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 11/01/2019 and ending 10/31/2020

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 11/01/1988

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)
CACTUS FEEDERS, INC.

600 S TYLER STE 2800
AMARILLO, TX 79101

2b Employer Identification Number (EIN) 75-1086468

2c Plan Sponsor's telephone number 806-373-2333

2d Business code (see instructions) 112111

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.	07/20/2021	MICHAEL ETHEREDGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/20/2021	MICHAEL ETHEREDGE
	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**	1543
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)**	860
a(2) Total number of active participants at the end of the plan year	**6a(2)**	704
b Retired or separated participants receiving benefits	**6b**	222
c Other retired or separated participants entitled to future benefits	**6c**	492
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1418
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	7
f Total. Add lines **6d** and **6e**.	**6f**	1425
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1420
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	92
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 2I 2K 2P 2Q 3H 3I

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)** [ ] ___ **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 11/01/2019 and ending 10/31/2020

A Name of plan
CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CACTUS FEEDERS, INC.

D Employer Identification Number (EIN)
75-1086468

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)

(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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 11/01/2019 and ending 10/31/2020

A Name of plan
CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CACTUS FEEDERS, INC.

D Employer Identification Number (EIN)
75-1086468

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	1
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	89180	46246
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	288373136	328855323
	(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	288462316	328901570
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	91788550	90716962
k	Total liabilities (add all amounts in lines 1g through1j)	1k	91788550	90716962
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	196673766	238184608

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)	4265643	
	(B) Participants	2a(1)(B)	0	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4265643
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	661	
	(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)		
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		661
	(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)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)	45835777	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		45835777

		(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)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		50102081
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5317974	
(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)		5317974
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		3236988
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	661	
(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)		661
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8555623
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		41546458
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		35616

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WILSON HAAG, PLLC **(2)** EIN: 84-4100509

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	0
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	0

			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	0
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	0
e	Was this plan covered by a fidelity bond?	4e	X		15000000
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)
CACTUS FEEDERS INC 401(K) PLAN	75-1086468	003

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 11/01/2019 and ending 10/31/2020

A Name of plan
CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CACTUS FEEDERS, INC.

D Employer Identification Number (EIN)
75-1086468

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 5353590

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): 42-0127290

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_____

CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST

Financial Statements

October 31, 2020 and 2019

(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 Trustee and Administrative Committee
Cactus Feeders, Inc. Employee
Stock Ownership Plan and Trust:

We have audited the accompanying financial statements of Cactus Feeders, Inc. Employee Stock Ownership Plan and Trust which are comprised of the statements of net assets available for plan benefits as of October 31, 2020 and 2019, the related statement of changes in net assets available for plan benefits for the year ended October 31, 2020 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of Cactus Feeders Inc. Employee Stock Ownership Plan and Trust as of October 31, 2020 and 2019, and the changes in its net assets available for plan benefits for the year ended October 31, 2020 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held for Investment as of October 31, 2020 (Schedule 1) is presented for the purpose 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 the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Wilson Haag, PLLC

June 15, 2021

CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST

Statements of Net Assets Available for Plan Benefits

October 31, 2020 and 2019

Assets		**2020**	**2019**
Interest-bearing cash accounts	$	46,247	89,180
Investments at estimated fair value (note 3) -			
Cactus Feeders, Inc. common stock		328,855,323	288,373,136
	$	328,901,570	288,462,316
Liabilities and Net Assets			
Liabilities:			
Note payable to Cactus Feeders, Inc. (note 4)		90,670,715	91,699,370
Income taxes payable (note 1)		-	43,594
Other liabilities		46,247	45,586
		90,716,962	91,788,550
Net assets available for plan benefits:			
Allocated		86,431,323	74,522,261
Unallocated		151,753,285	122,151,505
		238,184,608	196,673,766
	$	328,901,570	288,462,316

See accompanying notes to financial statements.

CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST

Statement of Changes in Net Assets Available for Plan Benefits

For the Year ended October 31, 2020

	Allocated	Unallocated	Total
Net unrealized appreciation in estimated fair value of Cactus Feeders, Inc. common stock	$ 11,202,052	34,633,725	45,835,777
Interest income	661	-	661
Allocation of 7,500 shares of Cactus Feeders, Inc. common stock to participants, at estimated fair value	6,060,600	(6,060,600)	-
Employer contributions (note 5)	-	4,265,643	4,265,643
Interest expense (note 4)	-	(3,236,988)	(3,236,988)
Distributions to participants	(5,317,974)	-	(5,317,974)
Administrative expenses	(661)	-	(661)
Increase in net assets available for plan benefits	11,944,678	29,601,780	41,546,458
Transfer to 401(k) Plan (note 6)	(35,616)	-	(35,616)
Net assets available for plan benefits at beginning of year	74,522,261	122,151,505	196,673,766
Net assets available for plan benefits at end of year	$ 86,431,323	151,753,285	238,184,608

See accompanying notes to financial statements.

(1) Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements of Cactus Feeders, Inc. Employee Stock Ownership Plan and Trust (the Plan) have been prepared utilizing the accrual basis of accounting.

Fair Value of Investments

Financial Accounting Standards Board Accounting Standard Codification 820 (FASB ASC 820) 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 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; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair 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. There have been no changes in the methodologies used by the Plan at October 31, 2020 and 2019.

The common stock of Cactus Feeders, Inc. (Cactus) is stated at estimated fair values as determined by an annual independent valuation.

Continued

CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST

Notes to Financial Statements

(1) Summary of Significant Accounting Policies, Continued

Fair Value of Investments, Continued

This valuation is based upon a combination of the market and income valuation techniques consistent with prior years. The evaluation took into account historical and projected cash flow and net income, return on assets, return on equity, market comparables and estimated fair value of entity assets and liabilities.

The valuation of plan investments fall within level 3 of the fair value hierarchy as described above and may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Income Taxes

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

The Plan is subject to income taxes on "Unrelated Business Taxable Income" (UBTI) generated by certain activities of investees other than Cactus. Liability for UBTI consisted of $43,594 at October 31, 2019.

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.

Date of Trustee Evaluation

The Trustees have reviewed events occurring subsequent to October 31, 2020 through June 15, 2021 for potential impact on the accompanying financial statements and disclosures herein.

Continued

CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST

Notes to Financial Statements

(2) Description of the Plan

General

Cactus Feeders, Inc. established the Plan effective November 1, 1988. The Plan operates as a leveraged employee stock ownership plan (ESOP), and is designed to comply with regulations of the Internal Revenue Code and applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered and assets are managed by appointed trustees.

The Plan purchased Cactus common stock shares using the proceeds of borrowings and holds the stock in a trust established under the Plan. The borrowings are to be repaid over a period of years by employer contributions to the trust fund. As the Plan makes each payment of principal or interest, a calculated percentage of stock is allocated to eligible participants' accounts in accordance with applicable terms of the Plan.

Borrowings are collateralized by unallocated shares of Cactus stock with the lender having no rights against shares once they are allocated to participants under the Plan. Accordingly, the accompanying financial statements present separately the changes in net assets pertaining to:

(a) the accounts of participants with rights in allocated stock (Allocated) and
(b) stock not yet allocated to participants (Unallocated).

Each participant is entitled to exercise voting rights attributable to the allocated shares in the participant's account. Unallocated shares are voted by the Plan trustees.

Employees of Cactus and its participating subsidiaries are generally eligible to participate in the Plan after meeting minimum age (18 years) and service (1,000 hours) requirements.

Related Party Transactions and Party-in-Interest Transactions

The Plan's sponsor paid substantially all administrative expenses aggregating $297,937 on behalf of the Plan in 2020. The expenses are not included in these financial statements. As the Plan sponsor, these transactions qualify as party-in-interest transactions.

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

Continued

(2) Description of the Plan, Continued

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.

Contributions of Participating Companies

The trust agreement provides for annual contributions to the Plan to be made at the discretion of the Board of Directors of Cactus.

Distributions

The trust agreement provides for benefits to be payable to a participant or their beneficiaries in the event of (1) participant's retirement, (2) participant's death, (3) participant's total disability, (4) statutory and early diversification or (5) termination of employment under all other circumstances. At October 31, 2020, allocated vested net assets available for plan benefits totaling $22,800,870 were attributable to former participants and will be paid under terms of the Plan.

