

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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 SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 09/30/1964
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) SCHWANS SHARED SERVICES, LLC 8500 NORMANDALE BLVD, STE 2000 24TH FLOOR BLOOMINGTON, MN 55437
2b	Employer Identification Number (EIN) 81-0572771
2c	Plan Sponsor's telephone number 952-841-2641
2d	Business code (see instructions) 311400

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2024	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

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 8116
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 5753 6a(2) 8706 6b 75 6c 2018 6d 10799 6e 37 6f 10836 6g(1) 6473 6g(2) 8445 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
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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
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 4
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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.
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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	01/01/2023	12/31/2023

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	

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	(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 (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														
	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	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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.
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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	01/01/2023	12/31/2023

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	

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(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) ▶ 7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	7c(6)	0
d	(6) Total additions.....		0
e	Total of balance and additions (add lines 7b and 7c(6))		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) ▶ 7e(1) 7e(2) 7e(3) 7e(4)	7e(5)	0
	(5) Total deductions.....		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	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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.
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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	01/01/2023	12/31/2023

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	8

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	
	8	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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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(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 (2) Dividends and credits..... (3) Interest credited during the year (4) Transferred from separate account..... (5) Other (specify below) ▶ 7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	7c(6)	0
d	(6) Total additions.....		0
e	Total of balance and additions (add lines 7b and 7c(6))		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) ▶ 7e(1) 7e(2) 7e(3) 7e(4)	7e(5)	0
	(5) Total deductions.....		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	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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	4	01/01/2023	12/31/2023

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 338	(b) Total amount of fees paid 1
---	------------------------------------

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	
338	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	

(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	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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	780020	Yes ☒ No ☐	Yes ☒ No ☐	0	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	215180	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	127065	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)

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	100289	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	75493	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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	36259	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)

NORTH PIER FIDUCIARY MANAGEMENT LLC

26-3521867

(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?
20	NONE	50212	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA S&P 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>81834115</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>70448936</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>6461137</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>13518824</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>15206121</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>5563081</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>25820402</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) 6123203
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) 24359545
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) 35644188
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) 35246600
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) 24401406
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) 13108918
a Name of MTIA, CCT, PSA, or 103-12 IE: SUSTAINABLE GROWTH ADVISORS INTERNA		
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) 5282789
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) 18376171
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) 12943397
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) 8821982

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) 3849127
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) 1571145
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) 3591830
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) 31364044
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) 13117899
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) 21818128
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) 5302354
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) 4880905
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) 5658070
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC RETIREMENT SAVINGS TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 45-5436422-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1893134

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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
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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)	317027	956499
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	266864	344748
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3416118	4578325
(2) U.S. Government securities	1c(2)	207145	181200
(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)	39226896	47420928
(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)	7254760	8293453
(9) Value of interest in common/collective trusts	1c(9)	429278194	496207451
(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)	9068711	12472055
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	436136	471617

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	489471851	570926276
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	209069	266686
i Acquisition indebtedness	1i		
j Other liabilities	1j	148521	214587
k Total liabilities (add all amounts in lines 1g through 1j)	1k	357590	481273
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	489114261	570445003

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	12920865	
(B) Participants	2a(1)(B)	25410692	
(C) Others (including rollovers)	2a(1)(C)	5791069	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		44122626
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	187499	
(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)	469723	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		657222
(2) Dividends: (A) Preferred stock	2b(2)(A)	253	
(B) Common stock	2b(2)(B)	544279	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	418995	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		963527
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	16982988	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	15044457	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1938531
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	5621481	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		69897841
(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)		941427
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		124142655

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	62791002	
(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)		62798726
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	36259	
(5) Investment advisory and investment management fees	2i(5)	592474	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	755785	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1384518
j Total expenses. Add all expense amounts in column (b) and enter total	2j		64183244

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		59959411
l Transfers of assets:			
(1) To this plan	2l(1)		21371331
(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** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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
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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)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☒ No ☐ N/A
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) 2023
v. 230707

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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) 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) 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)	14a 14b 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
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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) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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. _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☒ N/A 22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	
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SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN
FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULE
YEARS ENDED DECEMBER 31, 2023 AND 2022



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**SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN
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YEARS ENDED DECEMBER 31, 2023 AND 2022**

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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

We have performed audits 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 statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Schwan's Company Retirement Savings Plan's 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 audits 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 certifications from a qualified institution as of December 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the 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 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

We conducted our audits 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 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 audits. 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 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 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 the 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 audits 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 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 Matter — Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2023 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.

Plan Administrator
Schwan's Company Retirement Savings Plan

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).

A handwritten signature in black ink that reads "CliftonLarsonAllen LLP". The signature is written in a cursive, flowing style.

