

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>NETJETS AVIATION, INC. 401(K) RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1984</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1984</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1984</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NETJETS AVIATION, INC.</u> <u>4111 BRIDGEWAY AVENUE</u> <u>COLUMBUS, OH 43219-1882</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0682096</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>614-239-5508</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>481000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0682096</u>	2c Plan Sponsor's telephone number <u>614-239-5508</u>	2d Business code (see instructions) <u>481000</u>	
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2c Plan Sponsor's telephone number <u>614-239-5508</u>					
2d Business code (see instructions) <u>481000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2021	KATIE GAUSEPOHL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2021	KIMBERLY HAHN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3148
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2880 6a(2) 2802 6b 0 6c 259 6d 3061 6e 11 6f 3072 6g 3043 6h 12
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 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan NETJETS AVIATION, INC. 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NETJETS AVIATION, INC.	D Employer Identification Number (EIN) 31-0682096	

Part I	Service Provider Information (see instructions)
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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
CHARLES SCHWAB & CO. INC. AND AFFIL
94-1737782

(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)

NFP RETIREMENT INC

33-0905143

(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 50	NONE	61400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INDEPENDENT ADVISOR ALLIANCE L

46-3825461

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	60885	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FISHER INVESTMENTS

20-2480800

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	53398	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)

MORNINGSTAR INVESTMENT

36-3297908

(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 50	NONE	34012	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHWAB RETIREMENT PLAN SERVICES, INC

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 50 64	NONE	32535	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 50 59 62 71 72	NONE	21719	Yes ☒ No ☐	Yes ☒ No ☐	23	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)

CERITY PARTNERS LLC

27-1180831

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	17743	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEE JOHNSON CAPITAL MANAGEMENT

26-2503106

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	16341	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FROST BROWN TODD LLC

61-0722001

(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?
29 50	NONE	13626	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)

FLEXIBLE PLAN INVESTMENTS LTD

38-2340348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	12519	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOTAL INVESTMENT MANAGEMENT IN

86-0912979

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	11613	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GBQ PARTNERS LLC

20-2122306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	10000	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)

MOUNTAIN CAPITAL INVESTMENT AD

27-4826969

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	9935	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARINER LLC

20-4553256

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	9492	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEEP SAFE INVESTMENTS LLC

46-3191122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	8553	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)

HAMILTON CAPITAL LLC

83-3000171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	7558	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOSTON HILL ADVISORS LLC

20-5369878

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	7328	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GLASSMAN WEALTH SERVICES LLC

27-0896966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	7153	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)

FINANCIAL ENGINES ADVISORS LLC

94-3250032

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	5782	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
CHARLES SCHWAB & CO. INC. AND AFFIL	59	0
(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.	
SEE ATTACHMENT	SEE ATTACHMENT	
91-1788041		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>NETJETS AVIATION, INC. 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NETJETS AVIATION, INC.</u>	D Employer Identification Number (EIN) <u>31-0682096</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORLEY STABLE VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>		
c EIN-PN <u>93-6274329-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>132694995</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY GRW COMP COMMINGLED POOL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>04-3022712-135</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>307393913</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WILMGT TR CIT INTL STOCK FD</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
c EIN-PN <u>82-2436292-342</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18613728</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WILMGT TR CIT SMALL CAP VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
c EIN-PN <u>38-4097325-488</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22518917</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WILMGT TR CIT SMALL CAP GROWTH FUND</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
c EIN-PN <u>38-4097324-487</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>53207704</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WLMGT TR CIT CORE BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
c EIN-PN <u>82-1986152-325</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>67982114</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan NETJETS AVIATION, INC. 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NETJETS AVIATION, INC.	D Employer Identification Number (EIN) 31-0682096	

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)	8737351	2169332
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	12224664	12023503
(9) Value of interest in common/collective trusts	1c(9)	297877528	602411371
(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)	1006949907	940308999
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	143598596	213221856

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1469388046	1770135061

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	1469388046	1770135061
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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)	43021132	
(B) Participants	2a(1)(B)	55278576	
(C) Others (including rollovers).....	2a(1)(C)	764332	
(2) Noncash contributions	2a(2)		99064040
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		655467
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	655467	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		655467
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		25119919
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	25119919	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		25119919
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		0
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		163677517
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		90701524
c Other income	2c		24815865
d Total income. Add all income amounts in column (b) and enter total.....	2d		404034332

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	103710754	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		103710754
f Corrective distributions (see instructions)	2f		43361
g Certain deemed distributions of participant loans (see instructions).....	2g		958
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	23626	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	339239	
(4) Other.....	2i(4)	32535	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		395400
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		104150473

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		299883859
l Transfers of assets:			
(1) To this plan.....	2l(1)		863156
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☒ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **GBQ PARTNERS, LLC**

(2) EIN: **20-2122306**

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.)	☒	☐	2628

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan NETJETS AVIATION, INC. 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NETJETS AVIATION, INC.		D Employer Identification Number (EIN) 31-0682096
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): 82-3967259		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

14a	
14b	
14c	

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

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

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

15a	
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.....

