

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 2021 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information						
1a	Name of plan <u>SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>09/30/1964</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>001</u>	1c	Effective date of plan <u>09/30/1964</u>		
1b	Three-digit plan number (PN) ▶ <u>001</u>						
1c	Effective date of plan <u>09/30/1964</u>						
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SCHWANS SHARED SERVICES, LLC</u> <u>115 WEST COLLEGE DRIVE</u> <u>MARSHALL, MN 56258</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>81-0572771</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>507-532-3274</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>541990</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>81-0572771</u>	2c	Plan Sponsor's telephone number <u>507-532-3274</u>	2d	Business code (see instructions) <u>541990</u>
2b	Employer Identification Number (EIN) <u>81-0572771</u>						
2c	Plan Sponsor's telephone number <u>507-532-3274</u>						
2d	Business code (see instructions) <u>541990</u>						

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2022	JEROME KIVEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	9322
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)	7162
a(2) Total number of active participants at the end of the plan year		6a(2)	6537
b Retired or separated participants receiving benefits.....		6b	65
c Other retired or separated participants entitled to future benefits		6c	2349
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	8951
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	24
f Total. Add lines 6d and 6e		6f	8975
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	8472
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 3F 3H 2K 2T 2R			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>4</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHWANS SHARED SERVICES, LLC	D Employer Identification Number (EIN) 81-0572771

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

1 Coverage Information:

(a) Name of insurance carrier
KNIGHTS OF COLUMBUS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0416470	58033	01694761	1	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ [ON FILE WITH INSURANCE COMMISSIONER](#)

b	Premiums paid to carrier	6b	2230
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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 2021 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHWANS SHARED SERVICES, LLC	D Employer Identification Number (EIN) 81-0572771

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

1 Coverage Information:

(a) Name of insurance carrier
MODERN WOODMEN OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-1493430	57541	7189345	1	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4															
5	Current value of plan's interest under this contract in separate accounts at year end.....	5															
6	Contracts With Allocated Funds:																
a	State the basis of premium rates ▶ ON FILE WITH INSURANCE COMMISSIONER																
b	Premiums paid to carrier	6b	924														
c	Premiums due but unpaid at the end of the year	6c															
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d															
e	Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶																
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐																
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)																
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶																
b	Balance at the end of the previous year	7b	0														
c	Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below) ▶	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%; text-align: center;">7c(1)</td><td></td></tr> <tr><td style="text-align: center;">7c(2)</td><td></td></tr> <tr><td style="text-align: center;">7c(3)</td><td></td></tr> <tr><td style="text-align: center;">7c(4)</td><td></td></tr> <tr><td style="text-align: center;">7c(5)</td><td></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;">7c(6)</td></tr> </table>	7c(1)		7c(2)		7c(3)		7c(4)		7c(5)				7c(6)		0
7c(1)																	
7c(2)																	
7c(3)																	
7c(4)																	
7c(5)																	
7c(6)																	
d	(6) Total additions	7c(6)	0														
e	Total of balance and additions (add lines 7b and 7c(6))	7d	0														
e	Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below) ▶	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%; text-align: center;">7e(1)</td><td></td></tr> <tr><td style="text-align: center;">7e(2)</td><td></td></tr> <tr><td style="text-align: center;">7e(3)</td><td></td></tr> <tr><td style="text-align: center;">7e(4)</td><td></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;">7e(5)</td></tr> </table>	7e(1)		7e(2)		7e(3)		7e(4)				7e(5)		0		
7e(1)																	
7e(2)																	
7e(3)																	
7e(4)																	
7e(5)																	
	(5) Total deductions	7e(5)	0														
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0														

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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 2021 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHWANS SHARED SERVICES, LLC	D Employer Identification Number (EIN) 81-0572771

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

1 Coverage Information:

(a) Name of insurance carrier
NORTHWESTERN MUTUAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0509570	67091	75941	2	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	25

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MITCHELL B GLOVER
113 HOWARD ST
PETOSKEY, MI 49770

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ [ON FILE WITH INSURANCE COMMISSIONER](#)

b	Premiums paid to carrier	6b	985
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	▶		
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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 2021 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHWANS SHARED SERVICES, LLC	D Employer Identification Number (EIN) 81-0572771

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	09108N	5	01/01/2021	12/31/2021

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
26	7

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
JAMES KONTZ
214 WEST COLLEGE DRIVE
MARSHALL, MN 56258

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26	6	BONUS AND TOTAL PENSION ENHANCEMENT	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TODD FREIMARK
3825 4TH AVE SW
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1	BONUS AND TOTAL PENSION ENHANCEMENT	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶ ON FILE WITH INSURANCE COMMISSIONER		
b	Premiums paid to carrier	6b	3585
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	
	Specify nature of costs ▶		
e	Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity		
	(3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee		
	(3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHWANS SHARED SERVICES, LLC	D Employer Identification Number (EIN) 81-0572771	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACK CREEK INVESTMENT MANAGEMENT
98-1395961

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GALLIARD CAPITAL MANAGEMENT, INC.
41-1813702

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GLOBAL TRUST COMPANY
26-3761443

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

GQG PARTNERS

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

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

MAWER COLLECTIVE INVESTMENT TRUST

38-7140710

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

PRUDENTIAL TRUST COMPANY

23-6994310

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

PZENA INVESTMENT MANAGEMENT

320 PARK AVENUE
8TH FLOOR
NEW YORK, NY 10022

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

RELIANCE TRUST COMPANY

58-1428634

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

SEI TRUST COMPANY

06-1271230

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

SUSTAINABLE GROWTH ADVISORS LP

05-0571266

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

THE VANGUARD GROUP, INC.

23-1945930

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

WELLINGTON TRUST COMPANY

04-2755549

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

WELLS FARGO BANK, N.A.

47-6524425

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

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

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

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

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

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

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

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

FIDELITY TRUST COMPANY

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 71 28 37 68	NONE	596265	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	452293	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON INVESTMENTS SERVICES

52-1868818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51 28 17 31 50	NONE	235989	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ARROWMARK PARTNERS

39-2068140

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	109527	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SNYDER CAPITAL MANAGEMENT

04-3370184

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	91934	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SANDERS CAPITAL, LLC

27-0705845

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 68 51	NONE	68042	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

CLIFTONLARSONALLEN LLP

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	27563	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KP LYNCH CPA PC

20-2059984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	20014	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 18 19 52	NONE	7739	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA S&P 500 500 INDEX NL SF CLASS</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-388</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>98429021</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO STABLE RETURN FUND W</u>		
b Name of sponsor of entity listed in (a): <u>GALLIARD CAPITAL MANAGEMENT</u>		
c EIN-PN <u>41-1813702-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>79089738</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACK CREEK MASTER COLLECTIVE INVES</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>82-3333269-110</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8101920</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL CORE PLUS BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u>		
c EIN-PN <u>23-6994310-165</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13193369</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA GLOBAL EQUITY EX USA INDEX NL</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>32-6528132-016</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19059125</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA GLOBAL EQUITY INDEX NL SF C</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-206</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3808722</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA RUSSELL ALL CAP INDEX NL SD</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-233</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26838006</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA TARGET RETIREMENT 2020 NL SF](#)

b Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST COMPANY](#)

c EIN-PN 90-0337987-481	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10145368
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA TARGET RETIREMENT 2025 NL SF](#)

b Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST COMPANY](#)

c EIN-PN 90-0337987-482	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33648273
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA TARGET RETIREMENT 2030 NL SF](#)

b Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST COMPANY](#)

c EIN-PN 90-0337987-483	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33266188
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA TARGET RETIREMENT 2035 NL SF](#)

b Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST COMPANY](#)

c EIN-PN 90-0337987-484	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28972013
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA TARGET RETIREMENT 2040 NL SF](#)

b Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST COMPANY](#)

c EIN-PN 90-0337987-485	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20456936
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: [BLACKROCK TOTAL RETURN BOND FUND M](#)