CliftonLarsonAllen LLP

Minneapolis, Minnesota
October 11, 2024

**SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2023 AND 2022**

	<u>2023</u>	<u>2022</u>
ASSETS		
INVESTMENTS (at Fair Value)	\$ 560,859,959	\$ 481,197,064
RECEIVABLES		
Interest and Dividends	99,509	88,443
Employer Contributions	956,499	317,027
Notes Receivable from Participants	8,473,632	7,434,426
Amounts Due from Brokers for Securities Sold	245,239	178,421
Total Receivables	<u>9,774,879</u>	<u>8,018,317</u>
Total Assets	570,634,838	489,215,381
LIABILITIES		
ACCOUNTS PAYABLE	266,686	209,069
AMOUNTS DUE TO BROKERS FOR SECURITIES PURCHASED	<u>214,587</u>	<u>148,521</u>
Total Liabilities	<u>481,273</u>	<u>357,590</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 570,153,565</u></u>	<u><u>\$ 488,857,791</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, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS AVAILABLE FOR BENEFITS ATTRIBUTED TO:		
INVESTMENT INCOME (LOSS)		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 78,301,679	\$ (89,573,402)
Interest and Dividends	<u>1,213,146</u>	<u>1,073,111</u>
Total Investment Income (Loss)	79,514,825	(88,500,291)
Less: Investment Management Fees	<u>(592,474)</u>	<u>(886,168)</u>
Net Investment Income (Loss)	78,922,351	(89,386,459)
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	469,723	352,220
CONTRIBUTIONS		
Employee 401(k) Deferrals	25,410,692	19,931,948
Company Match	12,920,865	7,489,041
Rollovers	<u>5,791,069</u>	<u>2,182,774</u>
Total Contributions	44,122,626	29,603,763
BENEFITS PAID TO PARTICIPANTS	(62,790,489)	(58,130,216)
INSURANCE PREMIUMS	(7,724)	(8,264)
ADMINISTRATIVE EXPENSES	<u>(792,044)</u>	<u>(502,739)</u>
NET INCREASE (DECREASE) PRIOR TO PLAN TRANSFERS	59,924,443	(118,071,695)
PLAN TO PLAN TRANSFER IN	<u>21,371,331</u>	<u>-</u>
NET INCREASE (DECREASE) AFTER PLAN TRANSFER	81,295,774	(118,071,695)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>488,857,791</u>	<u>606,929,486</u>
End of Year	<u><u>\$ 570,153,565</u></u>	<u><u>\$ 488,857,791</u></u>

See accompanying Notes to Financial Statements.

SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

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 and 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. The Plan was most recently amended effective January 1, 2023, to add CJ Foods USA Inc., CJ Foods Manufacturing Corporation, CJ Foods Manufacturing Beaumont Corporation, Kahiki Foods, Inc. CJ TMI Manufacturing American LLC, Twin Marquis Inc. and TMI Logistics Corp. as participating employers, to remove the discretionary company match provision, to add a safe harbor matching contribution provision in the amount of 100% of the first 3% of reduction in certified earnings and 50% of the next 2% of reduction in certified earnings which was agreed to by the participant pursuant to a salary reduction agreement, and to modify the Plan's definition of certified earnings. The Plan was also amended to discontinue the auto-enrollment feature.

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.

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 discontinued the auto-enrollment feature effective January 1, 2023. 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, 2023 and 2022. Contributions are subject to certain limitations.

SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Contributions (Continued)

The Plan provides matching contributions. Beginning in 2023, the Company's matching contribution is 100% of the first 3% and 50% of the next 2% of employee deferrals (for a maximum Safe Harbor Matching contribution of 4%). Prior to 2023, the Company's matching contribution was 50% of the first 6% of employee deferrals.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

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.

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 \$24,830 and \$20,916 of forfeited nonvested accounts as of December 31, 2023 and 2022, respectively. During the years ended December 31, 2023 and 2022, forfeitures of \$28,576 and \$28,614, respectively, were used to reduce Company contributions that were funded during these years. No forfeitures were used to restore participant accounts as of December 31, 2023 and 2022. Forfeitures of \$-0- and \$1,816 were used to pay Plan expenses for the years ended December 31, 2023 and 2022, respectively.

SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

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.

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.

SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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, 2023 and 2022, 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, 2023.

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.

SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

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, 2023 and 2022.

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.

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 net asset value (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.

SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

	2023			
	Level 1	Level 2	Level 3	Total
Assets:				
Interest Bearing Cash	\$ -	\$ 2,261,727	\$ -	\$ 2,261,727
Common Stocks	43,143,250	-	-	43,143,250
Common Collective Trusts	-	496,207,451	-	496,207,451
Self-Directed Brokerage	13,240,430	-	-	13,240,430
Mutual Funds	6,007,101	-	-	6,007,101
Total Investments at Fair Value	<u>\$ 62,390,781</u>	<u>\$ 498,469,178</u>	<u>\$ -</u>	<u>\$ 560,859,959</u>

	2022			
	Level 1	Level 2	Level 3	Total
Assets:				
Interest Bearing Cash	\$ -	\$ 1,558,423	\$ -	\$ 1,558,423
Common Stocks	35,540,488	-	-	35,540,488
Common Collective Trusts	-	429,278,194	-	429,278,194
Self-Directed Brokerage	9,122,057	-	-	9,122,057
Mutual Funds	5,697,902	-	-	5,697,902
Total Investments at Fair Value	<u>\$ 50,360,447</u>	<u>\$ 430,836,617</u>	<u>\$ -</u>	<u>\$ 481,197,064</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.

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.

SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

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 \$705,572 and \$476,909 for the years ended December 31, 2023 and 2022, respectively. Total fees paid to Willis Towers Watson for fiduciary services were \$215,180 and \$215,815 for the years ended December 31, 2023 and 2022, 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.

