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
GRIFFITH SUPPLEMENTAL RETIREMENT & SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/22/1942

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)
GRIFFITH FOODS GROUP, INC.

1 GRIFFITH CENTER
ALSIP, IL 60803-3495

2b Employer Identification Number (EIN) 36-1170680

2c Plan Sponsor's telephone number 708-371-0900

2d Business code (see instructions) 311900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	DOMENIC MASCIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

TRUSTEES FOR GRIFFITH SRSP

1 GRIFFITH CENTER
ALSIP, IL 60803

3b Administrator's EIN: 36-6511184

3c Administrator's telephone number: 708-239-2227

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**	1074
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)**	905
a(2) Total number of active participants at the end of the plan year	**6a(2)**	915
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	199
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1114
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f Total. Add lines **6d** and **6e**	**6f**	1116
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1086
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	27
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 2H 2J 2O 2K

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)	☐	0	**A** (Insurance Information)
(4)	☒		**C** (Service Provider Information)
(5)	☒		**D** (DFE/Participating Plan Information)
(6)	☐		**G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
GRIFFITH SUPPLEMENTAL RETIREMENT & SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GRIFFITH FOODS GROUP, INC.

D Employer Identification Number (EIN)
36-1170680

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

ALLIANCE BERNSTEIN

13-3191825

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

AMERICAN FUNDS

95-1411037

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

FRANKLIN AMERICAN

94-3167260

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

JANUS

45-3690969

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

JP MORGAN

23-2707120

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

PRUDENTIAL INVESTMENTS

22-3703799

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

T ROWE PRICE

52-1309931

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

VANGUARD

23-1945930

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

WELLS FARGO

41-0449260

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

WESTERN ASSET

52-1200960

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

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

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

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

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 21 37 49 50 63 38	NONE	119687	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FINDLEY, INC.

34-1213174

(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 16 70	NONE	47878	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RAYMOND JAMES & ASSOCIATES INC.

59-1237041

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
36-1170680

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 FUND N15

b Name of sponsor of entity listed in (a): WELLS FARGO INST. RETIREMENT & TRUST

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)
80-6052573-001	C	9116814

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)

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)

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)

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
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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
GRIFFITH SUPPLEMENTAL RETIREMENT & SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GRIFFITH FOODS GROUP, INC.

D Employer Identification Number (EIN)
36-1170680

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3499952	3737276
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	162614	147016
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8362	2111
(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)	4424870	3924940
(9) Value of interest in common/collective trusts	1c(9)	7353273	9116814
(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)	123514030	133971875
(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)**	119069146	75869980
	(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**	258032247	226770012
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	258032247	226770012

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)**	6550473	
	(B) Participants	**2a(1)(B)**	6171915	
	(C) Others (including rollovers)	**2a(1)(C)**	138011	
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		12860399
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	72	
	(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)**	176379	
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		176451
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**	597150	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	1561743	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		2158893
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	10260000	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	13605000	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		-3345000
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	-29465043	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		-29465043

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		179683
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		18578654
c Other income	2c		41229
d Total income. Add all **income** amounts in column (b) and enter total	2d		1185266
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32254936	
(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)		32254936
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	192565	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		192565
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		32447501
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-31262235
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SMITH & CULL, LTD. **(2)** EIN: 36-3736640

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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
GRIFFITH SUPPLEMENTAL RETIREMENT & SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GRIFFITH FOODS GROUP, INC.

D Employer Identification Number (EIN)
36-1170680

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_____

GRIFFITH SUPPLEMENTAL

RETIREMENT AND SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

GRIFFITH SUPPLEMENTAL

RETIREMENT AND SAVINGS PLAN

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Smith & Cull, Ltd.

Certified Public Accountants

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INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
Griffith Supplemental
Retirement and Savings Plan

We have audited the accompanying financial statements of the Griffith Supplemental Retirement and Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Griffith Supplemental Retirement and Savings Plan as of December 31, 2020 and 2019, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

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

Smith & Cull, Ltd.