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

c EIN-PN 47-1236644-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12792875
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: [VIRTUS COLLECTIVE INVESTMENT TRUST](#)

b Name of sponsor of entity listed in (a): [SEI TRUST COMPANY](#)

c EIN-PN 45-1286900-046	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6679317
--	--	---

a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA TARGET RETIREMENT 2045 NL SF](#)

b Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST COMPANY](#)

c EIN-PN 90-0337987-486	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14309029
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA TARGET RETIREMENT 2050 NL SF](#)

b Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST COMPANY](#)

c EIN-PN 90-0337987-487	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10773517
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA TARGET RETIREMENT 2055 NL SF](#)

b Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST COMPANY](#)

c EIN-PN 90-0337987-488	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6955670
--	--	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2060 NL SF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-489	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2619483
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2065 NL SF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 32-6528132-048	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 863538
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT INCOME NL SF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-440	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2821718
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA US EXTENDED MARKET INDEX		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-330	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42934763
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II CORE BOND PLUS		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2755549-165	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12778376
a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS US SELECT CIT C		
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY		
c EIN-PN 82-6781933-026	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20944954
a Name of MTIA, CCT, PSA, or 103-12 IE: MAWER INTERNATIONAL EQUITY CIT W		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 38-7140710-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6676781
a Name of MTIA, CCT, PSA, or 103-12 IE: US TREASURY INFLATION PROTECTED SEC		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 45-4544033-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8131165
a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS INTERNATIONAL EQUITY C		
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY		
c EIN-PN 82-6253445-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7144741
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2020 NL SF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-432	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA TARGET RETIREMENT 2025 NL SF**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-433	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA TARGET RETIREMENT 2030 NL SF**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-434	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA TARGET RETIREMENT 2035 NL SF**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-435	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA TARGET RETIREMENT 2040 NL SF**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-436	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA TARGET RETIREMENT 2045 NL SF**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-437	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA TARGET RETIREMENT 2050 NL SF**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-438	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA TARGET RETIREMENT 2055 NL SF**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-439	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA TARGET RETIREMENT 2060 NL SF**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-424	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA TARGET RETIREMENT 2065 NL SF**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-044	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **PZENA INTERNATIONAL EXP VALUE ACWI**

b Name of sponsor of entity listed in (a): **RELIANCE TRUST COMPANY**

c EIN-PN 90-6169542-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
---------------------------------------	-------------------------------	--

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

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

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

SCHEDULE H (Form 5500) 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 2021 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHWANS SHARED SERVICES, LLC		
D Employer Identification Number (EIN) 81-0572771		

Part I	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)	326851	66898
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3613828	3824740
(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)	44440145	49588408
(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)	8164453	7183786
(9) Value of interest in common/collective trusts.....	1c(9)	482930518	531434608
(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)	11584674	15002497
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	526071	539252

		(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	551586540 607640189
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	284906 241875
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	565270 66333
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	850176 308208
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	550736364 607331981

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	5277856
	(B) Participants	2a(1)(B)	19592793
	(C) Others (including rollovers).....	2a(1)(C)	3009711
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	27880360
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	214
	(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)	434301
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	434515
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	486442
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	538150
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1024592
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	32430626
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	29464192
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	2966434
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	7514142
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	7514142

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		60869734
(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)		2996437
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		103686214
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	52630857	
(2) To insurance carriers for the provision of benefits.....	2e(2)	7724	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		52638581
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)	583241	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	1027206	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1610447
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		54249028
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		49437186
l Transfers of assets:			
(1) To this plan.....	2l(1)		7158431
(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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

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 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULE
YEARS ENDED DECEMBER 31, 2021 AND 2020**



CPAs | CONSULTANTS | WEALTH ADVISORS

CLAconnect.com

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
TABLE OF CONTENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	5
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	6
NOTES TO FINANCIAL STATEMENTS	7
ERISA-REQUIRED SUPPLEMENTAL SCHEDULE (ATTACHMENT TO FORM 5500)	
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)	16



INDEPENDENT AUDITORS' REPORT

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

Report on the Audit of the Financial Statements

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of Schwan's Company Retirement Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the 2021 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the 2021 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Schwan's Company Retirement Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Schwan's Company Retirement Savings Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Schwan's Company Retirement Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Schwan's Company Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Schwan's Company Retirement Savings Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 23, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



CliftonLarsonAllen LLP

Minneapolis, Minnesota
September 28, 2022

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
ASSETS		
INVESTMENTS (at Fair Value)	\$ 599,850,253	\$ 542,569,165
RECEIVABLES		
Interest and Dividends	39,819	154,202
Notes Receivable from Participants	7,320,543	8,286,306
Amounts Due from Brokers for Securities Sold	<u>27,079</u>	<u>172,649</u>
Total Receivables	<u>7,387,441</u>	<u>8,613,157</u>
Total Assets	607,237,694	551,182,322
LIABILITIES		
ACCOUNTS PAYABLE	241,875	284,906
AMOUNTS DUE TO BROKERS FOR SECURITIES PURCHASED	<u>66,333</u>	<u>565,270</u>
Total Liabilities	<u>308,208</u>	<u>850,176</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 606,929,486</u></u>	<u><u>\$ 550,332,146</u></u>

See accompanying Notes to Financial Statements.

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS AVAILABLE FOR BENEFITS ATTRIBUTED TO:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 74,333,566	\$ 55,143,378
Interest and Dividends	<u>1,024,806</u>	<u>2,459,871</u>
Total Investment Income	75,358,372	57,603,249
Less: Investment Management Fees	<u>(1,027,206)</u>	<u>(1,019,625)</u>
Net Investment Income	74,331,166	56,583,624
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	434,301	546,677
CONTRIBUTIONS		
Employee 401(k) Deferrals	19,592,793	19,170,731
Company Match	5,277,856	2,631,048
Rollovers	<u>3,009,711</u>	<u>2,781,964</u>
Total Contributions	27,880,360	24,583,743
BENEFITS PAID TO PARTICIPANTS	(52,615,953)	(68,261,943)
INSURANCE PREMIUMS	(7,724)	(9,928)
ADMINISTRATIVE EXPENSES	<u>(583,241)</u>	<u>(609,294)</u>
NET INCREASE PRIOR TO PLAN TRANSFERS	49,438,909	12,832,879
PLAN TO PLAN TRANSFER IN	<u>7,158,431</u>	<u>3,260,357</u>
NET INCREASE AFTER PLAN TRANSFER	56,597,340	16,093,236
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>550,332,146</u>	<u>534,238,910</u>
End of Year	<u>\$ 606,929,486</u>	<u>\$ 550,332,146</u>

See accompanying Notes to Financial Statements.

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 1 DESCRIPTION OF PLAN

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

General

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

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

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

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

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

Effective February 18, 2021, the Plan was amended to include the transfer of accounts of employees of Better Baked Foods, LLC 401(k) Plan.

Eligibility

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

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Contributions

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

The Plan provides for discretionary annual contributions as determined by the Company's Board of Directors. Employer contributions are not to exceed the maximum allowable amounts deductible by the Company under the provisions of the Internal Revenue Code (IRC). Profit sharing amounts are contributed at the option of the Company's Board of Directors and are invested in a portfolio of investments as directed by each participant. There were no discretionary contributions made for the years ended December 31, 2021 and 2020. Contributions are subject to certain limitations.

The Plan provides matching contributions. The Company's matching contribution is 50% of the first 6% of employee deferrals.

Participant Accounts

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

Vesting

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

CARES Act

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

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Notes Receivable from Participants

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

Forfeitures

Forfeitures are used to reduce the Company's contributions or for other purposes as allowed by the Plan document. There were \$8,935 and \$28,797 of forfeited nonvested accounts as of December 31, 2021 and 2020, respectively. Forfeitures of \$-0- and \$125,067 were used to restore participant accounts as of December 31, 2021 and 2020, respectively. Forfeitures of \$37,408 and \$103,723 were used to pay Plan expenses for the years ended December 31, 2021 and 2020, respectively.

