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
TIFF'S TREATS GP, LLC TIFF'S TREATS GP, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2012

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)
TIFF'S TREATS GP, LLC

8310 N CAPITAL OF TEXAS HWY
SUITE 110, BUILDING 1
AUSTIN, TX 78731

2b Employer Identification Number (EIN) 20-0546599

2c Plan Sponsor's telephone number 512-687-2821

2d Business code (see instructions) 445291

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	KULLEN KIFER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1098
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)**	756
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1114
b	Retired or separated participants receiving benefits	**6b**	31
c	Other retired or separated participants entitled to future benefits	**6c**	357
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1502
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	1502
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	691
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
TIFF'S TREATS GP, LLC TIFF'S TREATS GP, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TIFF'S TREATS GP, LLC

D Employer Identification Number (EIN)
20-0546599

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
31-4156830	66868	GAP-TP-LH2D	691	01/01/2020	12/31/2020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	36447
c	Additions: (1) Contributions deposited during the year	**7c(1)**	5074		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	860		
	(4) Transferred from separate account	**7c(4)**	6144		
	(5) Other (specify below)	**7c(5)**	160		
	▶ LOAN REPAYMENT - PRINCIPAL				
	(6)Total additions			**7c(6)**	12238
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	48685
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	103		
	(2) Administration charge made by carrier	**7e(2)**	113		
	(3) Transferred to separate account	**7e(3)**	12241		
	(4) Other (specify below)	**7e(4)**	1798		
	▶ LOAN WITHDRAWAL				
	(5) Total deductions			**7e(5)**	14255
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	34430

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
TIFF'S TREATS GP, LLC TIFF'S TREATS GP, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TIFF'S TREATS GP, LLC

D Employer Identification Number (EIN)
20-0546599

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

AUSTIN MONEY MANAGEMENT CORPORATION

4209 MEDICAL PARKWAY
AUSTIN, TX 78756

(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?
26 27	NONE	6608	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50 51 52 64	RECORDKEEPER	5763	Yes [X] No [ ]	Yes [X] No [ ]	13556	Yes [ ] No [X]

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

MML INVESTORS SERVICES, LLC

POO BOX 8089
BOSTON, MA 02266

(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?
26 27	NONE	1274	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)

IRON-CO-FID-FLEXIBLE ADV FOUNDATION

630 DUNDEE RD STE 200
NORTHBROOK, IL 60062

(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?
26 27	NONE	1242	Yes [ ] No [X]	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

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(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 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
TIFF'S TREATS GP, LLC TIFF'S TREATS GP, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TIFF'S TREATS GP, LLC

D Employer Identification Number (EIN)
20-0546599

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	18444	18449
(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)	31945	86366
(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)		
(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)	2555142	3723355
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	36447	34430
(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	2641978	3862600
	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	2641978	3862600

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)	0	
	(B) Participants	2a(1)(B)	620034	
	(C) Others (including rollovers)	2a(1)(C)	179975	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		800009
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5	
	(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)	3664	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3669
	(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)		
(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)		628205
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1431883
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	204492	
(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)		204492
f Corrective distributions (see instructions)	2f		3438
g Certain deemed distributions of participant loans (see instructions)	2g		3331
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		211261
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1220622
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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: HOLTZMAN PARTNERS **(2)** EIN: 74-3121060

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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
TIFF'S TREATS GP, LLC TIFF'S TREATS GP, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TIFF'S TREATS GP, LLC

D Employer Identification Number (EIN)
20-0546599

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): 31-1592130

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_____

Financial Statements and Supplemental Schedule

Tiff's Treats GP, LLC 401(k) Plan

As of December 31, 2020 and 2019
and for the year ended December 31, 2020
with Report of Independent Auditors

HOLTZMAN

Report of Independent Auditors

Plan Administrator and Participants and Beneficiaries
Tiff's Treats GP, LLC 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Tiff's Treats GP, LLC 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Nationwide Trust Company, FSB, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that Nationwide Trust Company, FSB holds the Plan's investments and notes receivable from participants and executes the related transactions. The Plan administrator obtained a certification from the trustee at December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

Holtzman Partners, LLP

Austin, Texas
October 13, 2021

Tiff's Treats GP, LLC 401(k) Plan

Statements of Net Assets Available for Benefits

	December 31, 2020	2019
Assets		
Investments:		
Investments, at fair value	**$ 3,741,804**	$ 2,573,586
Investments, at contract value	**34,430**	36,447
Total investments	**3,776,234**	2,610,033
Receivables:		
Notes receivable from participants	**86,366**	31,945
Total receivables	**86,366**	31,495
Total assets	**3,862,600**	2,641,978
Liabilities		
Excess contributions payable	**73,422**	3,438
Net assets available for benefits	**$ 3,789,178**	$ 2,638,540

See accompanying notes.

Tiff's Treats GP, LLC 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2020

Additions	
Investment income:	
Net appreciation of investments	**$ 628,205**
Interest and dividends from investments	**5**
Total investment income	**628,210**
Interest income on notes receivable from participants	**3,664**
Contributions:	
Employee	**546,612**
Rollover	**179,975**
Total contributions	**726,587**
Total additions	**1,358,461**
Deductions	
Distributions to participants	**204,492**
Deemed distributions of notes receivable from participants	**3,331**
Total deductions	**207,823**
Net increase	**1,150,638**
Net assets available for benefits at beginning of year	**2,638,540**
Net assets available for benefits at end of year	**$ 3,789,178**

See accompanying notes.