Smith & Cull, Ltd.
Chicago, Illinois
September 30, 2021

GRIFFITH SUPPLEMENTAL

RETIREMENT AND SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31,

	Participant-Directed		Non Participant-Directed		Totals	
	2020	**2019**	**2020**	**2019**	**2020**	**2019**
ASSETS						
INVESTMENTS, AT FAIR MARKET VALUE						
Common Stock	$ -	$ -	$ 75,869,980	$ 119,069,146	$ 75,869,980	$ 119,069,146
Investment Funds:						
AB Discovery Value Fund	-	4,848,303	-	-	-	4,848,303
American EuroPacific Growth Fund	19,949,455	19,233,046	-	-	19,949,455	19,233,046
American SmallCap World Fund	10,757,396	9,781,119	-	-	10,757,396	9,781,119
Franklin Growth Advisor Fund	-	13,514,510	-	-	-	13,514,510
Janus Henderson Small-Mid Cap Value Fund	4,556,355	-	-	-	4,556,355	-
JPMorgan Government Bond R6	2,365,166	2,018,476	-	-	2,365,166	2,018,476
Prudential Absolute Return Bond Fund	390,895	876,039	-	-	390,895	876,039
T. Rowe Price Blue Chip Growth Fund	15,902,047	-	-	-	15,902,047	-
Vanguard Index Fund	30,616,416	25,133,110	-	-	30,616,416	25,133,110
Vanguard Target Retirement Income Fund	52,257	37,175	-	-	52,257	37,175
Vanguard Target Retirement 2015 Fund	390,982	406,885	-	-	390,982	406,885
Vanguard Target Retirement 2020 Fund	3,138,854	2,846,300	-	-	3,138,854	2,846,300
Vanguard Target Retirement 2025 Fund	891,301	801,952	-	-	891,301	801,952
Vanguard Target Retirement 2030 Fund	1,916,194	1,612,252	-	-	1,916,194	1,612,252
Vanguard Target Retirement 2035 Fund	1,635,570	1,329,913	-	-	1,635,570	1,329,913
Vanguard Target Retirement 2040 Fund	987,063	630,571	-	-	987,063	630,571
Vanguard Target Retirement 2045 Fund	1,093,580	707,283	-	-	1,093,580	707,283
Vanguard Target Retirement 2050 Fund	1,045,440	469,761	-	-	1,045,440	469,761
Vanguard Target Retirement 2055 Fund	803,393	458,056	-	-	803,393	458,056
Vanguard Target Retirement 2060 Fund	332,307	198,157	-	-	332,307	198,157
Vanguard Target Retirement 2065 Fund	278,571	168,162	-	-	278,571	168,162
Vanguard Wellington Admiral Shares Fund	5,208,328	5,482,683	10,816,122	10,912,893	16,024,450	16,395,576
Vanguard Windsor Fund II	11,762,326	12,841,100	-	-	11,762,326	12,841,100
Wells Fargo Stable Return Fund N15	9,093,345	6,271,173	23,469	1,082,099	9,116,814	7,353,272
Western Asset Core Plus Bond Fund I	9,081,857	9,206,285	-	-	9,081,857	9,206,285
TOTAL INVESTMENTS AT FAIR VALUE	132,249,098	118,872,311	86,709,571	131,064,138	218,958,669	249,936,449
RECEIVABLES						
Employer's contribution	67,276	49,952	3,670,000	3,450,000	3,737,276	3,499,952
Interest and dividends	-	-	147,016	162,614	147,016	162,614
Notes receivable from Participants	3,924,940	4,424,870	-	-	3,924,940	4,424,870
TOTAL RECEIVABLES	3,992,216	4,474,822	3,817,016	3,612,614	7,809,232	8,087,436
CASH AND MONEY MARKET FUND	-	(2)	2,111	8,364	2,111	8,362
TOTAL ASSETS	136,241,314	123,347,131	90,528,698	134,685,116	226,770,012	258,032,247
TOTAL LIABILITIES	-	-	-	-	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 136,241,314	$ 123,347,131	$ 90,528,698	$ 134,685,116	$ 226,770,012	$ 258,032,247

The accompanying notes are an integral part of these financial statements.