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.....

16a	
16b	

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

• **Financial Statements**
• with Supplementary Information

• **NetJets Aviation, Inc.**
• **401(k) Retirement**
• **Plan**

• December 31, 2020 and 2019



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Note: All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because there is nothing to report.	



To the Administrative Committee
NetJets Aviation, Inc.
401(k) Retirement Plan
Columbus, Ohio

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of NetJets Aviation, Inc. 401(k) Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the asset information summarized in Note 3 of the financial statements, which was certified by Charles Schwab Trust Bank and Charles Schwab Bank, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustees holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustees as of December 31, 2020 and 2019, and for the years then ended, that the information provided to the plan administrator by the trustees is complete and accurate.

To the Administrative Committee
NetJets Aviation, Inc.
401(k) Retirement Plan
Page 2

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 H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions as of or for the year ended December 31, 2020, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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 by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

GBQ Partners LLC

Columbus, Ohio
October 6, 2021

NETJETS AVIATION, INC.
401(k) RETIREMENT PLAN
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	2020	2019
Assets		
Investments at fair value:		
Mutual funds	\$ 1,098,458,055	\$ 1,112,270,800
Common collective trust	602,411,371	297,877,528
Cash and cash equivalents	55,072,800	38,277,702
Total investments	<u>1,755,942,226</u>	<u>1,448,426,030</u>
Receivables:		
Notes receivable from participants	12,023,503	12,224,664
Employer contribution receivable	2,169,332	8,737,351
Total receivables	<u>14,192,835</u>	<u>20,962,015</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,770,135,061</u>	<u>\$ 1,469,388,045</u>

The accompanying notes are an integral part of the financial statements.

NETJETS AVIATION, INC. 401(k) RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits For the Years Ended December 31, 2020 and 2019

	2020	2019
Additions to Net Assets Attributed to		
Investment income:		
Net appreciation in fair value of investments	\$ 276,029,138	\$ 235,862,026
Interest and dividends on investments	28,285,688	43,040,293
	<u>304,314,826</u>	<u>278,902,319</u>
Interest income on notes receivable from participants	655,467	651,928
Contributions:		
Participants	55,278,576	55,039,648
Employer	43,021,132	46,754,847
Net transfer of net assets to the Plan from other qualified plans	863,156	-
Rollover	764,332	1,881,590
Total additions	<u>404,897,489</u>	<u>383,230,332</u>
Deductions from Net Assets Attributed to		
Distributions to participants or beneficiaries	(103,755,073)	(66,984,655)
Net transfer of net assets from the Plan to other qualified plans	-	(297,643)
Administrative expenses	(395,400)	(304,221)
Total deductions	<u>(104,150,473)</u>	<u>(67,586,519)</u>
Net increase (decrease)	300,747,016	315,643,813
Net Assets Available for Benefits		
Beginning of year	1,469,388,045	1,153,744,232
End of year	<u>\$ 1,770,135,061</u>	<u>\$ 1,469,388,045</u>

The accompanying notes are an integral part of the financial statements.

NETJETS AVIATION, INC.
401(k) RETIREMENT PLAN
Notes to Financial Statements
December 31, 2020 and 2019

.....

(1) Plan Description

The following description of the NetJets Aviation, Inc. 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions.

(a) General

The Plan, a defined contribution plan, as amended, was established in 1972 by NetJets Aviation, Inc., formerly Executive Jet Aviation, Inc. (the Company) for the purpose of providing a savings plan for all eligible full-time union employees of the Company. Participants must be 21 years or older, be regular union, salaried or hourly employees and have completed at least three months of service with the Company. As of January 1, 1986, the Plan was amended to satisfy the requirements of various tax law changes.

Effective May 1, 1989, the Company elected to amend and restate the Plan to become a 401(k) retirement plan. Each participant was given the option to transfer his or her account balance from the defined contribution plan to the 401(k) Plan. Subject to certain restrictions, the Plan allows for the withdrawal of vested funds during a participant's active career. The Company makes additional contributions to participants' accounts as participants contribute to the Plan and the Company's contributions are subject to forfeiture provisions as described in the plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(b) Contributions

Each year participants are allowed maximum contributions up to 80% of earned compensation as defined by the Plan. Effective January 1, 2018, the Plan provides for automatic enrollment of eligible participants at a deferral rate of 3% of eligible compensation, unless the participant affirmatively elects otherwise. The participant's initial automatic contribution percentage will be increased by 1% on each anniversary of the participant's employment commencement date until the participant's deferral percentage reaches 80%. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined contribution plans (rollovers). Rollover contributions are not eligible for the employer match. Contributions are subject to certain limitations.