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>2023</u>	<u>2022</u>
Net Assets Available for Benefits Per the Financial Statements	\$ 570,153,565	\$ 488,857,791
Allocated Life Insurance Policies	471,617	436,136
Defaulted Loans	<u>(180,179)</u>	<u>(179,666)</u>
Net Assets Available for Benefits Per Form 5500	<u>\$ 570,445,003</u>	<u>\$ 489,114,261</u>

The following is a reconciliation of distributions to participants per the financial statements to Form 5500 for the year ended December 31, 2023:

	<u>Amount</u>
Distributions to Participants Per the Financial Statements	\$ 62,790,489
Add: Loans in Default at End of Year	180,179
Less: Loans in Default at Beginning of Year	<u>(179,666)</u>
Benefits Paid to Participants Per Form 5500	<u>\$ 62,791,002</u>

SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of investment income per the financial statements to Form 5500 for the year ended December 31, 2023:

	<u>Amount</u>
Total Investment Income (Loss)	
per the Financial Statements	\$ 79,514,825
Less: Change in Life Insurance Policies Value	35,481
Add: Participant Loan Interest	<u>469,723</u>
Total Investment Income (Loss) per Form 5500	<u><u>\$ 80,020,029</u></u>

NOTE 10 PLAN TO PLAN TRANSFERS IN

Effective January 1, 2023, the Plan was amended to allow the spin off and transfer assets and liabilities for certain employees from the CJ 401(k) Plan into the Plan. On January 11, 2023, certain employees transferred balances from the CJ 401(k) Plan into this Plan with participant balances in the amount of approximately \$21,371,000 transferring in.

NOTE 11 SUBSEQUENT EVENTS

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 11, 2024, 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, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	8X8 INC	Corporate Stocks - Common	**	\$ 78,174
	ABBOTT LABORATORIES	Corporate Stocks - Common	**	187,889
	ABBVIE INC	Corporate Stocks - Common	**	127,850
	ACV AUCTIONS INC CL A	Corporate Stocks - Common	**	300,182
	AGIOS PHARMACEUTICALS INC	Corporate Stocks - Common	**	73,758
	ALIBABA GROUP HOLDING LTD SPON ADR	Corporate Stocks - Common	**	96,803
	ALIGHT INC CL A	Corporate Stocks - Common	**	464,655
	ALIGN TECHNOLOGY INC	Corporate Stocks - Common	**	87,954
	ALPHABET INC CL C	Corporate Stocks - Common	**	903,361
	AMETEK INC NEW	Corporate Stocks - Common	**	568,046
	AMPHENOL CORPORATION CL A	Corporate Stocks - Common	**	535,298
	APPLE INC	Corporate Stocks - Common	**	929,150
	APPLIED INDUSTRIAL TECH INC	Corporate Stocks - Common	**	140,915
	APTIV PLC	Corporate Stocks - Common	**	146,423
	ARVINAS INC	Corporate Stocks - Common	**	120,640
	ASTRAZENECA PLC SPONS ADR	Corporate Stocks - Common	**	224,949
	AXOGEN INC	Corporate Stocks - Common	**	47,305
	BAIDU INC SPON ADR	Corporate Stocks - Common	**	14,767
	BANK OF AMERICA CORPORATION	Corporate Stocks - Common	**	138,013
	BIO TECHNE CORP	Corporate Stocks - Common	**	512,496
	BJS WHSL CLUB HLDGS INC	Corporate Stocks - Common	**	84,858
	BNPSA	Corporate Stocks - Common	**	127,148
	BROWN & BROWN INC	Corporate Stocks - Common	**	369,488
	BWX TECHNOLOGIES INC	Corporate Stocks - Common	**	513,938
	CABOT CORP	Corporate Stocks - Common	**	366,148
	CARGURUS INC CL A	Corporate Stocks - Common	**	399,027
	CERTARA INC	Corporate Stocks - Common	**	134,810
	CHARLES RIVER LABS INTL INC	Corporate Stocks - Common	**	388,405
	CHURCHILL DOWNS INC	Corporate Stocks - Common	**	343,073
	CIGNA GROUP (THE)	Corporate Stocks - Common	**	577,639
	CIMPRESS PLC	Corporate Stocks - Common	**	172,027
	CITIGROUP INC	Corporate Stocks - Common	**	214,402
	CLEAN HARBORS INC	Corporate Stocks - Common	**	729,103
	COHERENT CORP	Corporate Stocks - Common	**	204,460
	CONSENSUS CLOUD SOLUTION	Corporate Stocks - Common	**	56,194
	COOPER COMPANIES INC	Corporate Stocks - Common	**	321,296
	COPART INC	Corporate Stocks - Common	**	240,394
	CURTISS WRIGHT CORPORATION	Corporate Stocks - Common	**	103,152
	DOLBY LABORATORIES INC CL A	Corporate Stocks - Common	**	297,407
	DOXIMITY INC	Corporate Stocks - Common	**	243,135
	DYNATRACE INC	Corporate Stocks - Common	**	239,050
	ELASTIC NV	Corporate Stocks - Common	**	77,425
	ELEVANCE HEALTH INC	Corporate Stocks - Common	**	642,265
	ENTEGRIS INC	Corporate Stocks - Common	**	654,936
	ESSILORLUXOTTICA ADR	Corporate Stocks - Common	**	44,919
	EURONET WORLDWIDE INC	Corporate Stocks - Common	**	457,618
	FIRST AMERICAN FINANCIAL CORP	Corporate Stocks - Common	**	210,397

