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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FRIONA INDUSTRIES, L.P. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1980

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)
FRIONA INDUSTRIES, L.P.

PO BOX 15568 SUITE 601
AMARILLO, TX 79105

2b Employer Identification Number (EIN)
75-2278265

2c Plan Sponsor's telephone number
806-322-1859

2d Business code (see instructions)
112112

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.	10/13/2020	PLAN SPONSOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5 Total number of participants at the beginning of the plan year	**5**	468
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	416
a(2) Total number of active participants at the end of the plan year	**6a(2)**	384
b Retired or separated participants receiving benefits	**6b**	2
c Other retired or separated participants entitled to future benefits	**6c**	130
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	516
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	516
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	490
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	110
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
FRIONA INDUSTRIES, L.P. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FRIONA INDUSTRIES, L.P.

D Employer Identification Number (EIN)
75-2278265

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

AMARILLO NATIONAL BANK

410 S TAYLOR
AMARILLO, TX 79105

(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	INVESTMENT ADVISOR	31896	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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	RECORDKEEPER	18029	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ADVISED ASSETS GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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	INVESTMENT MGMT	1113	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
FRIONA INDUSTRIES, L.P. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FRIONA INDUSTRIES, L.P.

D Employer Identification Number (EIN)
75-2278265

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	26861	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	214987	531371
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	305680	232492
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7645750	9521870
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	8193278	10285733
	Liabilities			
g	Benefit claims payable	1g	0	39087
h	Operating payables	1h		
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	21880	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	21880	39087
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8171398	10246646

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)	681553	
	(B) Participants	2a(1)(B)	942417	
	(C) Others (including rollovers)	2a(1)(C)	419131	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2043101
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5953	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	14069	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		20022
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	277705	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		277705
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1356319
c Other income	2c		23827
d Total income. Add all **income** amounts in column (b) and enter total	2d		3720974
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1558706	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1558706
f Corrective distributions (see instructions)	2f		39087
g Certain deemed distributions of participant loans (see instructions)	2g		2120
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	45813	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		45813
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1645726
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2075248
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: WILSON HAAG, PLLC **(2)** EIN: 75-2333913

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
FRIONA INDUSTRIES, L.P. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FRIONA INDUSTRIES, L.P.

D Employer Identification Number (EIN)
75-2278265

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 20-3691708

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

Friona Industries, L.P. 401(k) Plan

Financial Statements

December 31, 2019 and 2018
(with independent auditor's report thereon)

Wilson Haag, PLLC

Certified Public Accountants

418 S. Polk, Suite 200 • P.O. Box 590, Amarillo, Texas 79105-0590
(806) 372-3331 • FAX (806) 372-3355

Independent Auditor's Report

The Administrative Committee
Friona Industries, L.P. 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Friona Industries, L.P. 401(k) Plan, which are comprised of the statements of net assets available for plan benefits as of December 31, 2019, and the related statement of changes in net assets available for plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified to by Great-West Life & Annuity Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds substantially all of the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the year December 31, 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets held for investment purposes (Schedule 1) and the schedule of reportable transactions (Schedule 2) for the year ended December 31, 2019, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Other Matter—2018 Financial Statements

The financial statements of the Plan as of December 31, 2018, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Empower Retirement, the custodian of the Plan. Their report, dated October 03, 2019, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified to by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Wilson Haag, PLLC

October 12, 2020

FRIONA INDUSTRIES, L.P.
401(k) PLAN

Statements of Net Assets Available for Plan Benefits

December 31, 2019 and 2018

Assets		**2019**	**2018**
Fair value of investments (note 3)	$	10,053,241	7,887,598
Notes receivable from participants		232,492	305,680
	$	10,285,733	8,193,278
Liabilities			
Excess contributions payable (note 2)		39,087	21,880
Net assets available for plan benefits	$	10,246,646	8,171,398

See accompanying notes to financial statements.