Tiff's Treats GP, LLC 401(k) Plan

Notes to Financial Statements

As of December 31, 2020 and 2019
and for the year ended December 31, 2020

1. Description of the Plan

Tiff's Treats GP, LLC 401(k) Plan (the "Plan") is a defined contribution plan covering substantially all eligible employees of Tiff's Treats GP, LLC (the "Company" or "Plan Sponsor"). The Plan became effective January 1, 2012 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All Plan assets are held by Nationwide Trust Company, FSB ("Nationwide"). Complete information regarding the Plan is included in the Plan Agreement. Significant Plan provisions are summarized below.

As part of the federal government's response to a public health emergency caused by a novel strain of coronavirus ("COVID-19"), on March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was enacted. The CARES Act included several optional relief provisions available to qualified retirement plans and their participants. As described below, during the year ended December 31, 2020, the Plan began operating under certain of these optional provisions. Written amendments to the Plan Document to formally adopt optional provisions of the CARES Act will be executed at a later date in accordance with applicable law and IRS guidance.

Eligibility

Employees of the Company are eligible to participate in the Plan beginning on the first day of the month coinciding with or following the attainment of six months of service, as defined. Participants must be employed on December 31 to be eligible for employer matching or profit-sharing contributions unless the participant terminates due to death, disability, or retirement. Nonresident aliens and employees earning income subject to the Puerto Rican tax code are not eligible to participate in the Plan.

Contributions

Participants are allowed to make elective pre-tax or Roth deferrals to the Plan in an amount equal to not less than 1% nor more than 90% of their Plan compensation, as defined, subject to limitation under the Internal Revenue Code (IRC). Participants who have attained age 50 are eligible to make catch-up contributions. Participants may also contribute amounts representing rollovers from other qualified retirement plans or individual retirement accounts.

The Company may make contributions to the Plan of amounts determined and authorized by the Company's Board of Directors up to the maximum amounts permitted by the IRC. The Company's matching contributions are discretionary and are based on each participant's contribution. The Company may also make discretionary profit-sharing contributions. No matching or profit-sharing contributions were approved or made during the year ended December 31, 2020.

1. Description of the Plan (continued)

Participant Accounts

Participants direct the investment of their accounts among various investment options offered by the Plan. Participants may change their investment options daily.

Each participant's account is credited with (a) the participant's contributions, (b) an allocation of employer contributions, and (c) an allocation of investment earnings, and is charged with (a) withdrawals, (b) an allocation of investment losses, and (c) certain administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions, including rollover contributions, plus actual earnings thereon. Vesting in the Company's matching and profit-sharing contributions plus actual earnings thereon is based on years of credited service, as defined. A participant is 100% vested upon death or disability. Company matching and discretionary non-elective contributions are subject to the following vesting schedule:

Years of Service	Vested Benefits
Fewer than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years or greater	100%

Forfeitures

Unvested balances of participants' accounts may be subject to forfeiture upon termination of their employment with the Company. A forfeiture occurs in the Plan year in which the participant either receives a distribution of their vested account or has a five-year period of severance or break-in-service, as defined by the Plan. Forfeitures are retained in the Plan and first used to pay Plan administrative expenses with any remaining amounts used to reduce future employer contributions. The forfeited unvested account balance was approximately $18,000 at December 31, 2020 and 2019. For the year ended December 31, 2020, no forfeitures were used to pay Plan administrative expenses or for employer contributions.

1. Description of the Plan (continued)

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 and up to a maximum of i) $50,000 reduced by the highest outstanding note receivable balance over the prior twelve months or ii) 50% of their vested account balance, whichever is less. Notes receivable from participants are secured by the vested balance in the participant's account and bear interest at the prime rate plus 2%. Participants may only have one note receivable outstanding at a time. Principal and interest are paid ratably through payroll deductions over a period generally not to exceed five years, unless the funds are used for purchase of a principal residence, in which case repayment terms may be extended.

On June 17, 2020, the Company elected to make the CARES Act's optional loan repayment deferment and increased loan limit provisions effective immediately. An eligible participant could defer current loan payments due between March 27, 2020 to December 31, 2020 for up to one year with accrued interest. An eligible participant could also choose to take out a loan up to the lesser of $100,000 or 100% of their vested balance effective for 180 days beginning March 27, 2020. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

Payment of Benefits

Upon termination of service due to death, disability, normal retirement after reaching age 65, or termination of employment, a participant is entitled to receive an amount equal to the vested interest in his or her account, payable in partial withdrawals or a lump-sum payment. In general, if a participant's vested account balance, as defined by the Plan, is greater than $5,000 and employment is terminated other than due to retirement or death, the account may not be distributed before normal retirement without the participant's consent. Participants' account balances that are less than $5,000, but in excess of $1,000 (the involuntary cash-out amount) will be paid as a direct rollover to an individual retirement account. However, regardless of participant election as to the payment, the Plan may, upon termination of service of a participant for any reason, pay the benefits owed in a lump sum if the account balance is less than $5,000. Distributions are subject to the applicable provisions of the Plan agreement.

In-service withdrawals of all or a portion of a participant's vested account balance may be withdrawn by a participant after reaching age 59 ½. In-service withdrawals of all or a portion of a participant's rollover account balance may be withdrawn at any time.

1. Description of the Plan (continued)

Withdrawals from the Plan may also be made upon circumstances of financial hardship, in accordance with the provisions specified in the Plan.

Distributions from the Plan will normally be subject to income taxes and in certain circumstances may also be subject to IRS penalties, unless the distribution is transferred to another qualified plan or individual retirement account.

On June 17, 2020, the Company elected to make the CARES Act penalty-free hardship withdrawal provision effective immediately. Qualified participants could elect to take a penalty-free Coronavirus Related Distribution (CRD) up to $100,000, not to exceed the participant's vested balance. CRD distributions were available from March 27, 2020 through December 31, 2020.

2. Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

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

Risks and Uncertainties

The Plan provides for investments in various investment securities which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the financial statements and supplemental schedule.