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, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	FLOOR & DECOR HOLDINGS INC	Corporate Stocks - Common	**	\$ 60,577
	FMC CORP NEW	Corporate Stocks - Common	**	260,565
	FOX FACTORY HOLDING CORP	Corporate Stocks - Common	**	50,205
	GENERAC HOLDINGS INC	Corporate Stocks - Common	**	224,748
	GENERAL DYNAMICS CORPORATION	Corporate Stocks - Common	**	380,936
	GLOBALFOUNDRIES INC	Corporate Stocks - Common	**	303,121
	GRACO INC	Corporate Stocks - Common	**	207,443
	GRAND CANYON EDUCATION INC	Corporate Stocks - Common	**	69,453
	GRAPHIC PACKAGING HOLDING CO	Corporate Stocks - Common	**	211,019
	HALLIBURTON CO	Corporate Stocks - Common	**	288,188
	HALOZYME THERAPEUTICS INC	Corporate Stocks - Common	**	511,786
	HCA HEALTHCARE INC	Corporate Stocks - Common	**	758,175
	HEALTHEQUITY INC	Corporate Stocks - Common	**	141,948
	HEARTLAND EXPRESS INC	Corporate Stocks - Common	**	68,334
	HEICO CORP CL A	Corporate Stocks - Common	**	257,389
	HELEN OF TROY LTD	Corporate Stocks - Common	**	159,711
	HENRY SCHEIN INC	Corporate Stocks - Common	**	485,301
	HEXCEL CORPORATION	Corporate Stocks - Common	**	169,256
	HSBC HOLDINGS PLC SPON ADR	Corporate Stocks - Common	**	177,565
	HUMANA INC	Corporate Stocks - Common	**	115,132
	HUNTINGTON BANCSHARES INC	Corporate Stocks - Common	**	355,659
	IAC INC	Corporate Stocks - Common	**	178,406
	IDEX CORPORATION	Corporate Stocks - Common	**	195,833
	ING GROEP NV SPON ADR	Corporate Stocks - Common	**	188,291
	INGREDION INC	Corporate Stocks - Common	**	422,702
	IRIDIUM COMMUNICATIONS INC	Corporate Stocks - Common	**	153,486
	JOHN BEAN TECHNOLOGIES CORP	Corporate Stocks - Common	**	23,329
	JPMORGAN CHASE & CO	Corporate Stocks - Common	**	484,955
	KEYSIGHT TECHNOLOGIES INC	Corporate Stocks - Common	**	200,453
	KIRBY CORP	Corporate Stocks - Common	**	250,116
	KROGER CO	Corporate Stocks - Common	**	344,791
	LEGEND BIOTECH CORP SPON ADR	Corporate Stocks - Common	**	98,919
	LKQ CORP	Corporate Stocks - Common	**	351,257
	LPL FINL HLDGS INC	Corporate Stocks - Common	**	226,710
	MARKEL GROUP INC	Corporate Stocks - Common	**	141,990
	MASIMO CORP	Corporate Stocks - Common	**	107,482
	MATSON INC	Corporate Stocks - Common	**	364,530
	MEDTRONIC PLC	Corporate Stocks - Common	**	381,125
	MERCEDES-BENZ GROUP AG - UNSP ADR	Corporate Stocks - Common	**	104,043
	MERIT MEDICAL SYSTEMS INC	Corporate Stocks - Common	**	284,546
	META PLATFORMS INC CL A	Corporate Stocks - Common	**	1,147,184
	MICRON TECHNOLOGY INC	Corporate Stocks - Common	**	611,003
	MICROSOFT CORP	Corporate Stocks - Common	**	1,140,529
	MID AMERICA APT CMNTY INC	Corporate Stocks - Common	**	75,567
	MIDDLEBY CORP	Corporate Stocks - Common	**	117,736
	N-ABLE INC	Corporate Stocks - Common	**	90,988
	NATIONAL VISION HOLDINGS INC	Corporate Stocks - Common	**	147,745
	NATWEST GROUP PLC SPON ADR	Corporate Stocks - Common	**	103,249