GRIFFITH SUPPLEMENTAL

RETIREMENT AND SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31,

	Participant-Directed		Non Participant-Directed		Totals	
	2020	**2019**	**2020**	**2019**	**2020**	**2019**
ADDITIONS (SUBTRACTIONS) TO NET ASSETS ATTRIBUTED TO:						
INVESTMENT INCOME						
Interest	$ -	$ -	$ 72	$ 21,066	$ 72	$ 21,066
Dividends	1,336,967	1,880,577	821,926	937,290	2,158,893	2,817,867
Other income	41,229	49,080	-	-	41,229	49,080
Net appreciation (depreciation) in fair value of investments	17,932,148	21,578,939	(31,983,854)	17,162,627	(14,051,706)	38,741,566
	19,310,344	23,508,596	(31,161,856)	18,120,983	(11,851,512)	41,629,579
Interest income on notes receivable from participants	176,379	193,756	-	-	176,379	193,756
CONTRIBUTIONS						
Participants	6,309,926	5,875,730	-	-	6,309,926	5,875,730
Employer	-	-	3,670,000	3,450,000	3,670,000	3,450,000
Employer match	2,880,473	2,617,365	-	-	2,880,473	2,617,365
	9,190,399	8,493,095	3,670,000	3,450,000	12,860,399	11,943,095
TRANSFERS BETWEEN FUNDS	86,364	(118,094)	(86,364)	118,094	-	-
TOTAL ADDITIONS (SUBTRACTIONS)	28,763,486	32,077,353	(27,578,220)	21,689,077	1,185,266	53,766,430
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:						
Benefits paid to Participants	15,676,738	9,064,330	16,578,198	21,386,196	32,254,936	30,450,526
Administration expenses	192,565	225,309	-	-	192,565	225,309
TOTAL DEDUCTIONS	15,869,303	9,289,639	16,578,198	21,386,196	32,447,501	30,675,835
INCREASE (DECREASE) IN NET ASSETS	12,894,183	22,787,714	(44,156,418)	302,881	(31,262,235)	23,090,595
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR	123,347,131	100,559,417	134,685,116	134,382,235	258,032,247	234,941,652
NET ASSETS AVAILABLE FOR BENEFITS END OF YEAR	$ 136,241,314	$ 123,347,131	$ 90,528,698	$ 134,685,116	$ 226,770,012	$ 258,032,247

The accompanying notes are an integral part of these financial statements.

GRIFFITH SUPPLEMENTAL

RETIREMENT AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

DESCRIPTION OF THE PLAN

The following description of the Griffith Supplemental Retirement & Savings Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit-sharing, 401(k) and employee stock ownership plan covering employees of Griffith Foods Group Inc. who are citizens of or persons lawfully admitted for permanent residence in the United States, or otherwise lawfully working in the United States and have been issued a Social Security Number so their compensation is subject to tax and withholding in the same manner as a citizen or permanent resident and who have completed six months of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974.

Effective January 1, 2016, the Plan was amended and restated in its entirety. The restatement was required to incorporate all amendments made since the Plan's prior revision and changes mandated to comply with laws and regulations enacted since the 2010 Revision including final Treasury regulations pursuant to Sections 401(a), 401(k), 401(m) and, with respect to the Employee Stock Ownership Plan (ESOP), 4975(e)(7) of the Internal Revenue Code of 1986 and the Employee Retirement Income Security Act of 1974.

Contributions

For each Plan year in which there is an ESOP loan outstanding, the employer contributes an amount sufficient to enable the Plan to make any required interest and principal payments on such ESOP loan. The Plan provides for annual contributions as determined by the Company's Board of Directors (See Employer Contributions Note). At December 31, 2020 and 2019, the Plan does not have an ESOP loan outstanding.

Employee contributions are permitted for participants in the Pay Deferral Plan as explained below. In addition, employees may contribute amounts representing distributions from other qualified plans. Employee contributions are not permitted in the employee stock ownership portion of the Plan.

A participant may elect to enter into a voluntary pay deferral agreement with the employer. Under this agreement, amounts withheld from an employee's compensation, not to exceed 75% (or such lower percentage as may be required by the Internal Revenue Code) and not to exceed $19,500 for any year (or such larger amount as is permitted for that year by the Code), shall be credited to the participants' Pay Deferral Account. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. A participant can select, through a voice response system or website, how the Pay Deferral Account is invested and the participant's account is credited with the earnings or losses on that investment. The Plan offers twenty-three investment options for participants at December 31, 2020.