FRIONA INDUSTRIES, L.P.
401(k) PLAN

Statement of Changes in Net Assets Available for Plan Benefits

For the Year Ended December 31, 2019

Investment income:		
Net realized and unrealized gains on investments (note 3)	$	1,356,319
Interest and dividends (note 3)		297,727
Other income		23,827
		1,677,873
Contributions:		
Employer		681,553
Participants		942,417
Rollovers		419,131
		2,043,101
Total additions		3,720,974
Deductions:		
Benefits paid to participants		(1,558,706)
Corrective distributions (note 2)		(39,087)
Administrative expenses (note 4)		(45,813)
Deemed distributions		(2,120)
Total deductions		(1,645,726)
Increase in net assets available for plan benefits		2,075,248
Net assets available for plan benefits at beginning of year		8,171,398
Net assets available for plan benefits at end of year	$	10,246,646

See accompanying notes to financial statements.

Friona Industries, L.P. 401(k) Plan

Notes to Financial Statements

December 31, 2019

(1) Description of the Plan

General

The following description of the Friona Industries, L.P. 401(k) Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan covering substantially all employees of Friona Industries, L.P. who have completed sixty days of service and have attained 18 years of age. The Plan is subject to the provisions of the Employment Retirement Income Security Act of 1974 (ERISA) and the applicable current Internal Revenue Code provisions.

Contributions & Investment Options

There is no plan imposed limits on the amount of compensation that the participant can elect to defer, but participants are subject to an annual deferral limit of $18,000, as mandated by IRS standards. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. In addition, the Company may also provide a discretionary matching contribution based on an integrated formula. The amounts contributed by both the participant and Company are deposited into a wide variety of investment pools that are chosen at the participant's discretion. Participants have the ability to change their investment options at their discretion.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's matching contribution as well as an allocation of (a) the Company's discretionary contribution, (b) Plan earnings, and (c) administrative expenses, if any. Allocations of the Company's contributions are based upon the participant's compensation. Allocations of Plan earnings and administrative expenses are based on the participant's account balances.

Vesting

Participants are immediately 100% vested in salary deferred amounts and rollover contributions. Vesting in employer discretionary matching contributions begins after one year of service and participants become 100% vested after four years of service. Participants also become 100% vested in employer contributions upon normal retirement.

Continued

(1) Description of the Plan, Continued

Distributions

The plan agreement provides for benefits to be payable to participants or their beneficiaries upon the retirement date of the participant, (2) in the event of the participant's death, or (3) in the event of termination of employment under all other circumstances. The plan agreement also provides for hardship and in-service withdrawals under certain conditions. Amounts allocated to participants who are no longer active but have not been paid at December 31, 2019 aggregated $1,933,201.

Forfeited Accounts

At December 31, 2019 and 2018, forfeited nonvested accounts totaled $2,283 and $26,861, respectively. These accounts will be used to reduce future employer contributions.

(2) Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared utilizing the accrual basis of accounting.

Pervasiveness of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Continued

(2) Summary of Significant Accounting Policies, Continued

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. See Note (3) for discussion of fair value measurements.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed to satisfy the actual contribution percentage (ACP) and the actual deferral percentage (ADP) are recorded as a liability in the Statement of Net Assets Available for Plan Benefits and are included in corrective distributions in the Statement of Changes in Net Assets Available for Plan Benefits. Total excess contributions at December 31, 2019 were $39,087. The Plan distributed the 2019 excess contributions to the applicable participants in 2020.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Plan's sponsor. Expenses that are paid by the Plan's sponsor are excluded from these financial statements. Investment related expenses are included in net realized and unrealized gains on investments.

Date of Management Evaluation

The Plan Administrator has evaluated subsequent events through October 12, 2020, the date the financial statements were available to be issued.

Continued

(3) Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 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 to the valuation methodology include:

- 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.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used by the Plan at December 31, 2019 and 2018.

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

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Great West Life & Annuity Insurance Company (Great-West), the custodian of the plan.

Continued

(3) Fair Value Measurements, Continued

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Participant directed funds held by Great-West:				
Interest-bearing cash	$ 531,371	-	-	531,371
Mutual funds	9,521,870	-	-	9,521,870
Investments at fair value	$ 10,053,241	-	-	10,053,241

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Participant directed funds held by Great-West:				
Mutual funds	$ 7,860,737	-	-	7,860,737
Investments at fair value	$ 7,860,737	-	-	7,860,737

Net realized and unrealized gains on investments	$ 1,356,319
Interest and dividend income from Great-West Investments	$ 297,727

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2019, are reported in net realized and unrealized gains on investments.