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, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	NESTLE SA REG ADR	Corporate Stocks - Common	**	\$ 284,565
	NEVRO CORPORATION	Corporate Stocks - Common	**	114,486
	NNN REIT INC	Corporate Stocks - Common	**	300,148
	NORTHROP GRUMMAN CORP	Corporate Stocks - Common	**	506,527
	OKTA INC CL A	Corporate Stocks - Common	**	310,699
	OMNICELL INC	Corporate Stocks - Common	**	40,866
	ON SEMICONDUCTOR CORP	Corporate Stocks - Common	**	214,171
	OPENLANE INC	Corporate Stocks - Common	**	198,913
	PEPSICO INC	Corporate Stocks - Common	**	405,348
	POOL CORP	Corporate Stocks - Common	**	91,703
	PROCTER & GAMBLE CO	Corporate Stocks - Common	**	319,311
	PROSPERITY BANCSHARES INC	Corporate Stocks - Common	**	277,462
	QUIDELORTHO CORP	Corporate Stocks - Common	**	323,912
	RAYTHEON TECHNOLOGIES CORP	Corporate Stocks - Common	**	264,200
	RB GLOBAL INC	Corporate Stocks - Common	**	479,936
	RELAY THERAPEUTICS INC	Corporate Stocks - Common	**	65,983
	REMITLY GLOBAL INC	Corporate Stocks - Common	**	18,624
	ROCHE HOLDING LTD SPON ADR	Corporate Stocks - Common	**	375,741
	SALLY BEAUTY HLDGS INC	Corporate Stocks - Common	**	113,292
	SCHLUMBERGER LTD	Corporate Stocks - Common	**	137,314
	SEAGATE TECHNOLOGY HOLDINGS PLC	Corporate Stocks - Common	**	539,229
	SENSATA TECHNOLOGIES HOLDING PLC	Corporate Stocks - Common	**	439,794
	SIEMENS AG SPON ADR	Corporate Stocks - Common	**	52,195
	SKECHERS USA INC CL A	Corporate Stocks - Common	**	223,551
	SMARTSHEET INC	Corporate Stocks - Common	**	197,879
	SOLARWINDS CORP	Corporate Stocks - Common	**	12
	SOTERA HEALTH CO	Corporate Stocks - Common	**	162,383
	SPDR S&P 500 ETF TRUST	Corporate Stocks - Common	**	776,431
	SPORTRADAR GROUP AG	Corporate Stocks - Common	**	82,986
	SPRINGWORKS THERAPEUTICS INC	Corporate Stocks - Common	**	114,026
	SS&C TECHNOLOGIES HOLDINGS INC	Corporate Stocks - Common	**	454,964
	STERIS PLC	Corporate Stocks - Common	**	705,719
	SUMITOMO MITSUI FINL GRP ADR	Corporate Stocks - Common	**	93,538
	SUNCOR ENERGY INC	Corporate Stocks - Common	**	306,719
	SYNCHRONY FINANCIAL	Corporate Stocks - Common	**	121,941
	SYNOPSYS INC	Corporate Stocks - Common	**	683,286
	TAIWAN SEMIC MFG CO LTD SP ADR	Corporate Stocks - Common	**	914,711
	TANDEM DIABETES CARE INC	Corporate Stocks - Common	**	157,987
	TELEFLEX INC	Corporate Stocks - Common	**	178,278
	TENABLE HOLDINGS INC	Corporate Stocks - Common	**	230,484
	THE BOOKING HOLDINGS INC	Corporate Stocks - Common	**	223,475
	TORO CO	Corporate Stocks - Common	**	115,138
	TRANSMEDICS GROUP INC	Corporate Stocks - Common	**	142,627
	TRIMBLE INC	Corporate Stocks - Common	**	434,325
	TRUIST FINL CORP	Corporate Stocks - Common	**	194,125
	UGI CORP NEW	Corporate Stocks - Common	**	264,820
	UNDER ARMOUR INC CL C	Corporate Stocks - Common	**	140,606
	UNILEVER PLC SPONS ADR	Corporate Stocks - Common	**	221,554

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, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	UNITEDHEALTH GROUP INC	Corporate Stocks - Common	**	\$ 622,288
	VERACYTE INC	Corporate Stocks - Common	**	133,891
	VIPER ENERGY INC	Corporate Stocks - Common	**	149,337
	WASTE CONNECTIONS INC	Corporate Stocks - Common	**	639,920
	WELLS FARGO & CO	Corporate Stocks - Common	**	434,367
	WISDOMTREE INVESTMENTS INC	Corporate Stocks - Common	**	168,087
	WOODWARD INC	Corporate Stocks - Common	**	256,605
	ZIFF DAVIS INC	Corporate Stocks - Common	**	459,979
	ZIPRECRUITER INC	Corporate Stocks - Common	**	157,974
	BlackRock Liquidity T-Fund Instl	Interest Bearing Cash	**	2,261,727
	Black Creek International Equity CIT CI C	Collective Fund	**	6,461,137
	BlackRock Total Return Bond Fund M	Collective Fund	**	13,108,918
	GQG Partners International Equity CIT	Collective Fund	**	5,658,070
	MAWER INTERNATIONAL EQUITY	Collective Fund	**	5,302,354
	Prudential Core Plus Bond Fund	Collective Fund	**	13,518,824
	GQG PARTNERS US SELECT QUALITY EQUITY CIT	Collective Fund	**	21,818,128
	State Street Russell All Cap® Index Non-Lending Series	Collective Fund	**	25,820,402
	State Street Global Equity ex USA Index Non-Lending Series	Collective Fund	**	15,206,121
	Sustainable Growth Advisors International	Collective Fund	**	5,282,789
	WTC-CIF II Core Bond Plus Portfolio (Series 4)	Collective Fund	**	13,117,899
	SSGA Target Retirement Income NL SF	Collective Fund	**	3,591,830
	SSGA Target Retirement 2020 NL SF	Collective Fund	**	6,123,203
	SSGA Target Retirement 2025 NL SF	Collective Fund	**	24,359,545
	SSGA Target Retirement 2030 NL SF	Collective Fund	**	35,644,188
	SSGA Target Retirement 2035 NL SF	Collective Fund	**	35,246,600
	SSGA Target Retirement 2040 NL SF	Collective Fund	**	24,401,407
	SSGA Target Retirement 2045 NL SF	Collective Fund	**	18,376,171
	SSGA Target Retirement 2050 NL SF	Collective Fund	**	12,943,397
	SSGA Target Retirement 2055 NL SF	Collective Fund	**	8,821,982
	SSGA Target Retirement 2060 NL SF	Collective Fund	**	3,849,127
	SSGA Target Retirement 2065 NL SF	Collective Fund	**	1,571,145
	VANG RET SAV TR IV	Collective Fund	**	1,893,134
	State Street Global Equity Index Non-Lending Series	Collective Fund	**	5,563,081
	State Street S&P 500® Index Non-Lending Series	Collective Fund	**	81,834,115
	State Street US Extended Market Index Non-Lending Series	Collective Fund	**	31,364,044
	Blackrock US Treasury Inflation Protected Securities	Collective Fund	**	4,880,905
	WELLS FARGO STABLE VALUE FUND W	Collective Fund	**	70,448,935
	VAN REAL EST IDX IS	Registered Investment Co.	**	6,007,101
	INSURANCE FUND	Insurance Contracts	**	471,617
*	FIDELITY BROKERAGE	Various	**	13,240,430
	PARTICIPANTS	Participant Loans		
		3.25% - 9.50% Interest	-	8,293,453
		Total Investments		<u>\$ 569,625,029</u>