2. Significant Accounting Policies (continued)

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. The Plan's Administrative Committee determines the Plan's valuation policies using information provided by the investment advisers and the trustee. See Note 3 for discussion of fair value measurements.

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 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.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. For participant loans that become delinquent, are not cured and result in default, the amount of the unpaid loan principal and interest due to the Plan will be treated as a deemed distribution. Deemed distributions are reported as a taxable distribution and remain part of the participant's account balance until a distributable event occurs.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2020 excess contributions to the applicable participants prior to March 15, 2021.

Payment of Benefits

Benefits to participants are recorded by the Plan when actual payment is made.

2. Significant Accounting Policies (continued)

Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payment transactions are charged directly to the participant's account. Investment related expenses are included in net appreciation of fair value of investments.

Recent Accounting Pronouncements

In August 2019, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurement*, which eliminates, adds, and modifies certain disclosure requirements for fair value measurements as part of its disclosure framework project. The guidance is effective for all entities for fiscal years beginning after December 15, 2019. Early adoption is permitted. This standard has been adopted beginning with the reporting period ended December 31, 2020.

Subsequent Events

The Company evaluated events occurring between the end of the most recent Plan year and through October 13, 2021, the date the financial statements and supplemental schedule were available to be issued. See specific subsequent events disclosed in Note 10.

3. Fair Value Measurements

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 or 2019.

- *Pooled separate accounts*: Pooled separate accounts (PSAs) are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate and mutual funds. The investments in the PSA are valued using net asset value (NAV) as a practical expedient to estimate fair value where NAV is based on the market value of its underlying investments. The PSA NAV is not a publicly quoted price in an active market.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

3. Fair Value Measurements (continued)

Investments, at fair value, that are valued using NAV as a practical expedient totaled $3,741,804 and 2,573,586 at December 31, 2020 and 2019, respectively.

4. Fully Benefit-Responsive Investment Contract

The Plan holds a guaranteed investment contract with the trustee that meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants when they initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less withdrawals.

The guaranteed investment contract is backed by the general account of the contract issuer. The Plan deposits a lump sum with the issuer and receives a guaranteed crediting rate for a specified period. Interest is accrued on either a simple or fully compounded basis and is paid either periodically or at the end of the contract term. The contract allows for a lump sum distribution at any time, subject to a market value adjustment, or an installment payout over a period of years at contract value (principal plus accrued interest). The contract shall remain in force until all assets have been distributed or no further payments are due. The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

5. Information Certified by the Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide, the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, at fair value and contract value, and notes receivable from participants, as shown in the statements of net assets available for benefits at December 31, 2020 and 2019.
- Total investment income and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2020.
- Schedule H, line 4i – schedule of assets (held at end of year) at December 31, 2020.

6. Related-Party and Party-In-Interest Transactions

Plan assets include investments in funds managed by Nationwide and notes receivable from participants. Nationwide serves as the Plan's trustee and as such, these transactions qualify as party-in-interest transactions under ERISA.

7. 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 the termination of the Plan, the individual accounts of all members shall become fully vested. After deducting all charges and expenses, the balances of all individual accounts will be adjusted and the remaining assets distributed.

8. Income Tax Status

The Plan adopted a volume submitter plan document that received an advisory letter from the IRS on March 31, 2014. The advisory letter stated that the volume submitter plan document is designed in accordance with the applicable sections of the IRC. In accordance with Revenue Procedures 2020-4 and 2015-36, the Company has determined that it is eligible to and has chosen to rely on the current IRS advisory letter. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes is included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, and for the year ended December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the Plan's financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, the Plan is not currently under audit with respect to any tax periods in progress.

During the year ended December 31, 2020, the Plan administrator determined that certain operational errors existed with respect to the Plan. The Plan Sponsor is in the process of quantifying and correcting these operational errors in accordance with applicable IRS guidelines in order to maintain the Plan's continued qualified status.

9. Reconciliation of Financial Statements to Form 5500

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

	December 31, 2020	2019
Net assets available for benefits per the financial statements	**$ 3,789,178**	$ 2,638,540
Plus: Amounts attributed to excess contributions payable reported in the financial statements but not reflected on the 5500	**73,422**	3,438
Net assets available for benefits per the Form 5500	**$ 3,862,600**	$ 2,641,978

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

Total net increase per the Statement of Changes in Net Assets Available for Benefits	**$ 1,150,638**
Plus: Amounts attributed to current year excess contributions payable reported in the financial statements but not reflected on the Form 5500	**73,422**
Less: Amounts attributed to prior year excess contributions payable reported in the financial statements but not reflected on the Form 5500	**(3,438)**
Net income per the Form 5500	**$ 1,220,622**

10. Subsequent Events

On September 15, 2021, the Plan Sponsor executed a Plan amendment to replace discretionary employer matching contributions with employer safe harbor contributions. Effective January 1, 2022, the Plan Sponsor shall make safe harbor contributions equal to 100% of a participant's elective deferrals that do not exceed 3% of the participant's compensation, as defined, plus 50% of a participant's elective deferrals that exceed 3% of the participant's compensation but do not exceed 5% of the participant's compensation. Such safe harbor contributions shall be made each pay period. Highly compensated employees, as defined, are excluded from receiving employer safe harbor contributions but may receive a discretionary employer safe harbor contribution in a percentage that does not exceed the amount provided to non-highly compensated employees. All employer safe harbor contributions shall immediately be 100% vested.