The Company's matching contribution was equal to 57% and 56% of each participant's contribution up to 20% of earned compensation during 2020 and 2019, respectively. In addition, subsequent to the Plan's year-end, the Company matched 57% and 56%, respectively, of each participant's contribution in excess of 20% of earned compensation, ultimately giving participants in the Plan a full 57% and 56% match on all contributions made to the Plan up to the Internal Revenue Service (IRS) maximum for 2020 and 2019, respectively.

NETJETS AVIATION, INC.
401(k) RETIREMENT PLAN
Notes to Financial Statements
December 31, 2020 and 2019

(1) Plan Description (continued)

(b) Contributions

Effective January 1, 2019, the Plan was amended to provide certain eligible employees a non-safe harbor non-elective contribution calculated as 33% of the sum of tour-based flight pay, night flight pay, and non-flight assignment pay each pay period. Total non-safe harbor non-elective contributions made to the Plan were \$11,769,939 and \$16,202,008 for the years ended December 31, 2020 and 2019, respectively, and are included in employer contributions on the accompanying statement of changes in net assets available for benefits.

Participants direct the investments of their contributions and employer contributions into various investment options offered by the Plan. The Plan offered 25 and 27 various investment options in 2020 and 2019, respectively. There is an option to open a self-directed brokerage account, Personal Choice Retirement Account (PCRA), to invest in additional mutual funds. The PCRA has no establishment or annual maintenance fee.

(c) Participant Accounts

Each participant's account is comprised of the participant's contributions and allocations of (a) the Company's contributions, (b) Plan earnings and, if applicable, charged with an allocation of administrative expenses. Allocations are based on participant account balances, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(d) Self-Directed Accounts

The Plan permits any participant to separately direct the investing activity of their assets in the Plan. As such, the funds are segregated and accounted for separately from the pooled accounts.

(e) Vesting

Participant contributions, plus actual earnings thereon, are 100% vested at all times. Employer contributions made to a participant's account become vested in accordance with the following vesting schedule:

Years of Service	Vesting Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Earlier vesting may occur upon: (1) participant attainment of age 65 (or early retirement age of 55, given five years of service), (2) death or (3) total disability. Under the plan document, forfeitures of employer contributions resulting from termination are used to reduce future employer matching contributions.

NETJETS AVIATION, INC.
401(k) RETIREMENT PLAN
Notes to Financial Statements
December 31, 2020 and 2019

.....

(1) Plan Description (continued)

(f) Notes Receivable from Participants

Participants may borrow up to 50% of their vested account balance or \$50,000, whichever is less, subject to a minimum amount of \$1,000. Participants may only have one outstanding note at a time. Notes receivable terms shall not exceed five years, except for the purchase of a principal residence, in which case notes receivable terms are to be determined by the Company, not to exceed 10 years. The notes receivable are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates, as determined by the plan administrator, plus 1.00%. The interest rate ranges from 4.25% to 6.50% for all notes receivable outstanding at December 31, 2020 and 2019. Principal and interest are paid ratably through payroll deductions.

(g) Payment of Benefits

Participant contributions may not be withdrawn from the Plan prior to termination of the participant's employment with the Company, unless the participant has either attained age 59½ or is able to demonstrate financial hardship, as defined in the plan document. Company contributions may be withdrawn, subject to specified limitations. The Plan also provides for distributions upon retirement, death or total disability, subject to specified conditions. Generally, distributions are made in lump sum, annuity or equal annual installments.

(h) CARES Act

On March 27, 2020, President Trump signed into law the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act, among other things, included several relief provisions available to tax-qualified retirement plans and their participants. Plan management evaluated the relief provisions available to plan participant under the CARES Act and implemented the following provisions for 2020:

- Emergency coronavirus distributions up to \$100,000
- Loan repayments suspension and extension of loan term up to one year
- Loan limit was increased to \$100,000 for loans made from March 27, 2020 through September 22, 2020
- Suspension of Required Minimum Distributions for 2020

(i) Forfeited Accounts

At December 31, 2020 and 2019, forfeited non-vested accounts totaled \$65 and \$9,235, respectively. These accounts are used to reduce employer contributions.

For the year ended December 31, 2020, employer contributions were reduced by \$213,695, including \$15,018 which was used to reduce the 2020 employer contribution receivable. For the year ended December 31, 2019, employer contributions were reduced by \$145,024, including \$13,950 which was used to reduce the 2019 employer contribution receivable.

NETJETS AVIATION, INC.
401(k) RETIREMENT PLAN
Notes to Financial Statements
December 31, 2020 and 2019

.....

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements of the Plan are prepared under the accrual method of accounting.

(b) Use of Estimates

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

(c) Contributions

Participant contributions are recognized when due through salary withholding. Employer matching contributions are recognized at the time the related employee contributions are recognized.

(d) Investment Valuation and Income Recognition

The Plan's 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. For additional disclosure regarding fair value of investments, see the *Fair Value Measurements* footnote herein.