* Indicates party-in-interest

**Cost omitted for participant-directed accounts

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, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
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	ABBOTT LABORATORIES	Corporate Stocks - Common	**	187,889
	ABBVIE INC	Corporate Stocks - Common	**	127,850
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	AGIOS PHARMACEUTICALS INC	Corporate Stocks - Common	**	73,758
	ALIBABA GROUP HOLDING LTD SPON ADR	Corporate Stocks - Common	**	96,803
	ALIGHT INC CL A	Corporate Stocks - Common	**	464,655
	ALIGN TECHNOLOGY INC	Corporate Stocks - Common	**	87,954
	ALPHABET INC CL C	Corporate Stocks - Common	**	903,361
	AMETEK INC NEW	Corporate Stocks - Common	**	568,046
	AMPHENOL CORPORATION CL A	Corporate Stocks - Common	**	535,298
	APPLE INC	Corporate Stocks - Common	**	929,150
	APPLIED INDUSTRIAL TECH INC	Corporate Stocks - Common	**	140,915
	APTIV PLC	Corporate Stocks - Common	**	146,423
	ARVINAS INC	Corporate Stocks - Common	**	120,640
	ASTRAZENECA PLC SPONS ADR	Corporate Stocks - Common	**	224,949
	AXOGEN INC	Corporate Stocks - Common	**	47,305
	BAIDU INC SPON ADR	Corporate Stocks - Common	**	14,767
	BANK OF AMERICA CORPORATION	Corporate Stocks - Common	**	138,013
	BIO TECHNE CORP	Corporate Stocks - Common	**	512,496
	BJS WHSL CLUB HLDGS INC	Corporate Stocks - Common	**	84,858
	BNPSA	Corporate Stocks - Common	**	127,148
	BROWN & BROWN INC	Corporate Stocks - Common	**	369,488
	BWX TECHNOLOGIES INC	Corporate Stocks - Common	**	513,938
	CABOT CORP	Corporate Stocks - Common	**	366,148
	CARGURUS INC CL A	Corporate Stocks - Common	**	399,027
	CERTARA INC	Corporate Stocks - Common	**	134,810
	CHARLES RIVER LABS INTL INC	Corporate Stocks - Common	**	388,405
	CHURCHILL DOWNS INC	Corporate Stocks - Common	**	343,073
	CIGNA GROUP (THE)	Corporate Stocks - Common	**	577,639
	CIMPRESS PLC	Corporate Stocks - Common	**	172,027
	CITIGROUP INC	Corporate Stocks - Common	**	214,402
	CLEAN HARBORS INC	Corporate Stocks - Common	**	729,103
	COHERENT CORP	Corporate Stocks - Common	**	204,460
	CONSENSUS CLOUD SOLUTION	Corporate Stocks - Common	**	56,194
	COOPER COMPANIES INC	Corporate Stocks - Common	**	321,296
	COPART INC	Corporate Stocks - Common	**	240,394
	CURTISS WRIGHT CORPORATION	Corporate Stocks - Common	**	103,152
	DOLBY LABORATORIES INC CL A	Corporate Stocks - Common	**	297,407
	DOXIMITY INC	Corporate Stocks - Common	**	243,135
	DYNATRACE INC	Corporate Stocks - Common	**	239,050
	ELASTIC NV	Corporate Stocks - Common	**	77,425
	ELEVANCE HEALTH INC	Corporate Stocks - Common	**	642,265
	ENTEGRIS INC	Corporate Stocks - Common	**	654,936
	ESSILORLUXOTTICA ADR	Corporate Stocks - Common	**	44,919
	EURONET WORLDWIDE INC	Corporate Stocks - Common	**	457,618
	FIRST AMERICAN FINANCIAL CORP	Corporate Stocks - Common	**	210,397