DESCRIPTION OF THE PLAN - CONTINUED

Contributions - Continued

The Plan provides employer matching contributions. Under the terms of this provision, the Company matches 100% of each participant's pay deferral contributions that do not exceed 3% of the participant's qualified compensation for the Plan year, plus 50% of the participant's pay deferral contributions in excess of 3% of the participant's qualified compensation, not to exceed 5% of qualified compensation.

As of December 31, 2020 and 2019, participant contributions included rollover contributions of $138,011 and $329,311, respectively.

Notes Receivable from Participants

The Committee may in its discretion direct the Trustees to grant loans to participants under the terms set forth in the Plan Agreement. As of December 31, 2020 and 2019, participant loans were $3,924,940 and $4,424,870, respectively.

Participant Accounts

Each participant's account is credited with participant contributions and allocations of the Company's regular contributions, matching contributions, Plan earnings and, when there is an ESOP loan outstanding, an allocation of an appropriate percentage of stock based on the principal and interest payment of the loan in accordance with applicable regulations under the Code. The participant's account is charged an allocation of administrative expenses. Allocations are based on participant wages, earnings, contributions or account balances as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their pay deferral and employer matching contributions plus actual earnings thereon. Vesting in the remainder of their regular and stock account begins after two years of service, at which time 20% of the participant's regular and stock account balance is vested. The participant's vested interest increases 20% per year until fully vested. A participant is 100% vested after six years of service.

Forfeitures

At December 31, 2020 and 2019, forfeited nonvested accounts totaled $12,010 and $10,805, respectively. Forfeitures are used by the Company to fund matching contributions or pay administrative fees.

Administration of Plan Assets

With the exception of Griffith Foods Group Inc. stock, which is held electronically by Equiniti Trust Company, the Plan's assets are held by the Custodian of the Plan.

DESCRIPTION OF THE PLAN - CONTINUED

Administration of Plan Assets - Continued

Company contributions are held and managed by the Custodian. The Custodian invests cash received, interest, and dividend income and makes distributions to participants.

Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Participant accounts are charged with an allocation of certain administrative expenses for the Custodian's fees.

ESOP

During any Plan year in which there is an ESOP, all voting Griffith Foods Group Inc. stock in a Participant's stock account shall generally be voted by the Trustees. Exceptions to these voting rights are detailed in the Plan document.

Dividends declared and paid on unallocated Griffith Foods Group Inc. stock, if applicable, shall be used to make payments for any ESOP loans outstanding.

Each Participant who has attained the age of 55 and has completed at least 10 years of participation in the Plan may elect to diversify the portion of his or her stock account that represents Griffith Foods Group Inc. stock acquired after December 31, 1986 provided that the Participant's account exceeds $500.

Participants receiving distributions of Griffith Foods Group Inc. stock must provide a "right of first refusal" to the Trust and the Company at the then fair market value prior to any sale or transfer of their stock.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement for the 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 normally would receive if they were to initiate permitted transactions under the terms of the Plan.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balance. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. Delinquent participant loans are recorded as distributions in accordance with the terms of the Plan agreement.

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 certain reported amounts and disclosures. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Marketable investments are included in the statements at quoted market values. Common stock's fair value is determined by an outside investment analyst.

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.

Concentration of Risk

A significant percentage of the Plan's assets are invested in Griffith Foods Group Inc., a privately traded Company.

Unallocated Assets

Participant balances are valued on a daily basis. Because of this, certain items of accrued contributions, unrealized gains and losses, other income and expense totaling ($28,541,221) and $19,560,891 were not allocated to participant accounts as of December 31, 2020 and 2019, respectively. These unallocated amounts were allocated to the appropriate participant accounts in each of the respective Plan years ending December 31, 2021 and 2020.

Payment of Benefits

Benefit payments are recorded when paid.

Operating Expenses

Certain expenses incurred maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Various other costs for administrative and investment fees are allocated and charged to participant's accounts.