Supplemental Schedule

Tiff's Treats GP, LLC 401(k) Plan

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

EIN: 20-0546599 PN: 001

December 31, 2020

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
*	NW Fxd Sel Option	Guaranteed Investment Contract	$ 34,430
*	Fed Hrms Gov Obligations Premier	Pooled separate account	18,449
*	Black Rock High Yield Bond Port K	Pooled separate account	600
*	DFA Merging Market Cor Eq Inst	Pooled separate account	4,804
*	DFA Global Real Estate Sec Inst	Pooled separate account	2,438
*	JPM Large Cap Gr R6	Pooled separate account	110,990
*	NW Geneva Sm Cap Gr Inst Svc	Pooled separate account	190,950
*	Col Sel Large Cap Gr Inst	Pooled separate account	4,239
*	Vanguard Explr Adm	Pooled separate account	1,238
*	DFA US Large Cap Val Inst	Pooled separate account	4,785
*	DFA US Target Val Inst	Pooled separate account	1,212
*	TIAACRF Real Est Sec Inst	Pooled separate account	30,152
*	TIAACRF Lifecycle 2010 Inst	Pooled separate account	6,598
*	TIAACRF Lifecycle 2015 Inst	Pooled separate account	20,405
*	TIAACRF Lifecycle 2020 Inst	Pooled separate account	6,300
*	TIAACRF Lifecycle 2025 Inst	Pooled separate account	47,655
*	TIAACRF Lifecycle 2030 Inst	Pooled separate account	56,222
*	TIAACRF Lifecycle 2035 Inst	Pooled separate account	25,838
*	TIAACRF Lifecycle 2040 Inst	Pooled separate account	210,388
*	TIAACRF Lifecycle 2045 Inst	Pooled separate account	163,609
*	TIAACRF Lifecycle 2050 Inst	Pooled separate account	508,017
*	TIAACRF Lifecycle 2055 Inst	Pooled separate account	1,105,146
*	TIAACRF Lifecycle 2060 Inst	Pooled separate account	20,762
*	PGIM Total Return Bond R6	Pooled separate account	1,418
*	JPM Eq Inc R5	Pooled separate account	79,363
*	NW Loomis All Cap Gr R6	Pooled separate account	4,242
*	Fidelity 500 Index	Pooled separate account	309,555
*	Fidelity Inflation Protect Bond Index	Pooled separate account	26,190
*	Fidelity Intl Index	Pooled separate account	51,779
*	Fidelity Total Market Index	Pooled separate account	15,942
*	Fed Hrms Inst High Yield Bond Inst	Pooled separate account	11,963

Tiff's Treats GP, LLC 401(k) Plan

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

EIN: 20-0546599 PN: 001

December 31, 2020

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
*	NW Inv Dest Aggr R6	Pooled separate account	5,370
*	NW Inv Dest Mod Cnsrv R6	Pooled separate account	20,659
*	NW Inv Dest Mod R6	Pooled separate account	34,452
*	Harbor Intl Gr Inst	Pooled separate account	5,506
*	Invesco Opp Disc Mid Cap Growth Y	Pooled separate account	368,627
*	PIMCO Real Return Inst	Pooled separate account	712
*	Am Funds Euro Pacific Growth R6	Pooled separate account	46,121
*	Am Funds New Wld R6	Pooled separate account	101,447
*	BlkRk MdCap Gr Eq	Pooled separate account	2,503
*	JPM Cor Bd R6	Pooled separate account	22,565
*	JPM Mrtg Bckd Sec R6	Pooled separate account	5,563
*	BlkRk Strat Inc Oppr 1	Pooled separate account	31,859
*	AB Glbl Bd 1	Pooled separate account	113
*	Diamond Hill MdCap 1	Pooled separate account	2,441
*	DodgeCox Intl Stk	Pooled separate account	5,438
*	TIAACRF LfCyclndRtLInc	Pooled separate account	5,944
*	Fid US Bd Indx	Pooled separate account	6,991
*	Fid Intmd Trsry Bd Inx	Pooled separate account	25,244
*	NW Inv Dest Cnsrv R6	Pooled separate account	4,316
*	NW Inv Dest Mod Aggr R6	Pooled separate account	4,684
*	Notes receivable from participants	With varying maturity dates and interest rates ranging from 5.25% to 7.50%	86,366
			$ 3,862,600

* Indicates a party-in-interest to the Plan

Note: Cost information (column d) is not provided as all investments are participant-directed

Financial Statements and Supplemental Schedule

Tiff's Treats GP, LLC 401(k) Plan

As of December 31, 2020 and 2019
and for the year ended December 31, 2020
with Report of Independent Auditors

HOLTZMAN

Report of Independent Auditors

Plan Administrator and Participants and Beneficiaries
Tiff's Treats GP, LLC 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Tiff's Treats GP, LLC 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Nationwide Trust Company, FSB, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that Nationwide Trust Company, FSB holds the Plan's investments and notes receivable from participants and executes the related transactions. The Plan administrator obtained a certification from the trustee at December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

Holtzman Partners, LLP

Austin, Texas
October 13, 2021

Tiff's Treats GP, LLC 401(k) Plan

Statements of Net Assets Available for Benefits

	December 31, 2020	2019
Assets		
Investments:		
Investments, at fair value	**$ 3,741,804**	$ 2,573,586
Investments, at contract value	**34,430**	36,447
Total investments	**3,776,234**	2,610,033
Receivables:		
Notes receivable from participants	**86,366**	31,945
Total receivables	**86,366**	31,495
Total assets	**3,862,600**	2,641,978
Liabilities		
Excess contributions payable	**73,422**	3,438
Net assets available for benefits	**$ 3,789,178**	$ 2,638,540

See accompanying notes.

Tiff's Treats GP, LLC 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2020

Additions	
Investment income:	
Net appreciation of investments	**$ 628,205**
Interest and dividends from investments	**5**
Total investment income	**628,210**
Interest income on notes receivable from participants	**3,664**
Contributions:	
Employee	**546,612**
Rollover	**179,975**
Total contributions	**726,587**
Total additions	**1,358,461**
Deductions	
Distributions to participants	**204,492**
Deemed distributions of notes receivable from participants	**3,331**
Total deductions	**207,823**
Net increase	**1,150,638**
Net assets available for benefits at beginning of year	**2,638,540**
Net assets available for benefits at end of year	**$ 3,789,178**

See accompanying notes.