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, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	FLOOR & DECOR HOLDINGS INC	Corporate Stocks - Common	**	\$ 60,577
	FMC CORP NEW	Corporate Stocks - Common	**	260,565
	FOX FACTORY HOLDING CORP	Corporate Stocks - Common	**	50,205
	GENERAC HOLDINGS INC	Corporate Stocks - Common	**	224,748
	GENERAL DYNAMICS CORPORATION	Corporate Stocks - Common	**	380,936
	GLOBALFOUNDRIES INC	Corporate Stocks - Common	**	303,121
	GRACO INC	Corporate Stocks - Common	**	207,443
	GRAND CANYON EDUCATION INC	Corporate Stocks - Common	**	69,453
	GRAPHIC PACKAGING HOLDING CO	Corporate Stocks - Common	**	211,019
	HALLIBURTON CO	Corporate Stocks - Common	**	288,188
	HALOZYME THERAPEUTICS INC	Corporate Stocks - Common	**	511,786
	HCA HEALTHCARE INC	Corporate Stocks - Common	**	758,175
	HEALTHEQUITY INC	Corporate Stocks - Common	**	141,948
	HEARTLAND EXPRESS INC	Corporate Stocks - Common	**	68,334
	HEICO CORP CL A	Corporate Stocks - Common	**	257,389
	HELEN OF TROY LTD	Corporate Stocks - Common	**	159,711
	HENRY SCHEIN INC	Corporate Stocks - Common	**	485,301
	HEXCEL CORPORATION	Corporate Stocks - Common	**	169,256
	HSBC HOLDINGS PLC SPON ADR	Corporate Stocks - Common	**	177,565
	HUMANA INC	Corporate Stocks - Common	**	115,132
	HUNTINGTON BANCSHARES INC	Corporate Stocks - Common	**	355,659
	IAC INC	Corporate Stocks - Common	**	178,406
	IDEX CORPORATION	Corporate Stocks - Common	**	195,833
	ING GROEP NV SPON ADR	Corporate Stocks - Common	**	188,291
	INGREDION INC	Corporate Stocks - Common	**	422,702
	IRIDIUM COMMUNICATIONS INC	Corporate Stocks - Common	**	153,486
	JOHN BEAN TECHNOLOGIES CORP	Corporate Stocks - Common	**	23,329
	JPMORGAN CHASE & CO	Corporate Stocks - Common	**	484,955
	KEYSIGHT TECHNOLOGIES INC	Corporate Stocks - Common	**	200,453
	KIRBY CORP	Corporate Stocks - Common	**	250,116
	KROGER CO	Corporate Stocks - Common	**	344,791
	LEGEND BIOTECH CORP SPON ADR	Corporate Stocks - Common	**	98,919
	LKQ CORP	Corporate Stocks - Common	**	351,257
	LPL FINL HLDGS INC	Corporate Stocks - Common	**	226,710
	MARKEL GROUP INC	Corporate Stocks - Common	**	141,990
	MASIMO CORP	Corporate Stocks - Common	**	107,482
	MATSON INC	Corporate Stocks - Common	**	364,530
	MEDTRONIC PLC	Corporate Stocks - Common	**	381,125
	MERCEDES-BENZ GROUP AG - UNSP ADR	Corporate Stocks - Common	**	104,043
	MERIT MEDICAL SYSTEMS INC	Corporate Stocks - Common	**	284,546
	META PLATFORMS INC CL A	Corporate Stocks - Common	**	1,147,184
	MICRON TECHNOLOGY INC	Corporate Stocks - Common	**	611,003
	MICROSOFT CORP	Corporate Stocks - Common	**	1,140,529
	MID AMERICA APT CMNTY INC	Corporate Stocks - Common	**	75,567
	MIDDLEBY CORP	Corporate Stocks - Common	**	117,736
	N-ABLE INC	Corporate Stocks - Common	**	90,988
	NATIONAL VISION HOLDINGS INC	Corporate Stocks - Common	**	147,745
	NATWEST GROUP PLC SPON ADR	Corporate Stocks - Common	**	103,249

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, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	NESTLE SA REG ADR	Corporate Stocks - Common	**	\$ 284,565
	NEVRO CORPORATION	Corporate Stocks - Common	**	114,486
	NNN REIT INC	Corporate Stocks - Common	**	300,148
	NORTHROP GRUMMAN CORP	Corporate Stocks - Common	**	506,527
	OKTA INC CL A	Corporate Stocks - Common	**	310,699
	OMNICELL INC	Corporate Stocks - Common	**	40,866
	ON SEMICONDUCTOR CORP	Corporate Stocks - Common	**	214,171
	OPENLANE INC	Corporate Stocks - Common	**	198,913
	PEPSICO INC	Corporate Stocks - Common	**	405,348
	POOL CORP	Corporate Stocks - Common	**	91,703
	PROCTER & GAMBLE CO	Corporate Stocks - Common	**	319,311
	PROSPERITY BANCSHARES INC	Corporate Stocks - Common	**	277,462
	QUIDELORTHO CORP	Corporate Stocks - Common	**	323,912
	RAYTHEON TECHNOLOGIES CORP	Corporate Stocks - Common	**	264,200
	RB GLOBAL INC	Corporate Stocks - Common	**	479,936
	RELAY THERAPEUTICS INC	Corporate Stocks - Common	**	65,983
	REMITLY GLOBAL INC	Corporate Stocks - Common	**	18,624
	ROCHE HOLDING LTD SPON ADR	Corporate Stocks - Common	**	375,741
	SALLY BEAUTY HLDGS INC	Corporate Stocks - Common	**	113,292
	SCHLUMBERGER LTD	Corporate Stocks - Common	**	137,314
	SEAGATE TECHNOLOGY HOLDINGS PLC	Corporate Stocks - Common	**	539,229
	SENSATA TECHNOLOGIES HOLDING PLC	Corporate Stocks - Common	**	439,794
	SIEMENS AG SPON ADR	Corporate Stocks - Common	**	52,195
	SKECHERS USA INC CL A	Corporate Stocks - Common	**	223,551
	SMARTSHEET INC	Corporate Stocks - Common	**	197,879
	SOLARWINDS CORP	Corporate Stocks - Common	**	12
	SOTERA HEALTH CO	Corporate Stocks - Common	**	162,383
	SPDR S&P 500 ETF TRUST	Corporate Stocks - Common	**	776,431
	SPORTRADAR GROUP AG	Corporate Stocks - Common	**	82,986
	SPRINGWORKS THERAPEUTICS INC	Corporate Stocks - Common	**	114,026
	SS&C TECHNOLOGIES HOLDINGS INC	Corporate Stocks - Common	**	454,964
	STERIS PLC	Corporate Stocks - Common	**	705,719
	SUMITOMO MITSUI FINL GRP ADR	Corporate Stocks - Common	**	93,538
	SUNCOR ENERGY INC	Corporate Stocks - Common	**	306,719
	SYNCHRONY FINANCIAL	Corporate Stocks - Common	**	121,941
	SYNOPSYS INC	Corporate Stocks - Common	**	683,286
	TAIWAN SEMIC MFG CO LTD SP ADR	Corporate Stocks - Common	**	914,711
	TANDEM DIABETES CARE INC	Corporate Stocks - Common	**	157,987
	TELEFLEX INC	Corporate Stocks - Common	**	178,278
	TENABLE HOLDINGS INC	Corporate Stocks - Common	**	230,484
	THE BOOKING HOLDINGS INC	Corporate Stocks - Common	**	223,475
	TORO CO	Corporate Stocks - Common	**	115,138
	TRANSMEDICS GROUP INC	Corporate Stocks - Common	**	142,627
	TRIMBLE INC	Corporate Stocks - Common	**	434,325
	TRUIST FINL CORP	Corporate Stocks - Common	**	194,125
	UGI CORP NEW	Corporate Stocks - Common	**	264,820
	UNDER ARMOUR INC CL C	Corporate Stocks - Common	**	140,606
	UNILEVER PLC SPONS ADR	Corporate Stocks - Common	**	221,554