BENEFITS PAYABLE

Benefits payable to terminated participants as of December 31, 2020 and 2019, are $43,596,398 and $27,186,101, respectively. These amounts are included in net assets available for benefits as of December 31, 2020 and 2019.

EMPLOYER PROFIT SHARING CONTRIBUTIONS

In June 2021, the Company made a 2020 employer profit sharing contribution of $3,670,000. This contribution was allocated to participant accounts eligible to receive a profit sharing contribution as of December 31, 2020.

In June 2020, the Company made a 2019 employer profit sharing contribution of $3,450,000. This contribution was allocated to participant accounts eligible to receive a profit sharing contribution as of December 31, 2019.

TAX STATUS

Effective January 1, 2016, the Plan was amended and restated. The Plan obtained its latest determination letter on February 6, 2017, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

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 for years prior to 2017.

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, as well as valuation assumptions based on earnings, cash flows, and other such techniques. Due to the level of risk associated with certain investment securities and to uncertainties inherent in estimates and assumptions, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Griffith Foods Group entities are occasionally named as defendants in lawsuits. The company has a legal team to handle such occurrences. These lawsuits can have financial implications as well as an impact on the valuation of Griffith Foods Group Inc. stock.

INVESTMENTS MEASURED USING THE NET ASSET VALUE PER SHARE PRACTICAL EXPEDIENT

In 2010, the Plan entered into an agreement with Wells Fargo Bank, N.A. to offer the Stable Return Fund N15 as an investment option. Stable Return Fund N15 is a common collective trust fund. Wells Fargo Bank, N.A., a subsidiary of Wells Fargo & Company, serves as trustee, custodian, and administrator for the Stable Return Fund N15. Galliard Capital Management, Inc., a subsidiary of Wells Fargo Bank, N.A., serves as investment advisor.

At December 31, 2020, the Stable Return Fund N15 has invested all of its assets in Wells Fargo Stable Return Fund G, a collective trust fund sponsored by Wells Fargo Bank, N.A., which invests in investment contracts and security-backed contracts. It carries its investments at contract value. Wells Fargo Stable Return Fund G applies the provisions of FASB ASC Sections 946-210-45 and 946-210-50 for stable return investment funds. These sections affirm contract value accounting for fully benefit-responsive investment contracts.

Investment transactions are accounted for on the trade date. Realized gains and losses are determined on the basis of average cost. Wells Fargo Stable Return Fund G does not distribute investment income to unit holders. Therefore, the appreciation or depreciation of units held and gain or loss on sale of units represent the sources of income to holders of Wells Fargo Stable Return Fund G, such as the Stable Return Fund N15.

The funds crediting rate is calculated quarterly. The crediting rate calculation methodology is based on the fair value, contract value, weighted average duration, and annualized weighted average yield to maturity of the underlying portfolio. Future crediting rates are impacted by the current yield and duration of the assets underlying the contract, as well as the existing difference between the fair value and contract value of the assets within the contract. The contracts cannot credit an interest rate that is less than zero percent. The crediting rate of security-backed contracts will track current market yields on a trailing basis. The rate reset allows the contract value to converge with the fair value of the underlying portfolio over time.

Certain events may limit the ability of the Plan to transact at contract value with the issuer. The Plan's agreement with Wells Fargo Bank, N.A. also specifies certain events that may permit Wells Fargo to terminate the contract. The Plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with the Plan participants, is probable at December 31, 2020.

The fair value of the Stable Return Fund N15 is measured using the net asset value per share practical expedient as of December 31, 2020 and 2019 which is $9,116,814 and $7,353,272, respectively. There are no participant redemption restrictions; the twelve month redemption notice period is applicable only to the Plan.

The average yield earned by the Stable Return Fund N15 for 2020 and 2019 was 0.64% and 2.09%, respectively. The average yield credited to Plan participants for 2020 and 2019 was 2.20% and 2.59%, respectively.

FAIR VALUE MEASUREMENTS

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, although 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 measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. This hierarchy under Topic 820 consists of three broad levels:

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2: Inputs other than quoted prices included with Level 1 that are observable for the asset or liability, either directly or indirectly, such as: (a) Quoted prices for similar assets or liabilities in active markets, (b) Quoted prices for identical or similar assets or liabilities in inactive markets, (c) Inputs other than quoted prices that are observable for the asset or liability, or (d) Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3: Inputs that are unobservable inputs for the asset and liability.

