and may be changed daily. To the extent participants fail to direct the investment of amounts credited to their accounts, such amounts are invested in a Target Date Fund selected based on their date of birth on record in the Company's system.

(f) *Distributions and Withdrawals*

Distributions are made due to a participant's retirement, death, total and permanent disability, or termination of employment, subject to conditions stated in the Plan. A terminated participant may elect to receive his or her distribution as a single lump-sum payment or as a partial distribution.

If a terminated participant's vested account balance is \$5,000 or less but greater than \$1,000 and he or she did not timely elect to receive his or her distribution in cash or directly roll over his or her distribution to an IRA or eligible retirement plan, the account balance will be transferred from the Plan to a Voya Employer's Rollover IRA. If a participant's vested account balance is \$1,000 or less and he or she does not timely elect to roll over his or her distribution to an IRA or eligible retirement plan, he or she will automatically receive his or her total vested account balance as a single lump-sum payment.

The Plan also provides for nonhardship withdrawals, grandfathered withdrawals (if a participant was in a predecessor plan that contained the right to make certain nonhardship withdrawals under that plan), and hardship withdrawals, which are subject to conditions stated in the Plan.

Under the provisions of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act, required minimum distributions (RMDs) from the Plan were waived for 2020. Therefore, RMDs were not automatically distributed from the Plan; however, participants could request a full or partial distribution at any time.

(g) *Loans*

Loans of up to the lesser of 50% of a participant's vested account value or \$50,000 (less the highest outstanding loan balance in the past 12 months) may be obtained from the Plan. All loans are subject to the terms and conditions prescribed by the Plan Administrator in accordance with the agreements for each participating company. During 2020 under the provisions of the CARES Act, the Plan implemented the ability of certain eligible individuals to request the suspension of loan repayments and extend the loan terms. Principal and interest amounts repaid are invested based upon the participants' current investment elections. Loans to participants are recorded as an asset in the Loan Fund upon transfer from the appropriate investment funds. Interest rates on the loans vary between 4.25% and 9.25% with various maturity dates between 2020 and 2036.

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(h) Administrative Costs

All costs of administering the Plan are paid by the Company or the Plan, as determined by the Company, subject to limitations under ERISA. Expenses are allocated to the Plan based on its underlying interest in the Master Trust at the time the expense is paid.

(i) Plan-to-Plan Transfers

Participant accounts may be transferred between plans within the Master Trust. The plan for which the participant's account will be transferred to or from is based on the participating company to which the participant is relocating.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

(b) Participant Loans

Participants may borrow from their accounts with a minimum loan amount of \$1,000 up to a maximum equal to the lesser of \$50,000, less their highest outstanding loan balance during the past 12 months, or 50% of their vested account balance, reduced by their current outstanding loan balance (if any). Loan terms range from 6 months to 5 years or up to 15 years for the purchase of a principal residence. A participant may not have more than two loans outstanding at any time. Participant loans are valued at amortized cost. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with prevailing rates at the date requested as determined monthly by the plan administrator. Principal and interest are paid ratably through payroll deductions over not more than five years, except for loans to purchase a principal residence. If a participant terminates employment with the Company, they may continue to make loan payments through automated loan repayments. If the loan is not repaid, it will be treated as a distribution to the participant after 60 days.

(c) Fully Benefit-Responsive Investment Contracts

Plan assets include fully benefit-responsive investment contracts (see note 3). Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statement of net assets available for plan benefits and the statement of changes in net assets available for plan benefits are prepared on a contract value basis for the fully benefit-responsive investment contracts.

(d) Use of Estimates

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

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December 31, 2020 and 2019

(e) *Payment of Benefits*

Payments to participants are recorded upon distribution of assets from the Plan.

(f) *Valuation of Investments*

Plan assets are held in the Master Trust, which is maintained by the State Street Bank and Trust Company (SSB), as trustee. The Master Trust investments are stated at fair value, except for fully benefit-responsive investment contracts which are at contract value. The Master Trust investments, investment returns, and plan expenses are allocated to participating plans based on the underlying equity of each plan in each investment fund administered through the Master Trust. All allocations are participant-directed.