The Plan's policy is to recognize transfers between Level 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2019, there were no transfers between Levels 1 and 2 and no transfers into or out of Level 3.

Continued

(4) Related Party Transactions and Party-in-Interest Transactions

The Plan's sponsor paid certain administrative expenses, aggregating $9,600, on behalf of the Plan in 2019. The expenses are not included in these financial statements. As the Plan Sponsor, these transactions qualify as party-in-interest transactions.

Administrative fees incurred and paid by the Plan to the Administrator aggregated $45,813 in 2019. Transactions involving the administrator qualify as party-in-interest transactions.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

(5) Risks and Uncertainties

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

(6) Plan Termination

The plan agreement provides that the Plan may be terminated at any time by the employer. Upon termination of the Plan, each participant becomes fully vested and the balance of the funds allocated to each participant shall be distributed to the participants or their beneficiaries.

(7) Tax Status

The Plan has received a determination letter from the Internal Revenue Service stating that the Plan qualifies for tax-exempt status under the Internal Revenue Code.

(8) Subsequent Event – COVID-19

In December 2019, a novel strain of coronavirus ("COVID-19") was reported in Wuhan, China. In January 2020 the World Health Organization declared COVID-19 to constitute a "Public Health Emergency of International Concern." The U.S. government has implemented enhanced screenings, quarantine requirements and travel restrictions in connection with the COVID-19 outbreak. The extent of the impact of COVID-19 on the Plan's operational and financial performance will depend on future developments, including the duration and spread of the outbreak and related travel advisories and restrictions and the impact of COVID-19 on overall demand for services and products, all of which are highly uncertain and cannot be predicted.

SUPPLEMENTAL INFORMATION

Friona Industries, L.P. 401(k) Plan
Assets Held for Investment Purposes
December 31, 2019

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1LIRIX			1,772,763.09	1,807,809.29
1LIBIX			1,300,220.43	1,360,004.25
1LINIX			1,912,774.62	2,012,372.03
1LIJIX			1,375,788.96	1,458,284.52
1LIKIX			860,156.60	914,203.76
1LIHIX			257,987.20	274,215.65
1LIPIX			243,087.44	258,966.49
1LIVIX			275,974.28	295,199.77
1LIZIX			152,995.97	163,663.73
1JULCX			71,426.80	71,342.00
1JULBX			9,461.18	9,042.68
1JULMX			26,437.42	25,968.81
1JULGX			124,956.89	116,137.07
1JULAX			9,547.70	9,200.03
1CIVIX			5,611.36	5,847.35
1SWISX			155,717.12	163,075.24
1NOSGX			23,911.43	23,108.91
1VSMAX			22,608.70	24,622.52
1VIMAX			53,675.75	59,126.34
1FXAIX			91,900.80	104,445.20
1LAFVX			13,223.59	14,144.64
1PRGFX			31,617.75	33,480.02
1TILIX			28,665.57	31,661.87
1TILVX			26,434.45	27,319.58
1AGDYX			24,854.02	23,950.77
1BAGIX			86,081.78	89,220.18
1BSBIX			60,764.52	61,548.26
1DODIX			35,596.19	36,120.77
1FTRBX			25,760.29	26,504.18
1LHYVX			18,905.36	19,001.32
1IUGXX			531,371.27	531,371.27
			9,630,278.53	**10,050,958.50**
PARTICIPANT LOANS	VARIOUS	4.250-9.250	232,607.38	232,491.76
FORFEITURES			2,278.59	2,282.79
				10,285,733.05

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 75-2278265

Friona Industries, L.P. 401(k) Plan
Reportable Transactions
For the Year Ended December 31, 2019