Tiff's Treats GP, LLC 401(k) Plan

Notes to Financial Statements

As of December 31, 2020 and 2019
and for the year ended December 31, 2020

1. Description of the Plan

Tiff's Treats GP, LLC 401(k) Plan (the "Plan") is a defined contribution plan covering substantially all eligible employees of Tiff's Treats GP, LLC (the "Company" or "Plan Sponsor"). The Plan became effective January 1, 2012 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All Plan assets are held by Nationwide Trust Company, FSB ("Nationwide"). Complete information regarding the Plan is included in the Plan Agreement. Significant Plan provisions are summarized below.

As part of the federal government's response to a public health emergency caused by a novel strain of coronavirus ("COVID-19"), on March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was enacted. The CARES Act included several optional relief provisions available to qualified retirement plans and their participants. As described below, during the year ended December 31, 2020, the Plan began operating under certain of these optional provisions. Written amendments to the Plan Document to formally adopt optional provisions of the CARES Act will be executed at a later date in accordance with applicable law and IRS guidance.

Eligibility

Employees of the Company are eligible to participate in the Plan beginning on the first day of the month coinciding with or following the attainment of six months of service, as defined. Participants must be employed on December 31 to be eligible for employer matching or profit-sharing contributions unless the participant terminates due to death, disability, or retirement. Nonresident aliens and employees earning income subject to the Puerto Rican tax code are not eligible to participate in the Plan.

Contributions

Participants are allowed to make elective pre-tax or Roth deferrals to the Plan in an amount equal to not less than 1% nor more than 90% of their Plan compensation, as defined, subject to limitation under the Internal Revenue Code (IRC). Participants who have attained age 50 are eligible to make catch-up contributions. Participants may also contribute amounts representing rollovers from other qualified retirement plans or individual retirement accounts.

The Company may make contributions to the Plan of amounts determined and authorized by the Company's Board of Directors up to the maximum amounts permitted by the IRC. The Company's matching contributions are discretionary and are based on each participant's contribution. The Company may also make discretionary profit-sharing contributions. No matching or profit-sharing contributions were approved or made during the year ended December 31, 2020.

1. Description of the Plan (continued)

Participant Accounts

Participants direct the investment of their accounts among various investment options offered by the Plan. Participants may change their investment options daily.

Each participant's account is credited with (a) the participant's contributions, (b) an allocation of employer contributions, and (c) an allocation of investment earnings, and is charged with (a) withdrawals, (b) an allocation of investment losses, and (c) certain administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions, including rollover contributions, plus actual earnings thereon. Vesting in the Company's matching and profit-sharing contributions plus actual earnings thereon is based on years of credited service, as defined. A participant is 100% vested upon death or disability. Company matching and discretionary non-elective contributions are subject to the following vesting schedule:

Years of Service	Vested Benefits
Fewer than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years or greater	100%

Forfeitures

Unvested balances of participants' accounts may be subject to forfeiture upon termination of their employment with the Company. A forfeiture occurs in the Plan year in which the participant either receives a distribution of their vested account or has a five-year period of severance or break-in-service, as defined by the Plan. Forfeitures are retained in the Plan and first used to pay Plan administrative expenses with any remaining amounts used to reduce future employer contributions. The forfeited unvested account balance was approximately $18,000 at December 31, 2020 and 2019. For the year ended December 31, 2020, no forfeitures were used to pay Plan administrative expenses or for employer contributions.

1. Description of the Plan (continued)

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 and up to a maximum of i) $50,000 reduced by the highest outstanding note receivable balance over the prior twelve months or ii) 50% of their vested account balance, whichever is less. Notes receivable from participants are secured by the vested balance in the participant's account and bear interest at the prime rate plus 2%. Participants may only have one note receivable outstanding at a time. Principal and interest are paid ratably through payroll deductions over a period generally not to exceed five years, unless the funds are used for purchase of a principal residence, in which case repayment terms may be extended.

On June 17, 2020, the Company elected to make the CARES Act's optional loan repayment deferment and increased loan limit provisions effective immediately. An eligible participant could defer current loan payments due between March 27, 2020 to December 31, 2020 for up to one year with accrued interest. An eligible participant could also choose to take out a loan up to the lesser of $100,000 or 100% of their vested balance effective for 180 days beginning March 27, 2020. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

Payment of Benefits

Upon termination of service due to death, disability, normal retirement after reaching age 65, or termination of employment, a participant is entitled to receive an amount equal to the vested interest in his or her account, payable in partial withdrawals or a lump-sum payment. In general, if a participant's vested account balance, as defined by the Plan, is greater than $5,000 and employment is terminated other than due to retirement or death, the account may not be distributed before normal retirement without the participant's consent. Participants' account balances that are less than $5,000, but in excess of $1,000 (the involuntary cash-out amount) will be paid as a direct rollover to an individual retirement account. However, regardless of participant election as to the payment, the Plan may, upon termination of service of a participant for any reason, pay the benefits owed in a lump sum if the account balance is less than $5,000. Distributions are subject to the applicable provisions of the Plan agreement.

In-service withdrawals of all or a portion of a participant's vested account balance may be withdrawn by a participant after reaching age 59 ½. In-service withdrawals of all or a portion of a participant's rollover account balance may be withdrawn at any time.

1. Description of the Plan (continued)

Withdrawals from the Plan may also be made upon circumstances of financial hardship, in accordance with the provisions specified in the Plan.

Distributions from the Plan will normally be subject to income taxes and in certain circumstances may also be subject to IRS penalties, unless the distribution is transferred to another qualified plan or individual retirement account.