Net appreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year. Interest income is recorded when earned. Dividend income is recorded on the ex-dividend date. The capital gain distributions of the Plan's investments are reinvested within such funds and serve to increase the cost basis of the Plan's investments. Purchases and sales of securities are recorded on a trade-date basis.

(e) Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 or 2019. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded as soon as the participant's account is distributable.

(f) Distributions

Distributions are recognized when paid.

NETJETS AVIATION, INC.
401(k) RETIREMENT PLAN
Notes to Financial Statements
December 31, 2020 and 2019

(2) Summary of Significant Accounting Policies (continued)

(g) Trustee and Administrative Fees

The Plan routinely incurs expenses for the services of actuaries, accountants, lawyers, third party administrators, and other advisors. Some of these expenses may be paid directly by the Company while other expenses may be paid from the assets of the Plan. Other administrative fees directly related to notes receivable from participants and redemption fees are paid by the participants.

(3) Information Prepared and Certified by Trustee (Unaudited)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Accordingly, the following information included in the accompanying financial statements and supplemental schedule (Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)) was obtained from data that has been prepared and certified as complete and accurate by Charles Schwab Trust Bank and Charles Schwab Bank (Schwab), the trustees of the Plan.

	2020	2019
Mutual funds	\$ 940,308,999	\$ 1,006,949,907
Common collective trust	602,411,371	297,877,528
Self-directed accounts	213,221,856	143,598,595
Notes receivable from participants	12,023,503	12,224,664
Total	<u>\$ 1,767,965,729</u>	<u>\$ 1,460,650,694</u>

The trustees also certified to the completeness and accuracy of the following related to the aforementioned assets for the years ended December 31:

	2020	2019
Net appreciation in fair value of investments	\$ 276,029,138	\$ 235,862,026
Interest and dividend income on investments	28,285,688	43,040,293
Interest income on notes receivable	655,467	651,928

(4) Fair Value Measurements

GAAP established a fair value hierarchy that prioritizes the inputs to measure the fair value of the assets or liabilities being measured. Fair value is defined as the exchange value that would be received on the measurement date to sell an asset or to value the amount paid to transfer a liability in the principal or most advantageous market available to the entity in an orderly transaction between market participants. The three levels of the fair value hierarchy are as follows:

- Level 1 Inputs are unadjusted quoted market prices in active markets for identical assets or liabilities that the entity has the ability to access at the measurement date. Level 1 inputs provide the most reliable measure of fair value as of the measurement date.
- Level 2 Inputs are based on significant observable inputs, including unadjusted quoted market prices for similar assets and liabilities in active markets, unadjusted quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are observable for the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable for the asset or liability.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Mutual Funds: Valued based on the net asset value (NAV) of shares held by the Plan at year-end.

*Common
Collective
Trusts:*

Valued at the NAV provided by the administrator of the funds. Issues and redemptions of units are recorded upon receipt of unit holder's instructions based on the determined NAV per unit, which is determined daily. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the funds less its liabilities. This practical expedient is not used when it is determined to be probable that the funds will sell the investment for an amount different than the reported NAV. For these funds, there are no unfunded commitments, redemption restrictions, and participants can transact daily.

The preceding methods described 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.

NETJETS AVIATION, INC.
401(k) RETIREMENT PLAN
Notes to Financial Statements
December 31, 2020 and 2019

(4) Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's net assets at fair value as of December 31, 2020 and 2019. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,098,458,055	\$ -	\$ -	\$ 1,098,458,055
Cash and cash equivalents	55,072,800	-	-	55,072,800
Total assets in the fair value hierarchy	1,153,530,855	-	-	1,153,530,855
Investments measured at net asset value*	-	-	-	602,411,371
Total assets at fair value	\$ 1,153,530,855	\$ -	\$ -	\$ 1,755,942,226

Assets at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,112,270,800	\$ -	\$ -	\$ 1,112,270,800
Cash and cash equivalents	38,277,702	-	-	38,277,702
Total assets in the fair value hierarchy	1,150,548,502	-	-	1,150,548,502
Investments measured at net asset value*	-	-	-	297,877,528
Total assets at fair value	\$ 1,150,548,502	\$ -	\$ -	\$ 1,448,426,030

* In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

(5) Plan Termination

The Company reserves the right to discontinue its contributions or terminate the Plan at any time. Upon such termination and after distribution of expenses and profits or losses through the date of termination, all amounts allocated to each participant's account become fully vested immediately and participants are entitled to receive amounts allocated to their account. The Company has not expressed any intention to terminate the Plan.

NETJETS AVIATION, INC.
401(k) RETIREMENT PLAN
Notes to Financial Statements
December 31, 2020 and 2019

.....

(6) Income Taxes

Effective December 1, 2011, the Company adopted a prototype plan sponsored by Schwab, which received a favorable opinion letter from the IRS dated June 19, 2014. The Plan was restated effective January 1, 2017, as a volume submitter profit sharing plan with a cash or deferral arrangement sponsored by Thomson Reuters (Tax & Accounting) Services, Inc., which received a favorable opinion letter from the IRS dated March 31, 2014. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code (the Code). Accordingly, no provision for Federal income taxes has been made in the accompanying financial statements.