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

Mutual funds: The fair value of mutual funds is the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Plan sponsor common stock: Griffith Foods Group Inc. stock is not actively traded and significant other observable inputs are not available. The fair value of common stock is determined by an annual independent appraisal. This appraisal was based on a combination of the market and income valuation methods consistent with prior years. The appraiser took into account historical and projected cash flow and net income, return on assets, return on equity, market comparables, weighted average cost of capital, applicable discounts, and the estimated fair value of the Company's assets and liabilities.

FAIR VALUE MEASUREMENTS - CONTINUED

Stable value collective trust fund: The fair value of the Wells Fargo Stable Return Fund N15 is determined by the underlying assets held by the Wells Fargo Stable Return Fund G which is primarily composed of fully benefit-responsive investment contracts that are valued at the net asset value of units of the collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuers reserve the right to require 12 months notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

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. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 133,971,875	$ -	$ -	$ 133,971,875
Common stock	-	-	75,869,980	75,869,980
Total assets in the fair value hierarchy	133,971,875	-	75,869,980	209,841,855
[a] Investments measured at net asset value	-	-	-	9,116,814
Investments at fair value	$ 133,971,875	$ -	$ 75,869,980	$ 218,958,669

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 123,514,031	$ -	$ -	$ 123,514,031
Common stock	-	-	119,069,146	119,069,146
Total assets in the fair value hierarchy	123,514,031	-	119,069,146	242,583,177
[a] Investments measured at net asset value	-	-	-	7,353,272
Investments at fair value	$ 123,514,031	$ -	$ 119,069,146	$ 249,936,449

a In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Transfers Between Levels

For years ended December 31, 2020 and 2019, there were no transfers between Levels 1 and 2 and no transfer in or out of Level 3.

FAIR VALUE MEASUREMENTS - CONTINUED

The following table reconciles the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) of the common stock for the years ended December 31,

	2020	2019
Beginning Balance Common Stock	$ 119,069,146	$ 118,319,090
Total Gains and Losses (Realized and Unrealized) Included in Net Assets Available for Benefits	(32,810,043)	15,433,786
Purchases	270,864	222,780
Sales and/or Distributions of Stock	(10,659,987)	(14,906,510)
Ending Balance Common Stock	$ 75,869,980	$ 119,069,146

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

RELATED PARTY TRANSACTION

The Plan's investments include the Wells Fargo Stable Return Fund N15 and the Wells Fargo Advantage Investment Money Market Fund. Wells Fargo Bank, N.A. serves as trustee and custodian for the Wells Fargo Stable Return Fund N15 and the Wells Fargo Advantage Investment Money Market Fund. These transactions qualify as party-in-interest transactions.

Griffith Foods Group Inc., the Plan Sponsor, purchased 15,000 and 18,400 shares of Griffith Foods Group Inc. common stock from the Plan during 2020 and 2019, respectively.

PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

FEES PAID BY PLAN

Fees paid by participants for administrator fees and loan and distribution fees at December 31, 2020 and 2019 were $192,565 and $225,309, respectively.

SUBSEQUENT EVENTS

Subsequent events were evaluated through September 30, 2021, which is the date the financial statements were available to be issued.

During 2021, Griffith Foods Group Inc. purchased 2,000 shares of Griffith Foods Group Inc. common stock from the Plan.

On July 1, 2019, Principal Financial Group announced the closing of its acquisition of the Wells Fargo & Company Institutional Retirement & Trust Business. Principal Financial Group integrated Wells Fargo's defined contribution, defined benefit, executive deferred compensation, employee stock ownership plans, institutional trust and custody and institutional asset advisory businesses. On May 20, 2021, the Griffith Supplemental Retirement and Savings Plan migrated to the Principal Financial Group platform.

GRIFFITH SUPPLEMENTAL

RETIREMENT AND SAVINGS PLAN

PLAN SPONSOR: GRIFFITH FOODS GROUP INC.