Payment of Benefits

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

Life Insurance Contracts

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

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Expenses

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

Investment Valuation and Income Recognition

The Plan's investments are valued at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. For certain investments held in the Plan, investment fees are reported as part of the net appreciation or depreciation.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

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

Notes Receivable from Participants

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

NOTE 3 INVESTMENTS AND CERTIFICATION OF INVESTMENT INFORMATION

Fidelity Management Trust Company, the qualified institution, has supplied the Plan administrator with a certification as to the completeness and accuracy of notes receivable from participants and investment information presented in the accompany statements of net assets available for benefits as of December 31, 2021 and 2020, and the statements of changes in net assets available for benefits for the years then ended and the supplemental schedule of assets (held at end of year) as of December 31, 2021.

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 4 FAIR VALUE OF INVESTMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2021 and 2020.

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

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

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

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

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

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

	2021			
	Level 1	Level 2	Level 3	Total
Assets:				
Interest Bearing Cash	\$ -	\$ 2,252,256	\$ -	\$ 2,252,256
Common Stocks	41,264,899	-	-	41,264,899
Common Collective Trusts	-	531,434,608	-	531,434,608
Self-Directed Brokerage	15,248,955	-	-	15,248,955
Mutual Funds	9,649,535	-	-	9,649,535
Total Investments at Fair Value	<u>\$ 66,163,389</u>	<u>\$ 533,686,864</u>	<u>\$ -</u>	<u>\$ 599,850,253</u>

	2020			
	Level 1	Level 2	Level 3	Total
Assets:				
Interest Bearing Cash	\$ -	\$ 1,840,187	\$ -	\$ 1,840,187
Common Stocks	37,756,590	-	-	37,756,590
Common Collective Trusts	-	482,930,518	-	482,930,518
Self-Directed Brokerage	12,417,304	-	-	12,417,304
Mutual Funds	7,624,566	-	-	7,624,566
Total Investments at Fair Value	<u>\$ 57,798,460</u>	<u>\$ 484,770,705</u>	<u>\$ -</u>	<u>\$ 542,569,165</u>

NOTE 5 PLAN TAX STATUS

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

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 5 PLAN TAX STATUS (CONTINUED)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6 PLAN TERMINATION

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

NOTE 7 PARTY-IN-INTEREST TRANSACTIONS

Transactions resulting in Plan assets being transferred to or used by a related party are prohibited by ERISA unless a specific exemption applies. Fidelity Management Trust Company is a party-in-interest as defined by ERISA as a result of investing Plan assets in the investment funds and payment of fees. However, such transactions are exempt under Section 408(b)(8) and are not prohibited by ERISA. Total fees paid to Fidelity for trustee and recordkeeping fees were \$535,665 and \$587,874 for the years ended December 31, 2021 and 2020, respectively. Total fees paid to Willis Towers Watson for fiduciary services were \$235,989 and \$204,422 for the years ended December 31, 2021 and 2020, respectively. Plan management has evaluated and concluded that these transactions are considered arms-length transactions.

NOTE 8 RISKS AND UNCERTAINTIES

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

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2021</u>	<u>2020</u>
Net Assets Available for Benefits Per the Financial Statements	\$ 606,929,486	\$ 550,332,146
Allocated Life Insurance Policies	539,252	526,071
Defaulted Loans	<u>(136,757)</u>	<u>(121,853)</u>
Net Assets Available for Benefits Per Form 5500	<u><u>\$ 607,331,981</u></u>	<u><u>\$ 550,736,364</u></u>

The following is a reconciliation of distributions to participants per the financial statements to Form 5500 for the year ended December 31, 2021:

	<u>Amount</u>
Distributions to Participants Per the Financial Statements	\$ 52,615,953
Add: Loans in Default at End of Year	136,757
Less: Loans in Default at Beginning of Year	<u>(121,853)</u>
Benefits Paid to Participants Per Form 5500	<u><u>\$ 52,630,857</u></u>

The following is a reconciliation of investment income per the financial statements to Form 5500 for the year ended December 31, 2021:

	<u>Amount</u>
Total Investment Income per the Financial Statements	\$ 75,358,372
Less: Change in Life Insurance Policies Value	13,181
Add: Participant Loan Interest	<u>434,301</u>
Total Investment Income per Form 5500	<u><u>\$ 75,805,854</u></u>

NOTE 10 PLAN TO PLAN TRANSFERS IN

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

Effective February 18, 2021, certain employees transferred balances from the Better Baked Foods, LLC 401(k) Plan into this Plan with participant balances in the amount of \$7,158,431 transferring in.

**SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 11 SUBSEQUENT EVENTS

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through September 28, 2022, the date the financial statements were available to be issued.

SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
E.I.N. 81-0572771 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	2U INC	Corporate Stocks - Common	**	\$ 179,145
	8X8 INC	Corporate Stocks - Common	**	174,656
	ABBVIE INC	Corporate Stocks - Common	**	106,289
	ABIOMED INC	Corporate Stocks - Common	**	69,320
	ABM INDUSTRIES INC	Corporate Stocks - Common	**	126,063
	ACV AUCTIONS INC CL A	Corporate Stocks - Common	**	188,249
	AGIOS PHARMACEUTICALS INC	Corporate Stocks - Common	**	67,121
	ALIGHT INC CL A	Corporate Stocks - Common	**	30,463
	ALLEGHANY CORP DEL	Corporate Stocks - Common	**	170,235
	ALPHABET INC CL C	Corporate Stocks - Common	**	1,090,883
	AMETEK INC NEW	Corporate Stocks - Common	**	483,026
	AMN HEALTHCARE SERVICES INC	Corporate Stocks - Common	**	157,806
	AMPHENOL CORPORATION CL A	Corporate Stocks - Common	**	450,124
	ANAPLAN INC	Corporate Stocks - Common	**	78,816
	ANTHEM INC	Corporate Stocks - Common	**	612,800
	APPLE INC	Corporate Stocks - Common	**	860,504
	APTIV PLC	Corporate Stocks - Common	**	226,311
	ARVINAS INC	Corporate Stocks - Common	**	68,094
	ATMOS ENERGY CORP	Corporate Stocks - Common	**	132,010
	AXOGEN INC	Corporate Stocks - Common	**	57,878
	BANK OZK	Corporate Stocks - Common	**	86,406
	BELDEN INC	Corporate Stocks - Common	**	117,574
	BIO TECHNE CORP	Corporate Stocks - Common	**	124,679
	BROWN & BROWN INC	Corporate Stocks - Common	**	315,206
	BWX TECHNOLOGIES INC	Corporate Stocks - Common	**	278,422
	C4 THERAPEUTICS INC	Corporate Stocks - Common	**	62,983
	CABOT CORP	Corporate Stocks - Common	**	234,972
	CANADA GOOSE HOLDINGS INC	Corporate Stocks - Common	**	104,287
	CANO HEALTH INC	Corporate Stocks - Common	**	61,132
	CAREDX INC	Corporate Stocks - Common	**	98,964
	CARGURUS INC CL A	Corporate Stocks - Common	**	109,128
	CARTERS INC	Corporate Stocks - Common	**	77,535
	CATALENT INC	Corporate Stocks - Common	**	433,510
	CH ROBINSON WORLDWIDE INC	Corporate Stocks - Common	**	262,986
	CHANNELADVISOR CORP	Corporate Stocks - Common	**	58,862
	CHARLES RIVER LABS INTL INC	Corporate Stocks - Common	**	461,179

SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
E.I.N. 81-0572771 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	CIGNA CORP	Corporate Stocks - Common	**	\$ 431,475
	CIMPRESS PLC	Corporate Stocks - Common	**	99,395
	CITIGROUP INC	Corporate Stocks - Common	**	362,763
	CLEAN HARBORS INC	Corporate Stocks - Common	**	620,270
	CONSENSUS CLOUD SOLUTION	Corporate Stocks - Common	**	63,657
	COOPER COMPANIES INC	Corporate Stocks - Common	**	71,220
	COPART INC	Corporate Stocks - Common	**	204,232
	DR HORTON INC	Corporate Stocks - Common	**	317,867
	ENTEGRIS INC	Corporate Stocks - Common	**	671,836
	EURONET WORLDWIDE INC	Corporate Stocks - Common	**	186,978
	EXACT SCIENCES CORP	Corporate Stocks - Common	**	34,634
	FARFETCH LTD CL A	Corporate Stocks - Common	**	65,790
	FIRST AMERICAN FINANCIAL CORP	Corporate Stocks - Common	**	243,374
	FMC CORP NEW	Corporate Stocks - Common	**	445,434
	FORWARD AIR CORP	Corporate Stocks - Common	**	180,666
	FOX FACTORY HOLDING CORP	Corporate Stocks - Common	**	77,225
	FRONTDOOR INC	Corporate Stocks - Common	**	279,273
	GENERAC HOLDINGS INC	Corporate Stocks - Common	**	242,121
	GENERAL MOTORS CO	Corporate Stocks - Common	**	624,116
	GLOBALFOUNDRIES INC	Corporate Stocks - Common	**	192,961
	GRACO INC	Corporate Stocks - Common	**	183,572
	GRAND CANYON EDUCATION INC	Corporate Stocks - Common	**	189,848
	GRAPHIC PACKAGING HOLDING CO	Corporate Stocks - Common	**	105,920
	HALLIBURTON CO	Corporate Stocks - Common	**	145,956
	HALOZYME THERAPEUTICS INC	Corporate Stocks - Common	**	421,682
	HANESBRANDS INC	Corporate Stocks - Common	**	252,355
	HCA HEALTHCARE INC	Corporate Stocks - Common	**	579,868
	HEALTHQUITY INC	Corporate Stocks - Common	**	115,466
	HEARTLAND EXPRESS INC	Corporate Stocks - Common	**	52,865
	HEICO CORP CL A	Corporate Stocks - Common	**	196,379
	HELEN OF TROY LTD	Corporate Stocks - Common	**	247,648
	HENRY SCHEIN INC	Corporate Stocks - Common	**	479,368
	HERON THERAPEUTICS INC	Corporate Stocks - Common	**	50,945
	HEXCEL CORPORATION	Corporate Stocks - Common	**	105,776
	HOLOGIC INC	Corporate Stocks - Common	**	162,307
	HUNTINGTON BANCSHARES INC	Corporate Stocks - Common	**	311,173
	IAA INC	Corporate Stocks - Common	**	91,470
	IDEX CORPORATION	Corporate Stocks - Common	**	202,999
	II-VI INC.	Corporate Stocks - Common	**	102,837
	ING GROEP NV SPON ADR	Corporate Stocks - Common	**	51,017
	INGREDION INC	Corporate Stocks - Common	**	285,352
	JOHN BEAN TECHNOLOGIES CORP	Corporate Stocks - Common	**	66,799
	JOHNSON & JOHNSON	Corporate Stocks - Common	**	159,095
	JPMORGAN CHASE & CO	Corporate Stocks - Common	**	490,568
	KAR AUCTION SERVICES INC	Corporate Stocks - Common	**	266,040
	KEYSIGHT TECHNOLOGIES INC	Corporate Stocks - Common	**	284,364
	KIRBY CORP	Corporate Stocks - Common	**	185,925

SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
E.I.N. 81-0572771 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	KNOWBE4 INC	Corporate Stocks - Common	**	\$ 74,257
	KODIAK SCIENCES INC	Corporate Stocks - Common	**	89,697
	LEAR CORP NEW	Corporate Stocks - Common	**	139,042
	LENNAR CORP CL A	Corporate Stocks - Common	**	171,220
	LKQ CORP	Corporate Stocks - Common	**	358,079
	LPL FINL HLDGS INC	Corporate Stocks - Common	**	177,700
	MANDIANT INC	Corporate Stocks - Common	**	83,525
	MARKEL CORP	Corporate Stocks - Common	**	118,464
	MATSON INC	Corporate Stocks - Common	**	370,293
	MEDNAX INC	Corporate Stocks - Common	**	92,704
	MEDTRONIC PLC	Corporate Stocks - Common	**	407,089
	MERCEDES-BENZ GROUP AG - UNSP ADR	Corporate Stocks - Common	**	340,197
	MERIT MEDICAL SYSTEMS INC	Corporate Stocks - Common	**	237,176
	MERITAGE HOMES CORP	Corporate Stocks - Common	**	81,902
	META PLATFORMS INC CL A	Corporate Stocks - Common	**	713,398
	MICRON TECHNOLOGY INC	Corporate Stocks - Common	**	1,067,899
	MICROSOFT CORP	Corporate Stocks - Common	**	895,620
	MID AMERICA APT CMNTY INC	Corporate Stocks - Common	**	163,361
	MIDDLEBY CORP	Corporate Stocks - Common	**	226,864
	MIMECAST LTD	Corporate Stocks - Common	**	134,473
	MOMENTIVE GLOBAL INC	Corporate Stocks - Common	**	160,825
	N-ABLE INC	Corporate Stocks - Common	**	113,276
	NATIONAL RETAIL PROPERTIES INC	Corporate Stocks - Common	**	255,636
	NATWEST GROUP PLC SPON ADR	Corporate Stocks - Common	**	113,481
	NESTLE SA REG ADR	Corporate Stocks - Common	**	347,275
	NEVRO CORPORATION	Corporate Stocks - Common	**	75,314
	NEW RELIC INC	Corporate Stocks - Common	**	205,955
	NORTHROP GRUMMAN CORP	Corporate Stocks - Common	**	513,642
	OMNICELL INC	Corporate Stocks - Common	**	102,490
	ON SEMICONDUCTOR CORP	Corporate Stocks - Common	**	337,291
	PEPSICO INC	Corporate Stocks - Common	**	432,014
	PFIZER INC	Corporate Stocks - Common	**	264,898
	POLARIS INC	Corporate Stocks - Common	**	53,526
	PRECISION BIOSCIENCES INC	Corporate Stocks - Common	**	19,410
	PRIVIA HEALTH GROUP INC	Corporate Stocks - Common	**	87,751
	PROCTER & GAMBLE CO	Corporate Stocks - Common	**	387,685
	PROSPERITY BANCSHARES INC	Corporate Stocks - Common	**	188,165
	QUIDEL CORP	Corporate Stocks - Common	**	150,784
	RELAY THERAPEUTICS INC	Corporate Stocks - Common	**	70,111
	RITCHIE BROS AUCTIONEERS	Corporate Stocks - Common	**	283,096
	ROCHE HOLDING LTD SPON ADR	Corporate Stocks - Common	**	469,759
	SALLY BEAUTY HLDGS INC	Corporate Stocks - Common	**	317,143
	SEAGATE TECHNOLOGY HOLDINGS PLC	Corporate Stocks - Common	**	47,508
	SENSATA TECHNOLOGIES HOLDING PLC	Corporate Stocks - Common	**	411,102
	SHUTTERSTOCK INC	Corporate Stocks - Common	**	64,310
	SKECHERS USA INC CL A	Corporate Stocks - Common	**	365,862
	SMARTSHEET INC	Corporate Stocks - Common	**	100,220
	SOLARWINDS CORP	Corporate Stocks - Common	**	60,889

SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
E.I.N. 81-0572771 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	SOTERA HEALTH CO	Corporate Stocks - Common	**	\$ 124,603
	SPDR S&P 500 ETF TRUST	Corporate Stocks - Common	**	842,686
	SPORTRADAR GROUP AG	Corporate Stocks - Common	**	81,472
	SPRINGWORKS THERAPEUTICS INC	Corporate Stocks - Common	**	46,795
	STANLEY BLACK & DECKER INC	Corporate Stocks - Common	**	96,762
	STERIS PLC	Corporate Stocks - Common	**	749,459
	STERLING CHECK CORP	Corporate Stocks - Common	**	67,601
	SUMITOMO MITSUI FINL GRP ADR	Corporate Stocks - Common	**	56,785
	SUMO LOGIC INC	Corporate Stocks - Common	**	86,065
	SUNCOR ENERGY INC	Corporate Stocks - Common	**	225,846
	SYNCHRONY FINANCIAL	Corporate Stocks - Common	**	128,639
	SYNEOS HEALTH INC	Corporate Stocks - Common	**	221,275
	SYNOPSIS INC	Corporate Stocks - Common	**	554,593
	TAIWAN SEMIC MFG CO LTD SP ADR	Corporate Stocks - Common	**	825,131
	TALIS BIOMEDICAL CORP	Corporate Stocks - Common	**	14,276
	TENABLE HOLDINGS INC	Corporate Stocks - Common	**	98,906
	TENNANT CO	Corporate Stocks - Common	**	193,442
	TEXAS PACIFIC LAND CORP	Corporate Stocks - Common	**	78,679
	THE BOOKING HOLDINGS INC	Corporate Stocks - Common	**	103,167
	TRIMBLE INC	Corporate Stocks - Common	**	244,742
	TRINET GROUP INC	Corporate Stocks - Common	**	346,175
	TRUIST FINL CORP	Corporate Stocks - Common	**	324,543
	UGI CORP NEW	Corporate Stocks - Common	**	425,548
	UNDER ARMOUR INC CL C	Corporate Stocks - Common	**	93,772
	UNILEVER PLC SPONS ADR	Corporate Stocks - Common	**	232,373
	UNITEDHEALTH GROUP INC	Corporate Stocks - Common	**	744,171
	VERACYTE INC	Corporate Stocks - Common	**	122,941
	VIKING THERAPEUTICS INC	Corporate Stocks - Common	**	33,345
	VROOM INC	Corporate Stocks - Common	**	65,441
	WASTE CONNECTIONS INC	Corporate Stocks - Common	**	556,527
	WELLS FARGO & CO	Corporate Stocks - Common	**	396,171
	WESTERN ALLIANCE BANCORP	Corporate Stocks - Common	**	452,345
	WESTERN DIGITAL CORP	Corporate Stocks - Common	**	185,783
	WISDOMTREE INVESTMENTS INC	Corporate Stocks - Common	**	140,650
	WOODWARD INC	Corporate Stocks - Common	**	238,076
	ZENDESK INC	Corporate Stocks - Common	**	241,118
	ZIFF DAVIS INC	Corporate Stocks - Common	**	366,175
	ZIPRECRUITER INC	Corporate Stocks - Common	**	95,944
	BlackRock Liquidity T-Fund Instl	Interest Bearing Cash	**	2,252,256
	Black Creek International Equity CIT Cl C	Collective Fund	**	8,101,921
	BlackRock Total Return Bond Fund M	Collective Fund	**	12,792,876
	GQG Partners International Equity CIT	Collective Fund	**	7,144,741
	MAWER INTERNATIONAL EQUITY	Collective Fund	**	6,676,781
	Prudential Core Plus Bond Fund	Collective Fund	**	13,193,369
	GQG PARTNERS US SELECT QUALITY EQUITY CIT	Collective Fund	**	20,944,954
	State Street Russell All Cap® Index Non-Lending Series	Collective Fund	**	26,838,006

SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
E.I.N. 81-0572771 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	State Street Global Equity ex USA Index Non-Lending Series	Collective Fund	**	\$ 19,059,125
	Sustainable Growth Advisors International	Collective Fund	**	6,679,317
	WTC-CIF II Core Bond Plus Portfolio (Series 4)	Collective Fund	**	12,778,376
	SSGA Target Retirement Income NL SF	Collective Fund	**	2,821,718
	SSGA Target Retirement 2020 NL SF	Collective Fund	**	10,145,368
	SSGA Target Retirement 2025 NL SF	Collective Fund	**	33,648,273
	SSGA Target Retirement 2030 NL SF	Collective Fund	**	33,266,188
	SSGA Target Retirement 2035 NL SF	Collective Fund	**	28,972,013
	SSGA Target Retirement 2040 NL SF	Collective Fund	**	20,456,936
	SSGA Target Retirement 2045 NL SF	Collective Fund	**	14,309,029
	SSGA Target Retirement 2050 NL SF	Collective Fund	**	10,773,517
	SSGA Target Retirement 2055 NL SF	Collective Fund	**	6,955,670
	SSGA Target Retirement 2060 NL SF	Collective Fund	**	2,619,483
	SSGA Target Retirement 2065 NL SF	Collective Fund	**	863,538
	State Street Global Equity Index Non-Lending Series	Collective Fund	**	3,808,722
	State Street S&P 500® Index Non-Lending Series	Collective Fund	**	98,429,021
	State Street US Extended Market Index Non-Lending Series	Collective Fund	**	42,934,763
	Blackrock US Treasury Inflation Protected Securities	Collective Fund	**	8,131,165
	WELLS FARGO STABLE VALUE FUND W	Collective Fund	**	79,089,738
	VAN REAL EST IDX IS	Registered Investment Co.	**	9,649,535
	INSURANCE FUND	Insurance Contracts	**	539,252
*	FIDELITY BROKERAGE	Various	**	15,248,955
	PARTICIPANTS	Participant Loans		
		4.25% - 7% Interest	-	7,183,786
		Total Investments		<u>\$ 607,573,291</u>

* Indicates party-in-interest

**Cost omitted for participant-directed accounts

March 29, 2022

Re: Form 5500 Schedule C Fee Reporting

Portfolio Level Fees

<u>Fee Type</u>	<u>Recipient</u>	<u>Period</u>	<u>Formula</u>
Galliard Management		1/1/2021-12/31/2021	0.15% on all assets

Please refer to Attachment 1 for fees in the underlying portfolios.

Then above is presented for your reference. Please consult your company's Form 5500 policy. If you have any questions on the information presented

Attachment 1

Portfolio	Fee Description	Recipient	Period	Schedule
SRF	Wrap Fee	American General Life Ins. Co.	1/1/2021-1/31/2021	0.17% on issuer contract value
			2/1/2021-7/31/2021	0.16% on issuer contract value
			8/1/2021-12/31/2021	0.15% on issuer contract value
		Massachusetts Mutual Life Ins. Co.	1/1/2021-12/16/2021	0.17% on issuer contract value
			12/17/2021-12/31/2021	0.15% on issuer contract value
		Massachusetts Mutual Life Ins. Co.	4/14/2021-12/31/2021	0% on issuer contract value
		Massachusetts Mutual Life Ins. Co.	10/1/2021-12/31/2021	0% on issuer contract value
		Metropolitan Life Ins. Co.	1/1/2021-7/31/2021	0.16% on issuer contract value
			8/1/2021-12/31/2021	0.15% on issuer contract value
		Metropolitan Life Ins. Co.	1/1/2021-12/31/2021	0% on issuer contract value
		Metropolitan Life Ins. Co.	5/25/2021-12/31/2021	0% on issuer contract value
		Nationwide Life Ins. Co.	1/1/2021-1/31/2021	0.17% on issuer contract value
			2/1/2021-12/31/2021	0.16% on issuer contract value
		Pacific Life Ins. Co.	1/1/2021-10/31/2021	0.16% on issuer contract value
			11/1/2021-12/31/2021	0.15% on issuer contract value
		Prudential Ins. Co. of America	1/1/2021-6/30/2021	0.16% on issuer contract value
			7/1/2021-12/31/2021	0.15% on issuer contract value
		Royal Bank of Canada	1/1/2021-10/31/2021	0.16% on issuer contract value
			11/1/2021-12/31/2021	0.15% on issuer contract value

Royal Bank of Canada	1/1/2021-10/31/2021	0.16% on issuer contract value
	11/1/2021-12/31/2021	0.15% on issuer contract value
State Street Bank and Trust Co.	1/1/2021-6/30/2021	0.16% on issuer contract value
	7/1/2021-12/31/2021	0.15% on issuer contract value
Transamerica Life Ins. Co.	1/1/2021-12/31/2021	0.15% on issuer contract value
SVW		
Trustee	1/1/2021-12/31/2021	0.03% on all assets