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, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	UNITEDHEALTH GROUP INC	Corporate Stocks - Common	**	\$ 622,288
	VERACYTE INC	Corporate Stocks - Common	**	133,891
	VIPER ENERGY INC	Corporate Stocks - Common	**	149,337
	WASTE CONNECTIONS INC	Corporate Stocks - Common	**	639,920
	WELLS FARGO & CO	Corporate Stocks - Common	**	434,367
	WISDOMTREE INVESTMENTS INC	Corporate Stocks - Common	**	168,087
	WOODWARD INC	Corporate Stocks - Common	**	256,605
	ZIFF DAVIS INC	Corporate Stocks - Common	**	459,979
	ZIPRECRUITER INC	Corporate Stocks - Common	**	157,974
	BlackRock Liquidity T-Fund Instl	Interest Bearing Cash	**	2,261,727
	Black Creek International Equity CIT CI C	Collective Fund	**	6,461,137
	BlackRock Total Return Bond Fund M	Collective Fund	**	13,108,918
	GQG Partners International Equity CIT	Collective Fund	**	5,658,070
	MAWER INTERNATIONAL EQUITY	Collective Fund	**	5,302,354
	Prudential Core Plus Bond Fund	Collective Fund	**	13,518,824
	GQG PARTNERS US SELECT QUALITY EQUITY CIT	Collective Fund	**	21,818,128
	State Street Russell All Cap® Index Non-Lending Series	Collective Fund	**	25,820,402
	State Street Global Equity ex USA Index Non-Lending Series	Collective Fund	**	15,206,121
	Sustainable Growth Advisors International	Collective Fund	**	5,282,789
	WTC-CIF II Core Bond Plus Portfolio (Series 4)	Collective Fund	**	13,117,899
	SSGA Target Retirement Income NL SF	Collective Fund	**	3,591,830
	SSGA Target Retirement 2020 NL SF	Collective Fund	**	6,123,203
	SSGA Target Retirement 2025 NL SF	Collective Fund	**	24,359,545
	SSGA Target Retirement 2030 NL SF	Collective Fund	**	35,644,188
	SSGA Target Retirement 2035 NL SF	Collective Fund	**	35,246,600
	SSGA Target Retirement 2040 NL SF	Collective Fund	**	24,401,407
	SSGA Target Retirement 2045 NL SF	Collective Fund	**	18,376,171
	SSGA Target Retirement 2050 NL SF	Collective Fund	**	12,943,397
	SSGA Target Retirement 2055 NL SF	Collective Fund	**	8,821,982
	SSGA Target Retirement 2060 NL SF	Collective Fund	**	3,849,127
	SSGA Target Retirement 2065 NL SF	Collective Fund	**	1,571,145
	VANG RET SAV TR IV	Collective Fund	**	1,893,134
	State Street Global Equity Index Non-Lending Series	Collective Fund	**	5,563,081
	State Street S&P 500® Index Non-Lending Series	Collective Fund	**	81,834,115
	State Street US Extended Market Index Non-Lending Series	Collective Fund	**	31,364,044
	Blackrock US Treasury Inflation Protected Securities	Collective Fund	**	4,880,905
	WELLS FARGO STABLE VALUE FUND W	Collective Fund	**	70,448,935
	VAN REAL EST IDX IS	Registered Investment Co.	**	6,007,101
	INSURANCE FUND	Insurance Contracts	**	471,617
*	FIDELITY BROKERAGE	Various	**	13,240,430
	PARTICIPANTS	Participant Loans		
		3.25% - 9.50% Interest	-	8,293,453
		Total Investments		<u>\$ 569,625,029</u>

* Indicates party-in-interest

**Cost omitted for participant-directed accounts