Vesting

Vesting begins after two years of service and participants become 100% vested after six years of service. Participants also become 100% vested upon (1) normal retirement, reaching the age of sixty, (2) death or (3) total and permanent disability.

Termination of the Plan

The trust agreement provides that the Plan may be terminated at any time by resolution of Cactus. The Plan shall also be terminated in the event of a complete discontinuance of contributions. Upon termination of the Plan, each participant becomes fully vested and the balance of the amounts allocated to each participant shall be distributed to participants or their beneficiaries.

Continued

CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST

Notes to Financial Statements

(3) Investments

A summary of the Plan's investments at October 31, 2020 and 2019 follows:

	2020			2019		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
Cactus Feeders, Inc. common stock:						
Number of shares	106,959	300,000	406,959	107,157	307,500	414,657
Cost	$ 21,385,288	80,000,000	101,385,288	19,660,090	82,000,000	101,660,090
Estimated fair value	$ 86,431,323	242,424,000	328,855,323	74,522,261	213,850,875	288,373,136

(4) Note Payable

During 2011, the Plan purchased 375,000 shares of Cactus common stock with $100,000,000 proceeds of borrowings from Cactus. The 3.53% note evidencing these borrowings is secured by the unallocated common stock and is due in annual installments of $4,265,643 including interest through 2060. Interest incurred on such note aggregated $3,236,988 during 2020. Principal amounts due on this note for the five years subsequent to October 31, 2020 are; $1,064,966 in 2021; $1,102,560 in 2022; $1,143,480 in 2023; $1,181,774 in 2024; and $1,223,491 in 2025.

(5) Plan Amendment

During 2010, Cactus Feeders, Inc. on behalf of the Plan, received permission from the IRS to amend the plan retroactively to provide certain additional benefits to participants. The cost of these retroactive benefits was provided by Cactus Feeders, Inc. through additional contributions to the Plan. No such amounts were contributed during 2020. Approximately $90,000 of these benefits were yet to be provided at October 31, 2020.

Continued

CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST

Notes to Financial Statements

(6) Transfer to 401(k) Plan

During the year ended October 31, 2020, the Plan transferred $35,616 to a 401(k) plan established for the benefit of the same individuals who are participating in the ESOP. The amounts transferred are available for self-directed investment at the discretion of the participants.

(7) Other Matters – 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.

ADDITIONAL INFORMATION

Schedule H, line 4i
EIN 75-1086468
Plan Number 8-12841

SCHEDULE 1

CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST

Schedule of Assets Held for Investment

October 31, 2020

(a - party in interest)	(b – issuer)	(c – description)	(d – cost)	(e – current value)
	INTEREST-BEARING CASH:			
	Federated Prime Management Obligation Fund	Interest-bearing cash account	$ 46,247	46,247
	EMPLOYER SECURITIES:			
*	Cactus Feeders, Inc.	406,959 Shares of Cactus Feeders, Inc. Common Stock	101,385,288	328,855,323
			$ 101,431,535	328,901,570

CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST

Financial Statements

October 31, 2020 and 2019

(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 Trustee and Administrative Committee
Cactus Feeders, Inc. Employee
Stock Ownership Plan and Trust:

We have audited the accompanying financial statements of Cactus Feeders, Inc. Employee Stock Ownership Plan and Trust which are comprised of the statements of net assets available for plan benefits as of October 31, 2020 and 2019, the related statement of changes in net assets available for plan benefits for the year ended October 31, 2020 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of Cactus Feeders Inc. Employee Stock Ownership Plan and Trust as of October 31, 2020 and 2019, and the changes in its net assets available for plan benefits for the year ended October 31, 2020 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held for Investment as of October 31, 2020 (Schedule 1) is presented for the purpose 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 the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Wilson Haag, PLLC