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	AMG YACKTMAN FUND I	600 STEAMBOAT ROAD SUITE 300 GREENWICH CT US 06830	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	AMERICAN FUNDS GROWTH PORT F1	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	BUFFALO MID CAP FUND	615 E. MICHIGAN STREET MILWAUKEE WI US 53202	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	BUFFALO GROWTH FUND	615 E. MICHIGAN STREET MILWAUKEE WI US 53202	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	FEDERATED HERMES STR VAL DIV CL A	4000 ERICSSON DRIVE WARRENDALE PA US 150867515	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	FIRST EAGLE OVERSEAS CLASS A	1345 AVENUE OF THE AMERICAS 48TH FL NEW YORK NY US 10105	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	FIRST EAGLE GLOBAL CLASS A	1345 AVENUE OF THE AMERICAS 48TH FL NEW YORK NY US 10105	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	GLENMEDE LARGE CAP GROWTH	1650 MARKET ST. SUITE 1200 PHILADELPHIA PA US 19103	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	JOHN HANCOCK REGIONAL BANK CL A	601 CONGRESS ST. 9TH FL. BOSTON MA US 02210	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	LAZARD DEVELOPING MRKTS EQ CL SHARE	30 ROCKEFELLER PLAZA 57TH FL. NEW YORK NY US 10112	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	LORD ABBETT DEVELOP GROWTH CLASS A	90 HUDSON STREET 10TH FLOOR JERSEY CITY NJ US 07302	0.45%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	METROPOLITAN WEST TOT RETURN BOND C	865 SOUTH FIGUEROA ST. #1400 LOS ANGELES CA US 90017	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	MORGAN STANLEY GLOBAL OPPORTUNITY A	522 FIFTH AVENUE 4TH FLOOR NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	MORGAN STANLEY INSTLINTERNTL OPP CL	522 FIFTH AVENUE 4TH FLOOR NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	HCM INCOME PLUS FUNDINVESTOR	1145 HEMBREE ROAD ROSWELL GA US 30076	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	HCM DIVIDEND SECTOR PLUS FUND INVES	1145 HEMBREE ROAD ROSWELL GA US 30076	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	HCM TACTICAL GROWTH FUND INVESTOR	1145 HEMBREE ROAD ROSWELL GA US 30076	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	PFG MFS AGGRESSIVE GROWTH STRATEGY	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	PFG JP MORGAN TACTICAGGRESSIVE STRA	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	PFG BNY MELLON DIVERSIFIER STRAT R	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	PFG MEEDER TACTICAL STRATEGY FUND R	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	PFG INVESCO THEMATIC ESG STRATEGY C	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	PFG JANUS HENDERSON BALANCED STRATE	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	PFG TACTICAL INCOME STRATEGY CL R	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	PFG EQUITY INDEX FOCUSED STRATEGY R	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	PFG SECTOR EQUITY BUS CYCLE STRAT R	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	PFG BR EQUITY ESG STRATEGY CL R	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	PFG AMERICAN FUNDS GROWTH STRAT CL	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	PIMCO TOTAL RETURN CLASS A	1633 BROADWAY NEW YORK NY US 10019	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	PIMCO REAL RETURN CLASS A	1633 BROADWAY NEW YORK NY US 10019	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	PIMCO INTL BOND FUND (UNHEDGED) A	1633 BROADWAY NEW YORK NY US 10019	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	T ROWE PRICE HEALTH SCIENCES	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	T ROWE PRICE RET 2030 FD	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	SPROTT GOLD EQUITY FUND INVESTOR	200 BAY STREET SUITE 2600 TORONTO CA CA M5J 2J1	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	USAA NASDAQ 100 INDEX RETAIL	4900 TIEDEMAN RD 4TH FLOOR BROOKLYN OH US 44114	0.10%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	VIRTUS ZEVENBERGEN INNOVATIVE GR ST	101 MUNSON ST. STE. 3 GREENFIELD MA US 01301	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	WASATCH CORE GROWTH	505 WAKARA WAY SUITE 300 SALT LAKE CITY UT US 84108	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	WASATCH MICRO CAP VALUE FUND	505 WAKARA WAY SUITE 300 SALT LAKE CITY UT US 84108	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	WASATCH GLOBAL VALUE FUND	505 WAKARA WAY SUITE 300 SALT LAKE CITY UT US 84108	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0415	FID TREASURY ONLY MM - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDLXX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	FUND MANAGEMENT	0.42%
0458	FID GOVT MMKT - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	SPAXX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	FUND MANAGEMENT	0.25%
O3TA	SS TRGT RET INCOME P		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.055%*4
O3TB	SS TRGT RET 2020 P		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.055%*4
O3TC	SS TRGT RET 2025 P		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.055%*4

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
O3TD	SS TRGT RET 2030 P		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.055%*4
O3TE	SS TRGT RET 2035 P		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.055%*4
O3TF	SS TRGT RET 2040 P		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.055%*4
O3TG	SS TRGT RET 2045 P		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.055%*4
O3TH	SS TRGT RET 2050 P		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.055%*4

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
O3TI	SS TRGT RET 2055 P		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.055%*4
O3TJ	SS TRGT RET 2060 P		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.055%*4
O3TK	SS TRGT RET 2065 P		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.055%*4
O9XL	SS GLB EQ INDEX NL C		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.1%*4
O9XM	SS S&P 500 INDEX K		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.013%*4

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
O9XN	SS US EXT MARKET C		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.042%*4
O9XO	SS TRGT RET INC M		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.07%*4
O9XP	SS TRGT RET 2020 M		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.07%*4
O9XQ	SS TRGT RET 2025 M		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.07%*4
O9XR	SS TRGT RET 2030 M		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.07%*4

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
O9XS	SS TRGT RET 2035 M		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.07%*4
O9XT	SS TRGT RET 2040 M		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.07%*4
O9XU	SS TRGT RET 2045 M		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.07%*4
O9XV	SS TRGT RET 2050 M		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.07%*4
O9XW	SS TRGT RET 2055 M		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.07%*4

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
O9XX	SS TRGT RET 2060 M		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.07%*4
O9XY	SS TRGT RET 2065 M		STATE STREET BANK & TRUST CO	SEE NOTE *2	0.07%*4
OAWT	BTC US TIPS NL IDX M		BLACKROCK	SEE NOTE *2	0.03%*5
OAWU	GALLIARD STABLE VAL		GALLIARD CAPITAL MANAGEMENT	SEE NOTE *2	0.34%*4
OKBH	VAN REAL EST IDX IS - VANGUARD GROUP INC	VGSNX	VANGUARD	FUND MANAGEMENT	0.09%

Plan: 09690

The Schwan Food Company Retirement Savings Plan

Run Date: 04/12/2022

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
TD4H	EQUITY FUND		MULTI-MANAGER	SEE NOTE *2	0.25%*5
TFNJ	INTERNATIONAL EQUITY		MULTI-MANAGER	SEE NOTE *2	0.4%*5
TFNK	FIXED INCOME FUND		MULTI-MANAGER	SEE NOTE *2	0.19%*5

SCHEDULE C SUPPLEMENTAL REPORT

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

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

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

*4 Net Expense Ratio is displayed.

*5 Gross Expense Ratio is displayed.