Purchase 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 in fair value of investments represents both realized and unrealized gains and losses.

(g) *Risks and Uncertainties*

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

(h) *Recently Issued Accounting Standards*

In August 2018 the FASB issued ASU 2018-13, Fair Value Measurement (Topic 820) Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement. ASU 2018-13 improves the disclosure requirements for fair value measurements. The guidance was effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. The Plan adopted the guidance beginning with the year ended December 31, 2020, and as a result there were no changes to the financial statements and the related disclosures.

(3) *Guaranteed Investment Contracts (GICs)*

The Master Trust holds fully benefit-responsive investment contracts, specifically synthetic investment contracts (GICs), through the Conservative Income Fund with various third parties (i.e., insurance companies and banks). A synthetic GIC provides for a fixed return on principal over a specified period of time through wrapper contracts issued by a third party, which are backed by underlying assets owned by the Plan or where the Plan owns commingled funds as underlying assets, held in trust for benefit of the Plan. All investment contracts are reset either monthly or quarterly. The benefit-responsive investment contracts purchased by the fund are designed to pay all participant-initiated transactions at contract value subject to the terms of the contracts. Contract value represents contributions made to the investment contracts, plus earnings (losses), less participant withdrawals and administrative expenses.

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Notes to Financial Statements

December 31, 2020 and 2019

The value of the GICs held by the Master Trust as of December 31, 2020 and 2019 was as follows:

	December 31, 2020		December 31, 2019	
	Ratings	Investments at Contract Value	Ratings	Investments at Contract Value
Synthetic GICs:				
American General 17008	N/A	\$ —	A+	\$ 125,386,433
Lincoln National Life Ins BVW00771	AA-	146,273,244	N/A	—
Mass Mutual 30006	AA+	139,354,126	AA+	95,607,416
Met Tower Life 38000	AA-	146,138,080	AA-	95,954,777
Prudential 63684	AA-	139,619,735	AA-	125,995,854
RGA 68	AA-	139,659,660	AA-	125,650,805
Transamerica MDA 01295TR	A+	139,643,933	AA-	122,251,612
		<u>\$ 850,688,778</u>		<u>\$ 690,846,897</u>

Certain events, such as layoffs or early retirement incentives, may limit the ability of participants to access their investments at contract value. There are certain scenarios in which the contract issuers may terminate the GICs and settle at an amount different from the contract value. The Plan may experience losses if the issuer becomes insolvent and cannot pay their liabilities. If the Plan is unable to find a replacement contract, and the market value of the Plan's asset pool is below contract value, there could be losses. The Plan has multiple issuers in place in order to minimize the exposure to this risk. Also, the issuer can terminate the contract if the Master Trust fails to meet the terms of the contract. The Company believes that no events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

(4) Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to alter, suspend, or terminate the Plan subject to the provisions of ERISA. In the event of plan termination, all amounts credited to participants' accounts would become fully vested and nonforfeitable. In addition, a complete distribution of the Plan's assets would be made to participants after payment of administrative and termination expenses.

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Notes to Financial Statements

December 31, 2020 and 2019

(5) Investment in Master Trust

The Plan's investments consist of a divided interest in investments held by the Master Trust. The following is financial information with respect to the Master Trust (excluding participant loans) that has been certified by the trustee as complete and accurate (refer to note 6). The net assets of the Master Trust and the Plan's interest in Master Trust balances as of December 31, 2020 and 2019 are as follows:

	<u>2020</u>		<u>2019</u>	
	Master Trust Balances	Plan's Interest in Master Trust Balances	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments, at fair value:				
Short term investment funds	\$ 40,776,034	\$ 2,073,169	\$ 33,409,230	\$ 2,208,327
Fixed income	92,649,433	4,045,584	68,178,792	3,498,372
Common/collective trusts	5,715,633,781	256,776,712	4,293,147,863	241,900,697
Registered investment companies	95,510,628	4,170,520	68,573,018	3,518,600
Self-directed brokerage account	85,127,737	848,815	81,590,481	721,881
Investments, at contract value:				
Investment contracts	850,688,778	47,734,833	690,846,897	46,476,238
Net payables	(6,703,975)	(312,053)	(3,711,949)	(205,836)
Net investments available for plan benefits	<u>\$ 6,873,682,416</u>	<u>\$ 315,337,580</u>	<u>\$ 5,232,034,332</u>	<u>\$ 298,118,279</u>