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	Purchase Cost	TRANSACTION DATE
3BSBIX	19,583.04	2,018.265667	70	(45,020.67)	(4,638.094404)	6	(44,650.48)	SERIES
4BSBIX	466.42	48.129092	10	(7.12)	(0.734778)	1	(7.12)	SERIES
5BSBIX	0.00	0.000000	0	0.00	0.000000	24	0.00	SERIES
3IUGXX	0.05	0.050000	5	(6.72)	(6.720000)	2	(6.72)	SERIES
1LIRIX	2,897,825.52	228,512.803850	1560	(1,131,726.40)	(89,983.356126)	493	(1,125,062.26)	SERIES
1LIQIX	2,349,922.24	181,498.287117	1322	(2,380,680.02)	(181,498.287117)	754	(2,349,922.09)	SERIES
1LIBIX	3,241,033.94	238,503.323389	2771	(1,943,735.91)	(142,997.405635)	1130	(1,940,812.90)	SERIES
1LINIX	3,462,776.14	247,818.713024	2510	(1,551,133.91)	(111,108.655971)	1030	(1,550,001.28)	SERIES
1LIJIX	1,760,165.06	121,780.723156	2015	(384,841.31)	(26,654.532331)	756	(384,375.93)	SERIES
1LIKIX	1,316,111.33	88,837.669404	1656	(458,828.80)	(30,903.337058)	714	(455,954.52)	SERIES
1LIHIX	500,668.77	32,912.008032	2342	(247,566.28)	(16,037.198123)	830	(242,681.28)	SERIES
1LIPIX	420,175.48	27,172.572424	2053	(177,811.82)	(11,525.051335)	827	(177,087.78)	SERIES
1LIVIX	478,373.81	30,355.705079	2188	(203,469.75)	(12,919.214576)	814	(202,399.25)	SERIES
1LIZIX	224,240.28	15,998.549556	2192	(71,476.47)	(5,131.105615)	946	(71,243.90)	SERIES
1JLKRX	49,450.34	4,308.195559	793	(196,002.55)	(16,824.163366)	335	(206,802.52)	SERIES
1JLAIX	790.36	92.208186	20	(3,727.67)	(427.516159)	14	(3,779.72)	SERIES
1JLBJX	7,604.58	868.423105	153	(837,635.73)	(93,412.372882)	128	(887,061.73)	SERIES
1JLDIX	59,076.41	6,212.658239	502	(1,309,908.77)	(134,544.146759)	260	(1,380,920.32)	SERIES
1JLEIX	106,938.49	10,564.060219	1080	(1,754,508.30)	(170,559.449899)	540	(1,860,195.40)	SERIES
1JLFIX	111,015.39	10,780.839963	992	(1,756,511.76)	(167,096.727266)	482	(1,877,546.29)	SERIES
1JLHIX	377,342.26	35,538.770734	893	(1,349,703.19)	(123,901.191150)	408	(1,422,790.65)	SERIES
1JLIIX	69,988.49	6,452.016976	613	(931,980.15)	(85,490.584574)	336	(1,010,034.44)	SERIES
1JLJIX	74,626.07	7,040.969431	734	(287,075.02)	(26,671.840463)	283	(304,491.66)	SERIES
1JLKTX	57,358.36	5,396.630655	800	(302,008.80)	(27,934.062216)	378	(318,113.53)	SERIES
1JESRX	47,612.10	4,063.163262	911	(77,930.28)	(6,554.487572)	335	(78,194.63)	SERIES
1JULCX	8,099.38	636.426439	139	(147,388.98)	(11,546.918440)	109	(149,720.18)	SERIES
1JULBX	3,993.76	279.102375	208	(2,520.37)	(185.228162)	58	(2,715.11)	SERIES
1JULMX	12,047.63	910.572945	197	(88.61)	(6.733762)	44	(90.57)	SERIES
1JULGX	25,942.68	1,792.860195	139	(507.09)	(34.581853)	29	(538.65)	SERIES
1JULAX	7,888.31	537.789676	56	(23.39)	(1.552744)	10	(23.21)	SERIES
1CIVIX	32,719.32	2,165.053912	1133	(42,890.91)	(2,820.190076)	852	(44,112.39)	SERIES
1FGFLX	3,667.92	113.870898	263	(62,461.48)	(1,876.167575)	294	(66,835.93)	SERIES
1OIGIX	21,889.30	569.984206	438	(34,729.40)	(882.071652)	234	(35,138.82)	SERIES
1SWISX	163,188.61	8,253.081712	1632	(7,590.25)	(382.653957)	753	(7,471.40)	SERIES
1NOSGX	18,786.98	898.697550	786	(873.11)	(42.778473)	233	(937.31)	SERIES
1VSMAX	42,800.05	568.959918	1766	(35,523.55)	(474.004160)	1122	(35,433.73)	SERIES
1VIMAX	55,116.01	269.109162	2271	(23,289.47)	(112.708220)	964	(22,997.79)	SERIES
1FXAIX	62,803.03	622.207898	1931	(16,055.00)	(156.582517)	1165	(15,160.89)	SERIES
1DDFIX	10,836.01	560.333051	284	(14,581.32)	(740.204673)	134	(14,484.80)	SERIES
1LAFVX	13,668.73	918.458602	86	(452.33)	(29.977056)	133	(445.09)	SERIES
1PRGFX	7,200.06	103.632960	614	(593.59)	(8.805374)	204	(586.17)	SERIES
1TILIX	43,066.68	1,312.241827	152	(14,786.15)	(441.213991)	67	(14,401.08)	SERIES
1TILVX	22,779.93	1,166.278563	1544	(9,461.48)	(484.866757)	917	(9,498.13)	SERIES
1VIGAX	23,751.65	289.262596	232	(39,664.46)	(479.595596)	183	(37,901.51)	SERIES
1AGDYX	6,224.80	762.529427	647	(2,378.96)	(291.181274)	391	(2,372.97)	SERIES
1BAGIX	69,883.42	6,423.758291	2259	(26,526.56)	(2,416.769230)	1093	(25,870.05)	SERIES
1BSBIX	45,755.96	4,729.119851	1766	(8,945.18)	(915.693001)	838	(8,809.93)	SERIES
1DODIX	39,949.70	2,883.396670	1450	(7,923.40)	(565.113950)	683	(7,852.55)	SERIES
1FTRBX	24,617.94	2,290.478605	2008	(7,920.89)	(723.633322)	784	(7,771.55)	SERIES
1LHYVX	11,024.04	1,496.759313	926	(6,679.30)	(905.169741)	352	(6,704.02)	SERIES
1IUGXX	382,478.95	382,478.950000	1129	(66,094.83)	(66,094.840000)	281	(66,094.83)	SERIES