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

(7) Transactions with Parties-in-Interest

Certain Plan investments are shares of mutual funds managed by Schwab. Schwab is the trustee as defined in the plan document and, therefore, these transactions qualify as party-in-interest transactions. Additionally, GBQ Partners, LLC, NFP Retirement and other investment and consultation firms provide professional services to the Plan and thus they are considered parties-in-interest. Fees paid by the Plan to the above entities for administrative expenses amounted to \$395,400 and \$304,221 in 2020 and 2019, respectively.

(8) 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 accompanying 2020 statement of net assets available for benefits.

(9) Subsequent Events – Date of Management's Evaluation

The Plan has evaluated subsequent events through the date of the Independent Auditor's Report, the date the accompanying financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

NETJETS AVIATION, INC. 401(k) RETIREMENT PLAN EIN #31-0682096 - PLAN #001

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds			
*	Charles Schwab Trust Bank	Vanguard Institutional Index Fund Institutional Shares	**	\$ 280,164,139
*	Charles Schwab Trust Bank	Vanguard Total Bond Market Index Fund Institutional Shares	**	115,940,949
*	Charles Schwab Trust Bank	T. Rowe Price Retirement 2030 Fund	**	75,645,839
*	Charles Schwab Trust Bank	John Hancock III Disciplined Value Mid Cap Fund Class R6	**	60,914,680
*	Charles Schwab Trust Bank	Invesco Growth and Income R5	**	54,219,346
*	Charles Schwab Trust Bank	American Funds New Perspective Fund Class R-6	**	52,649,706
*	Charles Schwab Trust Bank	Vanguard Total International Stock Index Fund Institutional Shares	**	48,402,288
*	Charles Schwab Trust Bank	T. Rowe Price Retirement 2035 Fund	**	48,289,956
*	Charles Schwab Trust Bank	Carillon Eagle Mid Cap Growth Fund Class I	**	43,159,029
*	Charles Schwab Trust Bank	T. Rowe Price Retirement 2040 Fund	**	39,559,522
*	Charles Schwab Trust Bank	T. Rowe Price Retirement 2025 Fund	**	36,319,936
*	Charles Schwab Trust Bank	Oppenheimer Developing Markets Fund Class Y	**	33,528,007
*	Charles Schwab Trust Bank	T. Rowe Price Retirement 2020 Fund	**	26,613,530
*	Charles Schwab Trust Bank	T. Rowe Price Retirement 2045 Fund	**	8,331,648
*	Charles Schwab Trust Bank	T. Rowe Price Retirement 2055 Fund	**	4,116,680
*	Charles Schwab Trust Bank	T. Rowe Price Retirement 2050 Fund	**	3,748,500
*	Charles Schwab Trust Bank	T. Rowe Price Retirement 2015 Fund	**	3,637,635
*	Charles Schwab Trust Bank	T. Rowe Price Retirement 2010 Fund	**	2,712,091
*	Charles Schwab Trust Bank	T. Rowe Price Retirement 2005 Fund	**	2,355,518
	Common Collective Trust			
*	Charles Schwab Trust Bank	Fidelity Growth Company Commingled Pool	**	307,393,913
*	Charles Schwab Trust Bank	Morley Stable Value Fund Net 20	**	132,694,995
*	Charles Schwab Trust Bank	Core Bond Fund C1 I1	**	67,982,114
*	Charles Schwab Trust Bank	Small Cap Growth I1	**	53,207,704
*	Charles Schwab Trust Bank	Small Cap Value I1	**	22,518,917
*	Charles Schwab Trust Bank	International Stock Fund Class I1	**	18,613,728
	Self-Directed Accounts			
*	Charles Schwab Trust Bank	Personal Choice Retirement Account	**	213,221,856
*	Notes Receivable from Participants	Notes receivable from participants bearing interest at 4.25% to 6.50% with various maturity dates through 2030	**	12,023,503
				\$ 1,767,965,729

* Party involved is a related party to the Plan.

** Cost information has been excluded in accordance with Form 5500 instructions, as all investments are participant directed.

Note: This schedule is based on information which has been certified as complete and accurate by Schwab.

See Independent Auditor's Report.

NETJETS AVIATION, INC.
401(k) RETIREMENT PLAN
EIN #31-0682096 - PLAN #001

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2020



Participant Contributions Transferred Late to the Plan			Total that Constitutes Nonexempt Prohibited Transactions as of December 31, 2020				
Amount Withheld	Date Withheld	Date Remitted	Check Here if Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
\$ 4,472	Various	12/31/2020		\$ -	\$ 4,472	\$ -	\$ -

See Independent Auditor's Report.