June 15, 2021

CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST

Statements of Net Assets Available for Plan Benefits

October 31, 2020 and 2019

Assets		**2020**	**2019**
Interest-bearing cash accounts	$	46,247	89,180
Investments at estimated fair value (note 3) -			
Cactus Feeders, Inc. common stock		328,855,323	288,373,136
	$	328,901,570	288,462,316
Liabilities and Net Assets			
Liabilities:			
Note payable to Cactus Feeders, Inc. (note 4)		90,670,715	91,699,370
Income taxes payable (note 1)		-	43,594
Other liabilities		46,247	45,586
		90,716,962	91,788,550
Net assets available for plan benefits:			
Allocated		86,431,323	74,522,261
Unallocated		151,753,285	122,151,505
		238,184,608	196,673,766
	$	328,901,570	288,462,316

See accompanying notes to financial statements.

CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST

Statement of Changes in Net Assets Available for Plan Benefits

For the Year ended October 31, 2020

	Allocated	Unallocated	Total
Net unrealized appreciation in estimated fair value of Cactus Feeders, Inc. common stock	$ 11,202,052	34,633,725	45,835,777
Interest income	661	-	661
Allocation of 7,500 shares of Cactus Feeders, Inc. common stock to participants, at estimated fair value	6,060,600	(6,060,600)	-
Employer contributions (note 5)	-	4,265,643	4,265,643
Interest expense (note 4)	-	(3,236,988)	(3,236,988)
Distributions to participants	(5,317,974)	-	(5,317,974)
Administrative expenses	(661)	-	(661)
Increase in net assets available for plan benefits	11,944,678	29,601,780	41,546,458
Transfer to 401(k) Plan (note 6)	(35,616)	-	(35,616)
Net assets available for plan benefits at beginning of year	74,522,261	122,151,505	196,673,766
Net assets available for plan benefits at end of year	$ 86,431,323	151,753,285	238,184,608

See accompanying notes to financial statements.

(1) Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements of Cactus Feeders, Inc. Employee Stock Ownership Plan and Trust (the Plan) have been prepared utilizing the accrual basis of accounting.

Fair Value of Investments

Financial Accounting Standards Board Accounting Standard Codification 820 (FASB ASC 820) 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 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; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair 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. There have been no changes in the methodologies used by the Plan at October 31, 2020 and 2019.

The common stock of Cactus Feeders, Inc. (Cactus) is stated at estimated fair values as determined by an annual independent valuation.

Continued

CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST

Notes to Financial Statements

(1) Summary of Significant Accounting Policies, Continued

Fair Value of Investments, Continued

This valuation is based upon a combination of the market and income valuation techniques consistent with prior years. The evaluation took into account historical and projected cash flow and net income, return on assets, return on equity, market comparables and estimated fair value of entity assets and liabilities.

The valuation of plan investments fall within level 3 of the fair value hierarchy as described above and may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Income Taxes

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

The Plan is subject to income taxes on "Unrelated Business Taxable Income" (UBTI) generated by certain activities of investees other than Cactus. Liability for UBTI consisted of $43,594 at October 31, 2019.

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.

Date of Trustee Evaluation

The Trustees have reviewed events occurring subsequent to October 31, 2020 through June 15, 2021 for potential impact on the accompanying financial statements and disclosures herein.

Continued

CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST

Notes to Financial Statements

(2) Description of the Plan

General

Cactus Feeders, Inc. established the Plan effective November 1, 1988. The Plan operates as a leveraged employee stock ownership plan (ESOP), and is designed to comply with regulations of the Internal Revenue Code and applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered and assets are managed by appointed trustees.

The Plan purchased Cactus common stock shares using the proceeds of borrowings and holds the stock in a trust established under the Plan. The borrowings are to be repaid over a period of years by employer contributions to the trust fund. As the Plan makes each payment of principal or interest, a calculated percentage of stock is allocated to eligible participants' accounts in accordance with applicable terms of the Plan.

Borrowings are collateralized by unallocated shares of Cactus stock with the lender having no rights against shares once they are allocated to participants under the Plan. Accordingly, the accompanying financial statements present separately the changes in net assets pertaining to:

(a) the accounts of participants with rights in allocated stock (Allocated) and
(b) stock not yet allocated to participants (Unallocated).