5% TRANSACTIONS

Friona Industries, L.P. 401(k) Plan
Reportable Transactions
For the Year Ended December 31, 2019

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	Purchase Cost	TRANSACTION DATE
1LIRIX	794,936.96	63,594.956800	32	0.00	0.000000	0	0.00	10-JUN-19
1LIQIX	1,280,027.66	98,920.221021	68	0.00	0.000000	0	0.00	10-JUN-19
1LIBIX	1,707,995.67	125,865.561537	141	0.00	0.000000	0	0.00	10-JUN-19
1LINIX	1,715,491.96	122,974.334049	120	0.00	0.000000	0	0.00	10-JUN-19
1LIJIX	1,323,914.89	91,811.018727	102	0.00	0.000000	0	0.00	10-JUN-19
1LIKIX	764,934.78	51,859.985085	89	0.00	0.000000	0	0.00	10-JUN-19
1JLBJX	0.00	0.000000	0	(791,218.11)	(88,108.922128)	28	(836,777.40)	10-JUN-19
1JLDIX	0.00	0.000000	0	(1,280,027.66)	(131,419.675948)	68	(1,348,807.77)	10-JUN-19
1JLEIX	0.00	0.000000	0	(1,707,995.67)	(165,985.974353)	141	(1,811,950.18)	10-JUN-19
1JLFIX	0.00	0.000000	0	(1,715,491.96)	(162,914.715518)	120	(1,830,418.36)	10-JUN-19
1JLHIX	0.00	0.000000	0	(1,323,914.89)	(121,460.085691)	102	(1,394,304.50)	10-JUN-19
1JLIIX	0.00	0.000000	0	(764,934.78)	(69,920.911719)	89	(827,850.28)	10-JUN-19
1LIRIX	1,190,058.07	92,074.837721	82	0.00	0.000000	0	0.00	15-NOV-19
1LIQIX	0.00	0.000000	0	(1,190,058.07)	(89,751.352964)	82	(1,162,666.44)	15-NOV-19