NetJets Aviation, Inc. 401(k) Retirement Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2020

EIN: 31-0682096
Plan Number: 001

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
AAM	Not Available	Rate of 0.40% of average daily balance of asset(s)
AdvisorOne Funds	91-1788041	Rate of 0.40% of average daily balance of asset(s)
Advisors Preferred	Not Available	Rate of 0.45% of average daily balance of asset(s)
Akre	54-1968332	Rate of 0.40% of average daily balance of asset(s)
Alger	13-2665689	Range of 0.40 - 0.50% of average daily balance of assets
AllianceBernstein	13-3191825	Range of 0.07 - 0.40% of average daily balance of assets
Allianz Funds	06-1349805	Range of 0.02 - 0.40% of average daily balance of assets
Allianz Global Investors	Not Available	Rate of 0.50% of average daily balance of asset(s)
ALPS	84-0996383	Rate of 0.40% of average daily balance of asset(s)
Amana	35-6447892	Rate of 0.40% of average daily balance of asset(s)
American Beacon	75-2401150	Rate of 0.40% of average daily balance of asset(s)
American Century Investments	43-0821857	Range of 0.24 - 0.35% of average daily balance of assets
American Funds	90-0924512	Range of 0.12 - 0.37% of average daily balance of assets
AMG Funds	06-1555943	Range of 0.10 - 0.40% of average daily balance of assets
AQR Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
Aristotle	Not Available	Rate of 0.10% of average daily balance of asset(s)
Artisan	39-1811840	Range of 0.10 - 0.40% of average daily balance of assets
Ave Maria Mutual Funds	38-2325495	Rate of 0.40% of average daily balance of asset(s)
AXS	Not Available	Rate of 0.40% of average daily balance of asset(s)
Baird	39-6037917	Rate of 0.27% of average daily balance of asset(s)
Baron Capital Group	13-3107580	Rate of 0.40% of average daily balance of asset(s)
BBH	36-4469928	Range of 0.20 - 0.40% of average daily balance of assets
Berkshire	77-0330031	Rate of 0.40% of average daily balance of asset(s)
BFS	99-0181311	Rate of 0.40% of average daily balance of asset(s)
BlackRock	04-6171663	Range of 0.05 - 0.50% of average daily balance of assets
BMO Funds	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
BNY Mellon	Not Available	Range of 0.10 - 0.50% of average daily balance of assets
Boston Trust & Walden Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
Brandes	33-0635360	Rate of 0.40% of average daily balance of asset(s)
Brown Advisory Funds	52-1952888	Rate of 0.40% of average daily balance of asset(s)
Brown Capital Management, LLC	Not Available	Rate of 0.40% of average daily balance of asset(s)
Buffalo	Not Available	Rate of 0.40% of average daily balance of asset(s)
Calamos	36-3316238	Rate of 0.40% of average daily balance of asset(s)
Carillon Family of Funds	59-1237041	Range of 0.10 - 0.50% of average daily balance of assets
CBOE Vest	Not Available	Rate of 0.40% of average daily balance of asset(s)
Cohen & Steers	14-1904657	Range of 0.40 - 0.45% of average daily balance of assets
Columbia Threadneedle	93-0577450	Range of 0.10 - 0.50% of average daily balance of assets
Commerce	43-0889454	Rate of 0.35% of average daily balance of asset(s)
Conestoga Capital Advisors	Not Available	Rate of 0.40% of average daily balance of asset(s)
Delaware Funds by Macquarie	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
Direxion Funds	13-4143904	Range of 0.40 - 0.45% of average daily balance of assets
DoubleLine	Not Available	Range of 0.15 - 0.40% of average daily balance of assets
Driehaus	20-3634295	Range of 0.10 - 0.40% of average daily balance of assets
DWS	13-3241232	Rate of 0.40% of average daily balance of asset(s)
Eaton Vance	04-2718215	Rate of 0.40% of average daily balance of asset(s)
Edgewood	Not Available	Rate of 0.10% of average daily balance of asset(s)
Euro Pacific Asset Management	Not Available	Rate of 0.40% of average daily balance of asset(s)
Eventide Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
F/m investments, LLC	Not Available	Rate of 0.40% of average daily balance of asset(s)

NetJets Aviation, Inc. 401(k) Retirement Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2020