On June 17, 2020, the Company elected to make the CARES Act penalty-free hardship withdrawal provision effective immediately. Qualified participants could elect to take a penalty-free Coronavirus Related Distribution (CRD) up to $100,000, not to exceed the participant's vested balance. CRD distributions were available from March 27, 2020 through December 31, 2020.

2. Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

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

Risks and Uncertainties

The Plan provides for investments in various investment securities which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the financial statements and supplemental schedule.

2. Significant Accounting Policies (continued)

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. The Plan's Administrative Committee determines the Plan's valuation policies using information provided by the investment advisers and the trustee. See Note 3 for discussion of fair value measurements.

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 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.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. For participant loans that become delinquent, are not cured and result in default, the amount of the unpaid loan principal and interest due to the Plan will be treated as a deemed distribution. Deemed distributions are reported as a taxable distribution and remain part of the participant's account balance until a distributable event occurs.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2020 excess contributions to the applicable participants prior to March 15, 2021.

Payment of Benefits

Benefits to participants are recorded by the Plan when actual payment is made.

2. Significant Accounting Policies (continued)

Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payment transactions are charged directly to the participant's account. Investment related expenses are included in net appreciation of fair value of investments.

Recent Accounting Pronouncements

In August 2019, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurement*, which eliminates, adds, and modifies certain disclosure requirements for fair value measurements as part of its disclosure framework project. The guidance is effective for all entities for fiscal years beginning after December 15, 2019. Early adoption is permitted. This standard has been adopted beginning with the reporting period ended December 31, 2020.

Subsequent Events

The Company evaluated events occurring between the end of the most recent Plan year and through October 13, 2021, the date the financial statements and supplemental schedule were available to be issued. See specific subsequent events disclosed in Note 10.

3. Fair Value Measurements

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 or 2019.

- *Pooled separate accounts*: Pooled separate accounts (PSAs) are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate and mutual funds. The investments in the PSA are valued using net asset value (NAV) as a practical expedient to estimate fair value where NAV is based on the market value of its underlying investments. The PSA NAV is not a publicly quoted price in an active market.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

3. Fair Value Measurements (continued)

Investments, at fair value, that are valued using NAV as a practical expedient totaled $3,741,804 and 2,573,586 at December 31, 2020 and 2019, respectively.

4. Fully Benefit-Responsive Investment Contract

The Plan holds a guaranteed investment contract with the trustee that meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants when they initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less withdrawals.

The guaranteed investment contract is backed by the general account of the contract issuer. The Plan deposits a lump sum with the issuer and receives a guaranteed crediting rate for a specified period. Interest is accrued on either a simple or fully compounded basis and is paid either periodically or at the end of the contract term. The contract allows for a lump sum distribution at any time, subject to a market value adjustment, or an installment payout over a period of years at contract value (principal plus accrued interest). The contract shall remain in force until all assets have been distributed or no further payments are due. The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

5. Information Certified by the Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide, the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, at fair value and contract value, and notes receivable from participants, as shown in the statements of net assets available for benefits at December 31, 2020 and 2019.
- Total investment income and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2020.
- Schedule H, line 4i – schedule of assets (held at end of year) at December 31, 2020.

6. Related-Party and Party-In-Interest Transactions

Plan assets include investments in funds managed by Nationwide and notes receivable from participants. Nationwide serves as the Plan's trustee and as such, these transactions qualify as party-in-interest transactions under ERISA.

7. 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 the termination of the Plan, the individual accounts of all members shall become fully vested. After deducting all charges and expenses, the balances of all individual accounts will be adjusted and the remaining assets distributed.

8. Income Tax Status

The Plan adopted a volume submitter plan document that received an advisory letter from the IRS on March 31, 2014. The advisory letter stated that the volume submitter plan document is designed in accordance with the applicable sections of the IRC. In accordance with Revenue Procedures 2020-4 and 2015-36, the Company has determined that it is eligible to and has chosen to rely on the current IRS advisory letter. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes is included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, and for the year ended December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the Plan's financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, the Plan is not currently under audit with respect to any tax periods in progress.

During the year ended December 31, 2020, the Plan administrator determined that certain operational errors existed with respect to the Plan. The Plan Sponsor is in the process of quantifying and correcting these operational errors in accordance with applicable IRS guidelines in order to maintain the Plan's continued qualified status.

9. Reconciliation of Financial Statements to Form 5500

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

	December 31, 2020	2019
Net assets available for benefits per the financial statements	**$ 3,789,178**	$ 2,638,540
Plus: Amounts attributed to excess contributions payable reported in the financial statements but not reflected on the 5500	**73,422**	3,438
Net assets available for benefits per the Form 5500	**$ 3,862,600**	$ 2,641,978

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

Total net increase per the Statement of Changes in Net Assets Available for Benefits	**$ 1,150,638**
Plus: Amounts attributed to current year excess contributions payable reported in the financial statements but not reflected on the Form 5500	**73,422**
Less: Amounts attributed to prior year excess contributions payable reported in the financial statements but not reflected on the Form 5500	**(3,438)**
Net income per the Form 5500	**$ 1,220,622**

10. Subsequent Events

On September 15, 2021, the Plan Sponsor executed a Plan amendment to replace discretionary employer matching contributions with employer safe harbor contributions. Effective January 1, 2022, the Plan Sponsor shall make safe harbor contributions equal to 100% of a participant's elective deferrals that do not exceed 3% of the participant's compensation, as defined, plus 50% of a participant's elective deferrals that exceed 3% of the participant's compensation but do not exceed 5% of the participant's compensation. Such safe harbor contributions shall be made each pay period. Highly compensated employees, as defined, are excluded from receiving employer safe harbor contributions but may receive a discretionary employer safe harbor contribution in a percentage that does not exceed the amount provided to non-highly compensated employees. All employer safe harbor contributions shall immediately be 100% vested.