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

Additional Information:

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

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

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

SCHEDULE C SUPPLEMENTAL REPORT

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

SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
E.I.N. 81-0572771 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	2U INC	Corporate Stocks - Common	**	\$ 179,145
	8X8 INC	Corporate Stocks - Common	**	174,656
	ABBVIE INC	Corporate Stocks - Common	**	106,289
	ABIOMED INC	Corporate Stocks - Common	**	69,320
	ABM INDUSTRIES INC	Corporate Stocks - Common	**	126,063
	ACV AUCTIONS INC CL A	Corporate Stocks - Common	**	188,249
	AGIOS PHARMACEUTICALS INC	Corporate Stocks - Common	**	67,121
	ALIGHT INC CL A	Corporate Stocks - Common	**	30,463
	ALLEGHANY CORP DEL	Corporate Stocks - Common	**	170,235
	ALPHABET INC CL C	Corporate Stocks - Common	**	1,090,883
	AMETEK INC NEW	Corporate Stocks - Common	**	483,026
	AMN HEALTHCARE SERVICES INC	Corporate Stocks - Common	**	157,806
	AMPHENOL CORPORATION CL A	Corporate Stocks - Common	**	450,124
	ANAPLAN INC	Corporate Stocks - Common	**	78,816
	ANTHEM INC	Corporate Stocks - Common	**	612,800
	APPLE INC	Corporate Stocks - Common	**	860,504
	APTIV PLC	Corporate Stocks - Common	**	226,311
	ARVINAS INC	Corporate Stocks - Common	**	68,094
	ATMOS ENERGY CORP	Corporate Stocks - Common	**	132,010
	AXOGEN INC	Corporate Stocks - Common	**	57,878
	BANK OZK	Corporate Stocks - Common	**	86,406
	BELDEN INC	Corporate Stocks - Common	**	117,574
	BIO TECHNE CORP	Corporate Stocks - Common	**	124,679
	BROWN & BROWN INC	Corporate Stocks - Common	**	315,206
	BWX TECHNOLOGIES INC	Corporate Stocks - Common	**	278,422
	C4 THERAPEUTICS INC	Corporate Stocks - Common	**	62,983
	CABOT CORP	Corporate Stocks - Common	**	234,972
	CANADA GOOSE HOLDINGS INC	Corporate Stocks - Common	**	104,287
	CANO HEALTH INC	Corporate Stocks - Common	**	61,132
	CAREDX INC	Corporate Stocks - Common	**	98,964
	CARGURUS INC CL A	Corporate Stocks - Common	**	109,128
	CARTERS INC	Corporate Stocks - Common	**	77,535
	CATALENT INC	Corporate Stocks - Common	**	433,510
	CH ROBINSON WORLDWIDE INC	Corporate Stocks - Common	**	262,986
	CHANNELADVISOR CORP	Corporate Stocks - Common	**	58,862
	CHARLES RIVER LABS INTL INC	Corporate Stocks - Common	**	461,179

SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
E.I.N. 81-0572771 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	CIGNA CORP	Corporate Stocks - Common	**	\$ 431,475
	CIMPRESS PLC	Corporate Stocks - Common	**	99,395
	CITIGROUP INC	Corporate Stocks - Common	**	362,763
	CLEAN HARBORS INC	Corporate Stocks - Common	**	620,270
	CONSENSUS CLOUD SOLUTION	Corporate Stocks - Common	**	63,657
	COOPER COMPANIES INC	Corporate Stocks - Common	**	71,220
	COPART INC	Corporate Stocks - Common	**	204,232
	DR HORTON INC	Corporate Stocks - Common	**	317,867
	ENTEGRIS INC	Corporate Stocks - Common	**	671,836
	EURONET WORLDWIDE INC	Corporate Stocks - Common	**	186,978
	EXACT SCIENCES CORP	Corporate Stocks - Common	**	34,634
	FARFETCH LTD CL A	Corporate Stocks - Common	**	65,790
	FIRST AMERICAN FINANCIAL CORP	Corporate Stocks - Common	**	243,374
	FMC CORP NEW	Corporate Stocks - Common	**	445,434
	FORWARD AIR CORP	Corporate Stocks - Common	**	180,666
	FOX FACTORY HOLDING CORP	Corporate Stocks - Common	**	77,225
	FRONTDOOR INC	Corporate Stocks - Common	**	279,273
	GENERAC HOLDINGS INC	Corporate Stocks - Common	**	242,121
	GENERAL MOTORS CO	Corporate Stocks - Common	**	624,116
	GLOBALFOUNDRIES INC	Corporate Stocks - Common	**	192,961
	GRACO INC	Corporate Stocks - Common	**	183,572
	GRAND CANYON EDUCATION INC	Corporate Stocks - Common	**	189,848
	GRAPHIC PACKAGING HOLDING CO	Corporate Stocks - Common	**	105,920
	HALLIBURTON CO	Corporate Stocks - Common	**	145,956
	HALOZYME THERAPEUTICS INC	Corporate Stocks - Common	**	421,682
	HANESBRANDS INC	Corporate Stocks - Common	**	252,355
	HCA HEALTHCARE INC	Corporate Stocks - Common	**	579,868
	HEALTHQUITY INC	Corporate Stocks - Common	**	115,466
	HEARTLAND EXPRESS INC	Corporate Stocks - Common	**	52,865
	HEICO CORP CL A	Corporate Stocks - Common	**	196,379
	HELEN OF TROY LTD	Corporate Stocks - Common	**	247,648
	HENRY SCHEIN INC	Corporate Stocks - Common	**	479,368
	HERON THERAPEUTICS INC	Corporate Stocks - Common	**	50,945
	HEXCEL CORPORATION	Corporate Stocks - Common	**	105,776
	HOLOGIC INC	Corporate Stocks - Common	**	162,307
	HUNTINGTON BANCSHARES INC	Corporate Stocks - Common	**	311,173
	IAA INC	Corporate Stocks - Common	**	91,470
	IDEX CORPORATION	Corporate Stocks - Common	**	202,999
	II-VI INC.	Corporate Stocks - Common	**	102,837
	ING GROEP NV SPON ADR	Corporate Stocks - Common	**	51,017
	INGREDION INC	Corporate Stocks - Common	**	285,352
	JOHN BEAN TECHNOLOGIES CORP	Corporate Stocks - Common	**	66,799
	JOHNSON & JOHNSON	Corporate Stocks - Common	**	159,095
	JPMORGAN CHASE & CO	Corporate Stocks - Common	**	490,568
	KAR AUCTION SERVICES INC	Corporate Stocks - Common	**	266,040
	KEYSIGHT TECHNOLOGIES INC	Corporate Stocks - Common	**	284,364
	KIRBY CORP	Corporate Stocks - Common	**	185,925

SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
E.I.N. 81-0572771 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	KNOWBE4 INC	Corporate Stocks - Common	**	\$ 74,257
	KODIAK SCIENCES INC	Corporate Stocks - Common	**	89,697
	LEAR CORP NEW	Corporate Stocks - Common	**	139,042
	LENNAR CORP CL A	Corporate Stocks - Common	**	171,220
	LKQ CORP	Corporate Stocks - Common	**	358,079
	LPL FINL HLDGS INC	Corporate Stocks - Common	**	177,700
	MANDIANT INC	Corporate Stocks - Common	**	83,525
	MARKEL CORP	Corporate Stocks - Common	**	118,464
	MATSON INC	Corporate Stocks - Common	**	370,293
	MEDNAX INC	Corporate Stocks - Common	**	92,704
	MEDTRONIC PLC	Corporate Stocks - Common	**	407,089
	MERCEDES-BENZ GROUP AG - UNSP ADR	Corporate Stocks - Common	**	340,197
	MERIT MEDICAL SYSTEMS INC	Corporate Stocks - Common	**	237,176
	MERITAGE HOMES CORP	Corporate Stocks - Common	**	81,902
	META PLATFORMS INC CL A	Corporate Stocks - Common	**	713,398
	MICRON TECHNOLOGY INC	Corporate Stocks - Common	**	1,067,899
	MICROSOFT CORP	Corporate Stocks - Common	**	895,620
	MID AMERICA APT CMNTY INC	Corporate Stocks - Common	**	163,361
	MIDDLEBY CORP	Corporate Stocks - Common	**	226,864
	MIMECAST LTD	Corporate Stocks - Common	**	134,473
	MOMENTIVE GLOBAL INC	Corporate Stocks - Common	**	160,825
	N-ABLE INC	Corporate Stocks - Common	**	113,276
	NATIONAL RETAIL PROPERTIES INC	Corporate Stocks - Common	**	255,636
	NATWEST GROUP PLC SPON ADR	Corporate Stocks - Common	**	113,481
	NESTLE SA REG ADR	Corporate Stocks - Common	**	347,275
	NEVRO CORPORATION	Corporate Stocks - Common	**	75,314
	NEW RELIC INC	Corporate Stocks - Common	**	205,955
	NORTHROP GRUMMAN CORP	Corporate Stocks - Common	**	513,642
	OMNICELL INC	Corporate Stocks - Common	**	102,490
	ON SEMICONDUCTOR CORP	Corporate Stocks - Common	**	337,291
	PEPSICO INC	Corporate Stocks - Common	**	432,014
	PFIZER INC	Corporate Stocks - Common	**	264,898
	POLARIS INC	Corporate Stocks - Common	**	53,526
	PRECISION BIOSCIENCES INC	Corporate Stocks - Common	**	19,410
	PRIVIA HEALTH GROUP INC	Corporate Stocks - Common	**	87,751
	PROCTER & GAMBLE CO	Corporate Stocks - Common	**	387,685
	PROSPERITY BANCSHARES INC	Corporate Stocks - Common	**	188,165
	QUIDEL CORP	Corporate Stocks - Common	**	150,784
	RELAY THERAPEUTICS INC	Corporate Stocks - Common	**	70,111
	RITCHIE BROS AUCTIONEERS	Corporate Stocks - Common	**	283,096
	ROCHE HOLDING LTD SPON ADR	Corporate Stocks - Common	**	469,759
	SALLY BEAUTY HLDGS INC	Corporate Stocks - Common	**	317,143
	SEAGATE TECHNOLOGY HOLDINGS PLC	Corporate Stocks - Common	**	47,508
	SENSATA TECHNOLOGIES HOLDING PLC	Corporate Stocks - Common	**	411,102
	SHUTTERSTOCK INC	Corporate Stocks - Common	**	64,310
	SKECHERS USA INC CL A	Corporate Stocks - Common	**	365,862
	SMARTSHEET INC	Corporate Stocks - Common	**	100,220
	SOLARWINDS CORP	Corporate Stocks - Common	**	60,889

SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
E.I.N. 81-0572771 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	SOTERA HEALTH CO	Corporate Stocks - Common	**	\$ 124,603
	SPDR S&P 500 ETF TRUST	Corporate Stocks - Common	**	842,686
	SPORTRADAR GROUP AG	Corporate Stocks - Common	**	81,472
	SPRINGWORKS THERAPEUTICS INC	Corporate Stocks - Common	**	46,795
	STANLEY BLACK & DECKER INC	Corporate Stocks - Common	**	96,762
	STERIS PLC	Corporate Stocks - Common	**	749,459
	STERLING CHECK CORP	Corporate Stocks - Common	**	67,601
	SUMITOMO MITSUI FINL GRP ADR	Corporate Stocks - Common	**	56,785
	SUMO LOGIC INC	Corporate Stocks - Common	**	86,065
	SUNCOR ENERGY INC	Corporate Stocks - Common	**	225,846
	SYNCHRONY FINANCIAL	Corporate Stocks - Common	**	128,639
	SYNEOS HEALTH INC	Corporate Stocks - Common	**	221,275
	SYNOPSYS INC	Corporate Stocks - Common	**	554,593
	TAIWAN SEMIC MFG CO LTD SP ADR	Corporate Stocks - Common	**	825,131
	TALIS BIOMEDICAL CORP	Corporate Stocks - Common	**	14,276
	TENABLE HOLDINGS INC	Corporate Stocks - Common	**	98,906
	TENNANT CO	Corporate Stocks - Common	**	193,442
	TEXAS PACIFIC LAND CORP	Corporate Stocks - Common	**	78,679
	THE BOOKING HOLDINGS INC	Corporate Stocks - Common	**	103,167
	TRIMBLE INC	Corporate Stocks - Common	**	244,742
	TRINET GROUP INC	Corporate Stocks - Common	**	346,175
	TRUIST FINL CORP	Corporate Stocks - Common	**	324,543
	UGI CORP NEW	Corporate Stocks - Common	**	425,548
	UNDER ARMOUR INC CL C	Corporate Stocks - Common	**	93,772
	UNILEVER PLC SPONS ADR	Corporate Stocks - Common	**	232,373
	UNITEDHEALTH GROUP INC	Corporate Stocks - Common	**	744,171
	VERACYTE INC	Corporate Stocks - Common	**	122,941
	VIKING THERAPEUTICS INC	Corporate Stocks - Common	**	33,345
	VROOM INC	Corporate Stocks - Common	**	65,441
	WASTE CONNECTIONS INC	Corporate Stocks - Common	**	556,527
	WELLS FARGO & CO	Corporate Stocks - Common	**	396,171
	WESTERN ALLIANCE BANCORP	Corporate Stocks - Common	**	452,345
	WESTERN DIGITAL CORP	Corporate Stocks - Common	**	185,783
	WISDOMTREE INVESTMENTS INC	Corporate Stocks - Common	**	140,650
	WOODWARD INC	Corporate Stocks - Common	**	238,076
	ZENDESK INC	Corporate Stocks - Common	**	241,118
	ZIFF DAVIS INC	Corporate Stocks - Common	**	366,175
	ZIPRECRUITER INC	Corporate Stocks - Common	**	95,944
	BlackRock Liquidity T-Fund Instl	Interest Bearing Cash	**	2,252,256
	Black Creek International Equity CIT Cl C	Collective Fund	**	8,101,921
	BlackRock Total Return Bond Fund M	Collective Fund	**	12,792,876
	GQG Partners International Equity CIT	Collective Fund	**	7,144,741
	MAWER INTERNATIONAL EQUITY	Collective Fund	**	6,676,781
	Prudential Core Plus Bond Fund	Collective Fund	**	13,193,369
	GQG PARTNERS US SELECT QUALITY EQUITY CIT	Collective Fund	**	20,944,954
	State Street Russell All Cap® Index Non-Lending Series	Collective Fund	**	26,838,006

SCHWAN'S COMPANY
RETIREMENT SAVINGS PLAN
E.I.N. 81-0572771 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	State Street Global Equity ex USA Index Non-Lending Series	Collective Fund	**	\$ 19,059,125
	Sustainable Growth Advisors International	Collective Fund	**	6,679,317
	WTC-CIF II Core Bond Plus Portfolio (Series 4)	Collective Fund	**	12,778,376
	SSGA Target Retirement Income NL SF	Collective Fund	**	2,821,718
	SSGA Target Retirement 2020 NL SF	Collective Fund	**	10,145,368
	SSGA Target Retirement 2025 NL SF	Collective Fund	**	33,648,273
	SSGA Target Retirement 2030 NL SF	Collective Fund	**	33,266,188
	SSGA Target Retirement 2035 NL SF	Collective Fund	**	28,972,013
	SSGA Target Retirement 2040 NL SF	Collective Fund	**	20,456,936
	SSGA Target Retirement 2045 NL SF	Collective Fund	**	14,309,029
	SSGA Target Retirement 2050 NL SF	Collective Fund	**	10,773,517
	SSGA Target Retirement 2055 NL SF	Collective Fund	**	6,955,670
	SSGA Target Retirement 2060 NL SF	Collective Fund	**	2,619,483
	SSGA Target Retirement 2065 NL SF	Collective Fund	**	863,538
	State Street Global Equity Index Non-Lending Series	Collective Fund	**	3,808,722
	State Street S&P 500® Index Non-Lending Series	Collective Fund	**	98,429,021
	State Street US Extended Market Index Non-Lending Series	Collective Fund	**	42,934,763
	Blackrock US Treasury Inflation Protected Securities	Collective Fund	**	8,131,165
	WELLS FARGO STABLE VALUE FUND W	Collective Fund	**	79,089,738
	VAN REAL EST IDX IS	Registered Investment Co.	**	9,649,535
	INSURANCE FUND	Insurance Contracts	**	539,252
*	FIDELITY BROKERAGE	Various	**	15,248,955
	PARTICIPANTS	Participant Loans		
		4.25% - 7% Interest	-	7,183,786
		Total Investments		<u>\$ 607,573,291</u>

* Indicates party-in-interest

**Cost omitted for participant-directed accounts