FEIN 36-1170680

PLAN 002

See 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	(e) Current Value
*	Griffith Foods Group Inc.	Common Stock, 116,365 shares	$ 75,869,980
	American EuroPacific Growth Fund	Mutual Fund, 287,870.923 shares	19,949,455
	American SmallCap World Fund	Mutual Fund, 131,235.764 shares	10,757,396
	Janus Henderson Small-Mid Cap Value Fund	Mutual Fund, 365,972.312 shares	4,556,355
	JP Morgan Government Bond R6	Mutual Fund, 209,863.926 shares	2,365,166
	Prudential Absolute Return Bond Fund	Mutual Fund, 42,076.994 shares	390,895
	T. Rowe Price Blue Chip Growth Fund	Mutual Fund, 95,853.205 shares	15,902,047
	Vanguard Index Fund	Mutual Fund, 92,365.572 shares	30,616,416
	Vanguard Target Retirement Income Fund	Mutual Fund, 3,500.105 shares	52,257
	Vanguard Target Retirement 2015 Fund	Mutual Fund, 24,855.803 shares	390,982
	Vanguard Target Retirement 2020 Fund	Mutual Fund, 91,538.472 shares	3,138,854
	Vanguard Target Retirement 2025 Fund	Mutual Fund, 41,378.868 shares	891,301
	Vanguard Target Retirement 2030 Fund	Mutual Fund, 47,255.086 shares	1,916,194
	Vanguard Target Retirement 2035 Fund	Mutual Fund, 64,852.113 shares	1,635,570
	Vanguard Target Retirement 2040 Fund	Mutual Fund, 22,296.428 shares	987,063
	Vanguard Target Retirement 2045 Fund	Mutual Fund, 38,793.185 shares	1,093,580
	Vanguard Target Retirement 2050 Fund	Mutual Fund, 23,001.987 shares	1,045,440
	Vanguard Target Retirement 2055 Fund	Mutual Fund, 16,282.800 shares	803,393
	Vanguard Target Retirement 2060 Fund	Mutual Fund, 7,623.476 shares	332,307
	Vanguard Target Retirement 2065 Fund	Mutual Fund, 10,129.850 shares	278,571
	Vanguard Wellington Admiral Shares Fund	Mutual Fund, 209,196.471 shares	16,024,450
	Vanguard Windsor Fund II	Mutual Fund, 171,237.819 shares	11,762,326
*	Wells Fargo Stable Return Fund N15	Common Collective, 712,574.100 shares	9,116,814
	Western Asset Core Plus Bond Fund I	Mutual Fund, 723,077.755 shares	9,081,857
*	Participants Loans	Varying maturities and interest rates of 3.25%-5.50%	3,924,940
*	Wells Fargo Bank	Wells Fargo Advantage Investment Money Market Institutional Fund, 2,110.84 shares	2,111
			$ 222,885,720

* Represents a party-in-interest to the Plan.

GRIFFITH SUPPLEMENTAL

RETIREMENT & SAVINGS PLAN

PLAN SPONSOR: GRIFFITH FOODS GROUP INC.

FEIN 36-1170680

PLAN 002

SEE SCHEDULE H, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(g)	(h)	(i)
IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET (INCLUDE INTEREST RATE AND MATURITY IN CASE OF A LOAN)	PURCHASE PRICE	SELLING PRICE	COST OF ASSET	CURRENT VALUE OF ASSET ON TRANSACTION DATE	NET GAIN OR (LOSS)
*	Wells Fargo Stable Return Fund N15	9,287,180		9,287,180	9,287,180	-
*	Wells Fargo Stable Return Fund N15		7,696,385	7,409,469	7,696,385	286,916
*	Wells Fargo Institutional Bank Deposit Cash Account	15,854,959		15,854,959	15,854,959	-
*	Wells Fargo Institutional Bank Deposit Cash Account		15,861,214	15,861,214	15,861,214	-
*	Griffith Common Stock		10,260,000	10,260,000	10,260,000	-
*	Griffith Common Stock		10,260,000	13,605,000	10,260,000	(3,345,000)

* Represents party-in-interest.

GRIFFITH SUPPLEMENTAL

RETIREMENT & SAVINGS PLAN

PLAN SPONSOR: GRIFFITH FOODS GROUP INC.