Supplemental Schedule

Tiff's Treats GP, LLC 401(k) Plan

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

EIN: 20-0546599 PN: 001

December 31, 2020

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
*	NW Fxd Sel Option	Guaranteed Investment Contract	$ 34,430
*	Fed Hrms Gov Obligations Premier	Pooled separate account	18,449
*	Black Rock High Yield Bond Port K	Pooled separate account	600
*	DFA Merging Market Cor Eq Inst	Pooled separate account	4,804
*	DFA Global Real Estate Sec Inst	Pooled separate account	2,438
*	JPM Large Cap Gr R6	Pooled separate account	110,990
*	NW Geneva Sm Cap Gr Inst Svc	Pooled separate account	190,950
*	Col Sel Large Cap Gr Inst	Pooled separate account	4,239
*	Vanguard Explr Adm	Pooled separate account	1,238
*	DFA US Large Cap Val Inst	Pooled separate account	4,785
*	DFA US Target Val Inst	Pooled separate account	1,212
*	TIAACRF Real Est Sec Inst	Pooled separate account	30,152
*	TIAACRF Lifecycle 2010 Inst	Pooled separate account	6,598
*	TIAACRF Lifecycle 2015 Inst	Pooled separate account	20,405
*	TIAACRF Lifecycle 2020 Inst	Pooled separate account	6,300
*	TIAACRF Lifecycle 2025 Inst	Pooled separate account	47,655
*	TIAACRF Lifecycle 2030 Inst	Pooled separate account	56,222
*	TIAACRF Lifecycle 2035 Inst	Pooled separate account	25,838
*	TIAACRF Lifecycle 2040 Inst	Pooled separate account	210,388
*	TIAACRF Lifecycle 2045 Inst	Pooled separate account	163,609
*	TIAACRF Lifecycle 2050 Inst	Pooled separate account	508,017
*	TIAACRF Lifecycle 2055 Inst	Pooled separate account	1,105,146
*	TIAACRF Lifecycle 2060 Inst	Pooled separate account	20,762
*	PGIM Total Return Bond R6	Pooled separate account	1,418
*	JPM Eq Inc R5	Pooled separate account	79,363
*	NW Loomis All Cap Gr R6	Pooled separate account	4,242
*	Fidelity 500 Index	Pooled separate account	309,555
*	Fidelity Inflation Protect Bond Index	Pooled separate account	26,190
*	Fidelity Intl Index	Pooled separate account	51,779
*	Fidelity Total Market Index	Pooled separate account	15,942
*	Fed Hrms Inst High Yield Bond Inst	Pooled separate account	11,963

Tiff's Treats GP, LLC 401(k) Plan

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

EIN: 20-0546599 PN: 001

December 31, 2020

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
*	NW Inv Dest Aggr R6	Pooled separate account	5,370
*	NW Inv Dest Mod Cnsrv R6	Pooled separate account	20,659
*	NW Inv Dest Mod R6	Pooled separate account	34,452
*	Harbor Intl Gr Inst	Pooled separate account	5,506
*	Invesco Opp Disc Mid Cap Growth Y	Pooled separate account	368,627
*	PIMCO Real Return Inst	Pooled separate account	712
*	Am Funds Euro Pacific Growth R6	Pooled separate account	46,121
*	Am Funds New Wld R6	Pooled separate account	101,447
*	BlkRk MdCap Gr Eq	Pooled separate account	2,503
*	JPM Cor Bd R6	Pooled separate account	22,565
*	JPM Mrtg Bckd Sec R6	Pooled separate account	5,563
*	BlkRk Strat Inc Oppr 1	Pooled separate account	31,859
*	AB Glbl Bd 1	Pooled separate account	113
*	Diamond Hill MdCap 1	Pooled separate account	2,441
*	DodgeCox Intl Stk	Pooled separate account	5,438
*	TIAACRF LfCyclndRtLInc	Pooled separate account	5,944
*	Fid US Bd Indx	Pooled separate account	6,991
*	Fid Intmd Trsry Bd Inx	Pooled separate account	25,244
*	NW Inv Dest Cnsrv R6	Pooled separate account	4,316
*	NW Inv Dest Mod Aggr R6	Pooled separate account	4,684
*	Notes receivable from participants	With varying maturity dates and interest rates ranging from 5.25% to 7.50%	86,366
			$ 3,862,600

* Indicates a party-in-interest to the Plan

Note: Cost information (column d) is not provided as all investments are participant-directed

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 and ending

A Name of plan

B Three-digit plan number (PN) ▶

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

D Employer Identification Number (EIN)

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)		
(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)		
(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**		
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**		

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)**		
	(B) Participants	**2a(1)(B)**		
	(C) Others (including rollovers)	**2a(1)(C)**		
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		
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)**		
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**		
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**		
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
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)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☐ 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: **(2)** EIN:

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			

			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**			
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**			
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**			
e	Was this plan covered by a fidelity bond?	**4e**			
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**			
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**			
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**			
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**			
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**			
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**			
l	Has the plan failed to provide any benefit when due under the plan?	**4l**			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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 _____.