EIN: 31-0682096
Plan Number: 001

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
FAM	14-1564237	Rate of 0.40% of average daily balance of asset(s)
Federated	25-1111467	Range of 0.10 - 0.50% of average daily balance of assets
Fidelity Investments	06-1194217	Range of 0.10 - 0.50% of average daily balance of assets
First Eagle	13-3392291	Rate of 0.40% of average daily balance of asset(s)
FMI Funds	39-1861095	Rate of 0.40% of average daily balance of asset(s)
FPA	04-3118452	Rate of 0.06% of average daily balance of asset(s)
Franklin Templeton Investments	94-3167260	Range of 0.10 - 0.40% of average daily balance of assets
Gabelli	13-3340139	Range of 0.35 - 0.40% of average daily balance of assets
Glenmede	Not Available	Rate of 0.40% of average daily balance of asset(s)
Goldman Sachs	46-5215217	Range of 0.10 - 0.50% of average daily balance of assets
GQG Partners	Not Available	Rate of 0.40% of average daily balance of asset(s)
Green Century	04-3126146	Rate of 0.40% of average daily balance of asset(s)
Guggenheim Investments	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
Harbor	04-2679462	Rate of 0.43% of average daily balance of asset(s)
Harding Loevner	Not Available	Rate of 0.08% of average daily balance of asset(s)
Hartford Mutual Funds	13-3317783	Range of 0.10 - 0.40% of average daily balance of assets
Hennessy	68-0377264	Range of 0.40 - 0.50% of average daily balance of assets
Howard Capital Management	Not Available	Rate of 0.40% of average daily balance of asset(s)
ICON Funds	75-2676133	Rate of 0.10% of average daily balance of asset(s)
IntegrityVikingFunds	45-0436661	Rate of 0.40% of average daily balance of asset(s)
Invesco	58-2287224	Range of 0.40 - 0.50% of average daily balance of assets
Ivy Funds	48-1112076	Rate of 0.10% of average daily balance of asset(s)
Jacob	Not Available	Rate of 0.40% of average daily balance of asset(s)
Janus Henderson	43-1804048	Rate of 0.35% of average daily balance of asset(s)
JOHCM Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
John Hancock	04-3483032	Rate of 0.50% of average daily balance of asset(s)
JPMorgan	13-2624428	Range of 0.07 - 0.50% of average daily balance of assets
Kinetics	13-3878346	Rate of 0.40% of average daily balance of asset(s)
Laudus Funds	94-3106735	Rate of 0.10% of average daily balance of asset(s)
Lazard	Not Available	Rate of 0.40% of average daily balance of asset(s)
LGM Capital	Not Available	Rate of 0.10% of average daily balance of asset(s)
Lord Abbett	13-3731507	Range of 0.10 - 0.40% of average daily balance of assets
Madison Funds	54-1815009	Rate of 0.40% of average daily balance of asset(s)
Mairs & Power	23-2398112	Rate of 0.10% of average daily balance of asset(s)
Matthew 25	23-2804868	Rate of 0.40% of average daily balance of asset(s)
Matthews Asia Funds	94-3250972	Range of 0.10 - 0.40% of average daily balance of assets
Metropolitan West Funds	95-4597302	Range of 0.10 - 0.35% of average daily balance of assets
MFS	04-3253929	Range of 0.10 - 0.45% of average daily balance of assets
Morgan Stanley	36-3145972	Range of 0.10 - 0.40% of average daily balance of assets
Motley Fool	54-1742975	Rate of 0.40% of average daily balance of asset(s)
Nationwide	31-4177100	Rate of 0.10% of average daily balance of asset(s)
Natixis Funds	52-2257782	Range of 0.07 - 0.40% of average daily balance of assets
Nuveen	36-3817266	Rate of 0.40% of average daily balance of asset(s)
Oak Associates	Not Available	Rate of 0.40% of average daily balance of asset(s)
Oakmark	52-2257782	Rate of 0.35% of average daily balance of asset(s)
Osterweis	94-2871718	Rate of 0.10% of average daily balance of asset(s)
Parnassus	94-6579180	Range of 0.10 - 0.40% of average daily balance of assets
Pax World	Not Available	Rate of 0.40% of average daily balance of asset(s)
Pear Tree Funds	Not Available	Range of 0.10 - 0.40% of average daily balance of assets

NetJets Aviation, Inc. 401(k) Retirement Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2020