LEGEND

INVESTMENT OPTION:

3BSBIX	Baird Short-Term Bond Inst
5BSBIX	Plan Expense Account
1LIRIX	BlackRock Lifepath Index Retire Instl
1LIBIX	BlackRock LifePath Index 2025 Instl
1LIJIX	BlackRock Lifepath Index 2035 Instl
1LIHIX	BlackRock Lifepath Index 2045 Instl
1LIVIX	BlackRock Lifepath Index 2055 Instl
1JLKRX	JHancock Multimanager 2050 Lifetime R6
1JLBJX	JHancock Multimanager 2015 Lifetime R6
1JLEIX	JHancock Multimanager 2025 Lifetime R6
1JLHIX	JHancock Multimanager 2035 Lifetime R6
1JLJIX	JHancock Multimanager 2045 Lifetime R6
1JESRX	JHancock Multimanager 2060 Lifetime R6
1JULBX	JHancock Multimngr Lifestyle Balanced R6
1JULGX	JHancock Multimngr Lifestyle Growth R6
1CIVIX	Causeway International Value Instl
1OIGIX	Invesco Oppenheimer Int'l Growth R6
1NOSGX	Northern Small Cap Value
1VIMAX	Vanguard Mid Cap Index Fund - Admiral
1DDFIX	Invesco Diversified Dividend R5
1PRGFX	T. Rowe Price Growth Stock
1TILVX	TIAA-CREF Large-Cap Value Idx Inst
1AGDYX	AB High Income Advisor
1BSBIX	Baird Short-Term Bond Inst
1FTRBX	Federated Total Return Bond Fund IS
1IUGXX	Invesco Premier US Government Money Inst
4BSBIX	Baird Short-Term Bond Inst
3IUGXX	Invesco Premier US Government Money Inst
1LIQIX	BlackRock Lifepath Index 2020 Instl
1LINIX	BlackRock Lifepath Index 2030 Instl
1LIKIX	BlackRock Lifepath Index 2040 Instl
1LIPIX	BlackRock Lifepath Index 2050 Instl
1LIZIX	BlackRock Lifepath Index 2060 Inst
1JLAIX	JHancock Multimanager 2010 Lifetime R6
1JLDIX	JHancock Multimanager 2020 Lifetime R6
1JLFIX	JHancock Multimanager 2030 Lifetime R6
1JLIIX	JHancock Multimanager 2040 Lifetime R6
1JLKTX	JHancock Multimanager 2055 Lifetime R6
1JULCX	JHancock Multimngr Lifestyle Cons R6
1JULMX	JHancock Multimngr Lifestyle Moderate R6
1JULAX	JHancock Multimngr Lifestyle Aggr R6
1FGFLX	Federated International Leaders Instl
1SWISX	Schwab International Index
1VSMAX	Vanguard Small Cap Index Adm
1FXAIX	Fidelity 500 Index
1LAFVX	Lord Abbett Affiliated R6
1TILIX	TIAA-CREF Large-Cap Gr Idx Instl
1VIGAX	Vanguard Growth Index Adm
1BAGIX	Baird Aggregate Bond Inst
1DODIX	Dodge & Cox Income
1LHYVX	Lord Abbett High Yield R6

Friona Industries, L.P. 401(k) Plan

Report to Those in Charge of Governance

October 12, 2020

Wilson Haag, PLLC

Certified Public Accountants

418 S. Polk, Suite 200 • P.O. Box 590, Amarillo, Texas 79105-0590
(806) 372-3331 • FAX (806) 372-3355

October 12, 2020

To the Administrative Committee
Friona Industries, L.P. 401(k) Plan:

We have audited the financial statements of Friona Industries, L.P. 401(k) Plan for the year ended December 31, 2019, and have issued our report thereon dated October 12, 2020. Professional standards require that we provide you with information about our responsibilities under auditing standards generally accepted in the United States of America, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our engagement letter dated December 31, 2019. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

You are responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Friona Industries, L.P. 401(k) Plan are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2019. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements and are based on your knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in performing and completing our audit.

Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. You have corrected all such misstatements.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with U.S. generally accepted accounting principles, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to our retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This information is intended solely for the use of those charged with governance and, if appropriate, management of Friona Industries, L.P. 401(k) Plan and is not intended to be, and should not be, used by anyone other than these specified parties.

Yours truly,

Wilson Haag, PLLC

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Friona Industries, LP. 401 (k) Plan

01-JAN-19 to 31-DEC-19

21-JAN-20 02:19:07

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1LIRIX			1,772,763.09	1,807,809.29
1LIBIX			1,300,220.43	1,360,004.25
1LINIX			1,912,774.62	2,012,372.03
1LIJIX			1,375,788.96	1,458,284.52
1LIKIX			860,156.60	914,203.76
1LIHIX			257,987.20	274,215.65
1LIPIX			243,087.44	258,966.49
1LIVIX			275,974.28	295,199.77
1LIZIX			152,995.97	163,663.73
1JULCX			71,426.80	71,342.00
1JULBX			9,461.18	9,042.68
1JULMX			26,437.42	25,968.81
1JULGX			124,956.89	116,137.07
1JULAX			9,547.70	9,200.03
1CIVIX			5,611.36	5,847.35
1SWISX			155,717.12	163,075.24
1NOSGX			23,911.43	23,108.91
1VSMAX			22,608.70	24,622.52
1VIMAX			53,675.75	59,126.34
1FXAIX			91,900.80	104,445.20
1LAFVX			13,223.59	14,144.64
1PRGFX			31,617.75	33,480.02
1TILIX			28,665.57	31,661.87
1TILVX			26,434.45	27,319.58
1AGDYX			24,854.02	23,950.77
1BAGIX			86,081.78	89,220.18
1BSBIX			60,764.52	61,548.26
1DODIX			35,596.19	36,120.77
1FTRBX			25,760.29	26,504.18
1LHYVX			18,905.36	19,001.32
1IUGXX			531,371.27	531,371.27
			9,630,278.53	**10,050,958.50**
PARTICIPANT LOANS	VARIOUS	4.250-9.250	232,607.38	232,491.76
FORFEITURES			2,278.59	2,282.79

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 75-2278265

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Friona Industries, LP. 401 (k) Plan

01-JAN-19 to 31-DEC-19

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1LIRIX	BlackRock Lifepath Index Retire Instl
1LINIX	BlackRock Lifepath Index 2030 Instl
1LIKIX	BlackRock Lifepath Index 2040 Instl
1LIPIX	BlackRock Lifepath Index 2050 Instl
1LIZIX	BlackRock Lifepath Index 2060 Inst
1JULBX	JHancock Multimngr Lifestyle Balanced R6
1JULGX	JHancock Multimngr Lifestyle Growth R6
1CIVIX	Causeway International Value Instl
1NOSGX	Northern Small Cap Value
1VIMAX	Vanguard Mid Cap Index Fund - Admiral
1LAFVX	Lord Abbett Affiliated R6
1TILIX	TIAA-CREF Large-Cap Gr Idx Instl
1AGDYX	AB High Income Advisor
1BSBIX	Baird Short-Term Bond Inst
1FTRBX	Federated Total Return Bond Fund IS
1IUGXX	Invesco Premier US Government Money Inst
1LIBIX	BlackRock LifePath Index 2025 Instl
1LIJIX	BlackRock Lifepath Index 2035 Instl
1LIHIX	BlackRock Lifepath Index 2045 Instl
1LIVIX	BlackRock Lifepath Index 2055 Instl
1JULCX	JHancock Multimngr Lifestyle Cons R6
1JULMX	JHancock Multimngr Lifestyle Moderate R6
1JULAX	JHancock Multimngr Lifestyle Aggr R6
1SWISX	Schwab International Index
1VSMAX	Vanguard Small Cap Index Adm
1FXAIX	Fidelity 500 Index
1PRGFX	T. Rowe Price Growth Stock
1TILVX	TIAA-CREF Large-Cap Value Idx Inst
1BAGIX	Baird Aggregate Bond Inst
1DODIX	Dodge & Cox Income
1LHYVX	Lord Abbett High Yield R6

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year