Attachment to 2020 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name TIFF'S TREATS GP, LLC TIFF'S TREATS GP, LLC 401(K) PLAN **EIN:** 20-0546599

Plan Sponsor's Name TIFF'S TREATS GP, LLC **PN:** 001

(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
	Participant Loans	Interest Rate		86,366
	Nationwide Life Insurance	AB Glbl Bd I		113
	Nationwide Life Insurance	AmFds EuroPacfc Gr R6		46,121
	Nationwide Life Insurance	AmFds New Wld R6		101,447
	Nationwide Life Insurance	BlkRk Hi Yld Bd Port K		600
	Nationwide Life Insurance	BlkRk MdCap Gr Eq Inst		2,503
	Nationwide Life Insurance	BlkRk Strat Inc Oppr I		31,859

Attachment to 2020 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name TIFF'S TREATS GP, LLC TIFF'S TREATS GP, LLC 401(K) PLAN **EIN:** 20-0546599

Plan Sponsor's Name TIFF'S TREATS GP, LLC **PN:** 001

(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
	Nationwide Life Insurance	Col Sel LgCap Gr Inst2		4,239
	Nationwide Life Insurance	DFA Emrg Mkt Cor Eq Inst		4,804
	Nationwide Life Insurance	DFA Glbl RealEst Sec Inst		2,438
	Nationwide Life Insurance	DFA US LgCap Val Inst		4,785
	Nationwide Life Insurance	DFA US Trgt Val Inst		1,212
	Nationwide Life Insurance	Diamond Hill MdCap I		2,441
	Nationwide Life Insurance	DodgeCox Intl Stk		5,438

Attachment to 2020 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name TIFF'S TREATS GP, LLC TIFF'S TREATS GP, LLC 401(K) PLAN **EIN:** 20-0546599

Plan Sponsor's Name TIFF'S TREATS GP, LLC **PN:** 001

(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
	Nationwide Life Insurance	Fed Hrms Gov Oblgtns Prmr		18,449
	Nationwide Life Insurance	Fed Hrms Inst HiYldBd Inst		11,963
	Nationwide Life Insurance	Fid 500 Indx		309,555
	Nationwide Life Insurance	Fid Infl Prtct Bd Indx		26,190
	Nationwide Life Insurance	Fid Intl Indx		51,779
	Nationwide Life Insurance	Fid Intmd Trsry Bd Indx		25,244
	Nationwide Life Insurance	Fid Ttl Mkt Indx		15,942

Attachment to 2020 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name TIFF'S TREATS GP, LLC TIFF'S TREATS GP, LLC 401(K) PLAN **EIN:** 20-0546599

Plan Sponsor's Name TIFF'S TREATS GP, LLC **PN:** 001

(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
	Nationwide Life Insurance	Fid US Bd Indx		6,991
	Nationwide Life Insurance	Harbor Intl Gr Inst		5,506
	Nationwide Life Insurance	Invsco Disc MdCapGr Y		368,627
	Nationwide Life Insurance	JPM Cor Bd R6		22,565
	Nationwide Life Insurance	JPM Eq Inc R5		79,363
	Nationwide Life Insurance	JPM LgCap Gr R6		110,990
	Nationwide Life Insurance	JPM Mrtg Bckd Sec R6		5,563

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name TIFF'S TREATS GP, LLC TIFF'S TREATS GP, LLC 401(K) PLAN **EIN:** 20-0546599

Plan Sponsor's Name TIFF'S TREATS GP, LLC **PN:** 001

(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
	Nationwide Life Insurance	NW FXD SEL OPTN		34,430
	Nationwide Life Insurance	NW Geneva SmCapGr Inst Svc		190,950
	Nationwide Life Insurance	NW Inv Dest Aggr R6		5,370
	Nationwide Life Insurance	NW Inv Dest Cnsrv R6		4,316
	Nationwide Life Insurance	NW Inv Dest Mod Aggr R6		4,684
	Nationwide Life Insurance	NW Inv Dest Mod Cnsrv R6		20,659
	Nationwide Life Insurance	NW Inv Dest Mod R6		34,452

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name TIFF'S TREATS GP, LLC TIFF'S TREATS GP, LLC 401(K) PLAN **EIN:** 20-0546599

Plan Sponsor's Name TIFF'S TREATS GP, LLC **PN:** 001

(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
	Nationwide Life Insurance	NW Loomis AllCap Gr R6		4,242
	Nationwide Life Insurance	PGIM Ttl Rtn Bd R6		1,418
	Nationwide Life Insurance	PIMCO Real Rtn Inst		712
	Nationwide Life Insurance	TIAACRF LfCycInd 2010 Inst		6,598
	Nationwide Life Insurance	TIAACRF LfCycInd 2015 Inst		20,405
	Nationwide Life Insurance	TIAACRF LfCycInd 2020 Inst		6,300
	Nationwide Life Insurance	TIAACRF LfCycInd 2025 Inst		47,655

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name TIFF'S TREATS GP, LLC TIFF'S TREATS GP, LLC 401(K) PLAN **EIN:** 20-0546599

Plan Sponsor's Name TIFF'S TREATS GP, LLC **PN:** 001

(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
	Nationwide Life Insurance	TIAACRF LfCycInd 2030 Inst		56,222
	Nationwide Life Insurance	TIAACRF LfCycInd 2035 Inst		25,838
	Nationwide Life Insurance	TIAACRF LfCycInd 2040 Inst		210,388
	Nationwide Life Insurance	TIAACRF LfCycInd 2045 Inst		163,609
	Nationwide Life Insurance	TIAACRF LfCycInd 2050 Inst		508,017
	Nationwide Life Insurance	TIAACRF LfCycInd 2055 Inst		1,105,146
	Nationwide Life Insurance	TIAACRF LfCycInd 2060 Inst		20,762

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name TIFF'S TREATS GP, LLC TIFF'S TREATS GP, LLC 401(K) PLAN **EIN:** 20-0546599

Plan Sponsor's Name TIFF'S TREATS GP, LLC **PN:** 001

(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
	Nationwide Life Insurance	TIAACRF LfCycIndRtInc Inst		5,946
	Nationwide Life Insurance	TIAACRF RealEst Sec Inst		30,152
	Nationwide Life Insurance	Vngrd Explr Adml		1,238