EIN: 31-0682096
Plan Number: 001

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
Permanent Portfolio	94-2788165	Rate of 0.40% of average daily balance of asset(s)
PGIM Funds (Prudential)	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
Polen Capital	Not Available	Rate of 0.40% of average daily balance of asset(s)
PRIMECAP Odyssey Funds	95-3868081	Rate of 0.10% of average daily balance of asset(s)
Principal Funds	42-1520346	Range of 0.10 - 0.40% of average daily balance of assets
ProFunds	52-2035197	Rate of 0.40% of average daily balance of asset(s)
PT Asset Management	Not Available	Rate of 0.40% of average daily balance of asset(s)
Putnam	36-4488942	Range of 0.20 - 0.50% of average daily balance of assets
Ranger Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
REMSGroup	Not Available	Rate of 0.40% of average daily balance of asset(s)
RESQ Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
Reynolds	11-2558102	Rate of 0.40% of average daily balance of asset(s)
RiverPark Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
Russell	91-1151059	Rate of 0.10% of average daily balance of asset(s)
Rydex Funds	Not Available	Range of 0.40 - 0.45% of average daily balance of assets
Schwab Funds	94-3106735	Range of 0.15 - 0.25% of average daily balance of assets
Shelton Capital Management	Not Available	Rate of 0.10% of average daily balance of asset(s)
Sprott	Not Available	Rate of 0.40% of average daily balance of asset(s)
Sterling Capital Funds	Not Available	Rate of 0.09% of average daily balance of asset(s)
T. Rowe Price	52-2264646	Range of 0.15 - 0.40% of average daily balance of assets
Terra Firma Asset Management	Not Available	Rate of 0.40% of average daily balance of asset(s)
The Pacific Financial Group	Not Available	Rate of 0.25% of average daily balance of asset(s)
Third Avenue	01-0690900	Rate of 0.50% of average daily balance of asset(s)
Thompson IM	Not Available	Rate of 0.25% of average daily balance of asset(s)
Thornburg	Not Available	Rate of 0.10% of average daily balance of asset(s)
Thrivent Funds	39-0123480	Rate of 0.35% of average daily balance of asset(s)
TIAA Investments	13-1624203	Range of 0.35 - 0.40% of average daily balance of assets
Timothy Plan	59-7016828	Rate of 0.10% of average daily balance of asset(s)
Tortoise Capital Advisors	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
Tributary Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
U.S. Global Investors	Not Available	Rate of 0.40% of average daily balance of asset(s)
VanEck	Not Available	Rate of 0.40% of average daily balance of asset(s)
Victory Capital	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
Virtus	95-4191764	Range of 0.10 - 0.40% of average daily balance of assets
Vulcan Value Partners	Not Available	Rate of 0.40% of average daily balance of asset(s)
Walthausen Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
Wasatch	87-0319391	Range of 0.34 - 0.40% of average daily balance of assets
WCM Investment Management	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
Wells Fargo Funds	41-0449260	Range of 0.10 - 0.55% of average daily balance of assets
Westchester Capital	Not Available	Rate of 0.40% of average daily balance of asset(s)
William Blair	Not Available	Rate of 0.40% of average daily balance of asset(s)
WP Trust	Not Available	Rate of 0.10% of average daily balance of asset(s)
YCG FUNDS	Not Available	Rate of 0.40% of average daily balance of asset(s)

Plan Name: NetJets Aviation, Inc. 401(k) Retirement Plan

[illegible]

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

NAME OF PLAN SPONSOR:	NetJets Aviation, Inc.
NAME OF PLAN:	NetJets Aviation, Inc. 401(k) Retirement Plan
EIN:	31-0682096
PLAN NUMBER:	001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans (4.25% - 6.5%)		12,023,503
	CORE BOND FUND CI I1	Common Collective Trust Fund		67,982,114
	FIDELITY GRTH CPNY COMGLD POOL	Common Collective Trust Fund		307,393,913
	INTL STOCK FUND CLASS I1	Common Collective Trust Fund		18,613,728
	MORLEY STABLE VALUE FUND 15	Common Collective Trust Fund		132,694,995
	SMALL CAP GROWTH I1	Common Collective Trust Fund		53,207,704
	SMALL CAP VALUE I1	Common Collective Trust Fund		22,518,917
	PCRA	Self-Directed Brokerage Account		213,221,856
	AMERICAN NEW PERSPECTIVE R6	Registered Investment Company		52,649,706
	CARILLON EAGLE MIDCAP GROWTH I	Registered Investment Company		43,159,029
	INVESCO GROWTH AND INCOME R5	Registered Investment Company		54,219,346
	INVESCO OPPE DEVELOPING MKTS Y	Registered Investment Company		33,528,007
	JHCOCK3 DISCIPLINED VAL MCP R6	Registered Investment Company		60,914,680
	T ROWE PRICE RETIREMENT 2005	Registered Investment Company		2,355,518
	T ROWE PRICE RETIREMENT 2010	Registered Investment Company		2,712,091
	T ROWE PRICE RETIREMENT 2015	Registered Investment Company		3,637,635
	T ROWE PRICE RETIREMENT 2020	Registered Investment Company		26,613,530
	T ROWE PRICE RETIREMENT 2025	Registered Investment Company		36,319,936
	T ROWE PRICE RETIREMENT 2030	Registered Investment Company		75,645,839
	T ROWE PRICE RETIREMENT 2035	Registered Investment Company		48,289,956
	T ROWE PRICE RETIREMENT 2040	Registered Investment Company		39,559,522
	T ROWE PRICE RETIREMENT 2045	Registered Investment Company		8,331,648
	T ROWE PRICE RETIREMENT 2050	Registered Investment Company		3,748,500
	T ROWE PRICE RETIREMENT 2055	Registered Investment Company		4,116,680
	VANGUARD TOT STK MKT IDX INST	Registered Investment Company		280,164,139
	VANGUARD TOTAL BD MKT IDX INST	Registered Investment Company		115,940,949
	VANGUARD TOTAL INTL STK INSTL	Registered Investment Company		48,402,288

* Party-in-interest