During 2020, the investment income held within the Master Trust (including investments bought, sold, as well as held during the year) was as follows:

	<u>2020</u>
Net appreciation of investments	\$ 728,286,612
Interest	18,808,281
Dividends	332,901
Other loss	(827,940)
Investment income	<u>\$ 746,599,854</u>
Investment income of the Master Trust attributable to the Plan	\$ 34,370,294

(6) Trustee Certifications

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, certain information related to investments and participant loans disclosed in the accompanying financial statements and supplemental schedule, including investments held and participant loans at December 31, 2020 and 2019, and income from investment in Master Trust and interest income on notes receivable from participants for the year ended December 31, 2020, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by SSB, the trustee of the Plan.

NESTLÉ USA, INC.
HOURLY RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2020 and 2019

(7) Parties in Interest

During the years ended December 31, 2020 and 2019, Nestlé in the USA Savings Trust had parties in interest that included the Plan Sponsor, trustee, record-keeper, and investment advisory, legal, and administrative service providers. The fees paid by the Plan to these parties in interest were \$152,634 during the year ended December 31, 2020.

(8) Fair Value Measurements

The Plan has adopted the guidance in Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. The fair value framework requires the categorization of assets and liabilities into three levels based upon the assumptions (inputs) used to price the assets or liabilities. Level 1 provides the most reliable measure of fair value, whereas Level 3 generally requires significant judgment. The three levels are defined as follows:

- Level 1 – Assets or liabilities that are valued based on quoted prices in active markets that are accessible at measurement date
- Level 2 – Assets and liabilities that are valued based upon inputs, other than those included in level 1; based on quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in inactive markets, or financial instruments for which all significant inputs are observable, either directly or indirectly
- Level 3 – Assets or liabilities that are based on unobservable inputs, including the reporting entity's own analysis of the underlying economic data that market participants would factor into the pricing of the asset or liability

Investments in the Master Trust measured at fair value are categorized as follows:

		December 31, 2020			
		Level 1	Level 2	Level 3	Total
Short term investment fund	\$	40,776,034	b —	—	40,776,034
Common/collective trusts		5,715,633,781	b —	—	5,715,633,781
Registered investment companies		95,510,628	a —	—	95,510,628
Self-Directed Brokerage Account		85,127,737	a —	—	85,127,737
Fixed income		—	92,649,433	c —	92,649,433
Payables		(7,964,878)	d —	—	(7,964,878)
Receivables		1,260,903	d —	—	1,260,903
	\$	<u>5,930,344,205</u>	<u>92,649,433</u>	<u>—</u>	<u>6,022,993,638</u>

NESTLÉ USA, INC.
HOURLY RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2020 and 2019

		December 31, 2019			
		Level 1	Level 2	Level 3	Total
Short term investment fund	\$	33,409,230	b	—	33,409,230
Common/collective trusts		4,293,147,863	b	—	4,293,147,863
Registered investment companies		68,573,018	a	—	68,573,018
Self-Directed Brokerage Account		81,590,481	a	—	81,590,481
Fixed income		—	68,178,792	c	68,178,792
Payables		(5,376,839)	d	—	(5,376,839)
Receivables		1,664,890	d	—	1,664,890
	\$	<u>4,473,008,643</u>	<u>68,178,792</u>	<u>—</u>	<u>4,541,187,435</u>

The valuation methodologies utilized by the Master Trust for the above investments as of December 31, 2020 and 2019 are as follows:

- (a) Registered investment companies (i.e., mutual funds) are exchange traded and valued at quoted market prices. The self-directed brokerage account consists of exchange traded mutual funds at quoted market prices. Other investments include the cash operating accounts.
- (b) These common/collective trusts and short term investment funds are calculated daily based on the NAV of the fund as determined by the investment manager. The NAV is the fair market value of all of the securities owned by a fund, minus its total liabilities divided by the number of shares issued. These funds held in the trust can be redeemed on a daily basis with no redemption restrictions.
- (c) Fixed Income securities are valued based on investment manager or industry pricing services. Certain fixed income pricing is on a bid-evaluation basis. Institutional bid evaluations are estimated prices. Pricing vendors use models, which are generally proprietary, to arrive at the estimated prices. These prices represent the price a dealer would pay for a security. Model inputs vary depending on the type of security, but typically include trade data, institutional bids, comparable trades, dealer quotes, and news media. Market data is provided by multiple independent sources, including primary and secondary dealers, portfolio managers and research analysts.
- (d) Payables and receivables represent pending cash activity, including pending trade purchases and sales, and are valued based on quoted market prices.

(9) Tax Status

The Plan has received a letter from the Internal Revenue Service (IRS) dated September 2, 2015, stating that the Plan is qualified under Section 401(a) of the IRC, and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualified status. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan, as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that

NESTLÉ USA, INC.
HOURLY RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2020 and 2019

more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that there are no uncertain tax positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2017.

(10) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for plan benefits according to the financial statements as of December 31, 2020 and 2019 to the Form 5500:

	<u>2020</u>	<u>2019</u>
Net assets available for plan benefits per the financial statements	\$ 325,342,214	309,293,417
Certain deemed distributions of participant loans	(85,208)	(88,283)
Benefits payable to participants	(40,800)	(16,476)
Adjustment for fair value of fully benefit-responsive investment contracts on Form 5500	<u>2,193,163</u>	<u>883,684</u>
Net assets available for plan benefits per Form 5500	<u>\$ 327,409,369</u>	<u>310,072,342</u>

The following is a reconciliation of the net increase per the financial statements and the net income per the Form 5500 for the year ended December 31, 2020:

Net increase per the financial statements	\$ 16,048,797
Change in certain deemed distributions of participant loans	3,075
Change in benefits payable to participants	(24,324)
Transfers	1,262,858
Adjustment for fair value of fully benefit-responsive investment contracts on Form 5500	<u>1,309,479</u>
Net income per the Form 5500	<u>\$ 18,599,885</u>

Certain deemed distributions represent active participants' loan balances that were in default and have been taxed to the participant (deemed loans). Benefits payable to participants represent distributions that have been removed from the participants' accounts, but have yet to be paid from plan assets. Amounts associated with certain deemed loans and benefits payable are included in the net asset balance reported in the financial statements at December 31, 2020 and 2019, but are removed from the net assets reported on the Form 5500.

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(11) Subsequent Events

The Plan Administrator has evaluated subsequent events through October 5, 2021, the date these financial statements were available for issuance, and concluded that no events occurred that would require an adjustment or additional disclosure to the financial statements.

Schedule 1

NESTLÉ USA, INC.
HOURLY RETIREMENT SAVINGS PLAN

EIN: 95-1572209

Plan Number: 005

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	State Street Bank and Trust Company	Investment in Nestlé in the USA Savings Trust	ü	\$ 317,530,743
*	Participant loans	Various maturity dates from 2020 to 2036 with various rates of interest ranging from 4.25% to 9.25%.	†	<u>9,521,490</u>
			ü	<u><u>\$ 327,052,233</u></u>
*	Party in interest.			
†	Cost for participant loans is \$0 per the instructions to Form 5500.			
ü	Historical cost information is not required in Schedule H, Line 4i – Schedule of Assets (Held at End of Year) for participant-directed investment funds.			

Schedule 1

NESTLÉ USA, INC.
HOURLY RETIREMENT SAVINGS PLAN

EIN: 95-1572209

Plan Number: 005

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	State Street Bank and Trust Company	Investment in Nestlé in the USA Savings Trust	ü	\$ 317,530,743
*	Participant loans	Various maturity dates from 2020 to 2036 with various rates of interest ranging from 4.25% to 9.25%.	†	<u>9,521,490</u>
			ü	<u>\$ 327,052,233</u>
*	Party in interest.			
†	Cost for participant loans is \$0 per the instructions to Form 5500.			
ü	Historical cost information is not required in Schedule H, Line 4i – Schedule of Assets (Held at End of Year) for participant-directed investment funds.			