FEIN 36-1170680

PLAN 002

SEE SCHEDULE H, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(g)	(h)	(i)
IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET (INCLUDE INTEREST RATE AND MATURITY IN CASE OF A LOAN)	PURCHASE PRICE	SELLING PRICE	COST OF ASSET	CURRENT VALUE OF ASSET ON TRANSACTION DATE	NET GAIN OR (LOSS)
*	Wells Fargo Stable Return Fund N15	9,287,180		9,287,180	9,287,180	-
*	Wells Fargo Stable Return Fund N15		7,696,385	7,409,469	7,696,385	286,916
*	Wells Fargo Institutional Bank Deposit Cash Account	15,854,959		15,854,959	15,854,959	-
*	Wells Fargo Institutional Bank Deposit Cash Account		15,861,214	15,861,214	15,861,214	-
*	Griffith Common Stock		10,260,000	10,260,000	10,260,000	-
*	Griffith Common Stock		10,260,000	13,605,000	10,260,000	(3,345,000)

* Represents party-in-interest.

GRIFFITH SUPPLEMENTAL

RETIREMENT AND SAVINGS PLAN

PLAN SPONSOR: GRIFFITH FOODS GROUP INC.

FEIN 36-1170680

PLAN 002

See 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	(e) Current Value
*	Griffith Foods Group Inc.	Common Stock, 116,365 shares	$ 75,869,980
	American EuroPacific Growth Fund	Mutual Fund, 287,870.923 shares	19,949,455
	American SmallCap World Fund	Mutual Fund, 131,235.764 shares	10,757,396
	Janus Henderson Small-Mid Cap Value Fund	Mutual Fund, 365,972.312 shares	4,556,355
	JP Morgan Government Bond R6	Mutual Fund, 209,863.926 shares	2,365,166
	Prudential Absolute Return Bond Fund	Mutual Fund, 42,076.994 shares	390,895
	T. Rowe Price Blue Chip Growth Fund	Mutual Fund, 95,853.205 shares	15,902,047
	Vanguard Index Fund	Mutual Fund, 92,365.572 shares	30,616,416
	Vanguard Target Retirement Income Fund	Mutual Fund, 3,500.105 shares	52,257
	Vanguard Target Retirement 2015 Fund	Mutual Fund, 24,855.803 shares	390,982
	Vanguard Target Retirement 2020 Fund	Mutual Fund, 91,538.472 shares	3,138,854
	Vanguard Target Retirement 2025 Fund	Mutual Fund, 41,378.868 shares	891,301
	Vanguard Target Retirement 2030 Fund	Mutual Fund, 47,255.086 shares	1,916,194
	Vanguard Target Retirement 2035 Fund	Mutual Fund, 64,852.113 shares	1,635,570
	Vanguard Target Retirement 2040 Fund	Mutual Fund, 22,296.428 shares	987,063
	Vanguard Target Retirement 2045 Fund	Mutual Fund, 38,793.185 shares	1,093,580
	Vanguard Target Retirement 2050 Fund	Mutual Fund, 23,001.987 shares	1,045,440
	Vanguard Target Retirement 2055 Fund	Mutual Fund, 16,282.800 shares	803,393
	Vanguard Target Retirement 2060 Fund	Mutual Fund, 7,623.476 shares	332,307
	Vanguard Target Retirement 2065 Fund	Mutual Fund, 10,129.850 shares	278,571
	Vanguard Wellington Admiral Shares Fund	Mutual Fund, 209,196.471 shares	16,024,450
	Vanguard Windsor Fund II	Mutual Fund, 171,237.819 shares	11,762,326
*	Wells Fargo Stable Return Fund N15	Common Collective, 712,574.100 shares	9,116,814
	Western Asset Core Plus Bond Fund I	Mutual Fund, 723,077.755 shares	9,081,857
*	Participants Loans	Varying maturities and interest rates of 3.25%-5.50%	3,924,940
*	Wells Fargo Bank	Wells Fargo Advantage Investment Money Market Institutional Fund, 2,110.84 shares	2,111
			$ 222,885,720

* Represents a party-in-interest to the Plan.