Each participant is entitled to exercise voting rights attributable to the allocated shares in the participant's account. Unallocated shares are voted by the Plan trustees.

Employees of Cactus and its participating subsidiaries are generally eligible to participate in the Plan after meeting minimum age (18 years) and service (1,000 hours) requirements.

Related Party Transactions and Party-in-Interest Transactions

The Plan's sponsor paid substantially all administrative expenses aggregating $297,937 on behalf of the Plan in 2020. The expenses are not included in these financial statements. As the Plan sponsor, these transactions qualify as party-in-interest transactions.

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

Continued

(2) Description of the Plan, Continued

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.

Contributions of Participating Companies

The trust agreement provides for annual contributions to the Plan to be made at the discretion of the Board of Directors of Cactus.

Distributions

The trust agreement provides for benefits to be payable to a participant or their beneficiaries in the event of (1) participant's retirement, (2) participant's death, (3) participant's total disability, (4) statutory and early diversification or (5) termination of employment under all other circumstances. At October 31, 2020, allocated vested net assets available for plan benefits totaling $22,800,870 were attributable to former participants and will be paid under terms of the Plan.

Vesting

Vesting begins after two years of service and participants become 100% vested after six years of service. Participants also become 100% vested upon (1) normal retirement, reaching the age of sixty, (2) death or (3) total and permanent disability.

Termination of the Plan

The trust agreement provides that the Plan may be terminated at any time by resolution of Cactus. The Plan shall also be terminated in the event of a complete discontinuance of contributions. Upon termination of the Plan, each participant becomes fully vested and the balance of the amounts allocated to each participant shall be distributed to participants or their beneficiaries.

Continued

CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST

Notes to Financial Statements

(3) Investments

A summary of the Plan's investments at October 31, 2020 and 2019 follows:

	2020			2019		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
Cactus Feeders, Inc. common stock:						
Number of shares	106,959	300,000	406,959	107,157	307,500	414,657
Cost	$ 21,385,288	80,000,000	101,385,288	19,660,090	82,000,000	101,660,090
Estimated fair value	$ 86,431,323	242,424,000	328,855,323	74,522,261	213,850,875	288,373,136

(4) Note Payable

During 2011, the Plan purchased 375,000 shares of Cactus common stock with $100,000,000 proceeds of borrowings from Cactus. The 3.53% note evidencing these borrowings is secured by the unallocated common stock and is due in annual installments of $4,265,643 including interest through 2060. Interest incurred on such note aggregated $3,236,988 during 2020. Principal amounts due on this note for the five years subsequent to October 31, 2020 are; $1,064,966 in 2021; $1,102,560 in 2022; $1,143,480 in 2023; $1,181,774 in 2024; and $1,223,491 in 2025.

(5) Plan Amendment

During 2010, Cactus Feeders, Inc. on behalf of the Plan, received permission from the IRS to amend the plan retroactively to provide certain additional benefits to participants. The cost of these retroactive benefits was provided by Cactus Feeders, Inc. through additional contributions to the Plan. No such amounts were contributed during 2020. Approximately $90,000 of these benefits were yet to be provided at October 31, 2020.

Continued

CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST

Notes to Financial Statements

(6) Transfer to 401(k) Plan

During the year ended October 31, 2020, the Plan transferred $35,616 to a 401(k) plan established for the benefit of the same individuals who are participating in the ESOP. The amounts transferred are available for self-directed investment at the discretion of the participants.

(7) Other Matters – 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.

ADDITIONAL INFORMATION

Schedule H, line 4i
EIN 75-1086468
Plan Number 8-12841

SCHEDULE 1

CACTUS FEEDERS, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST

Schedule of Assets Held for Investment

October 31, 2020

(a - party in interest)	(b – issuer)	(c – description)	(d – cost)	(e – current value)
	INTEREST-BEARING CASH:			
	Federated Prime Management Obligation Fund	Interest-bearing cash account	$ 46,247	46,247
	EMPLOYER SECURITIES:			
*	Cactus Feeders, Inc.	406,959 Shares of Cactus Feeders, Inc. Common Stock	101,385,288	328,855,323
			$ 101,431,535	328,901,570