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

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ 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
JAX INC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2010

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)
JAX INC

4629 N OVERLAND TRL
LAPORTE, CO 80535

2b Employer Identification Number (EIN)
84-1087636

2c Plan Sponsor's telephone number
970-488-3250

2d Business code (see instructions)
339900

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.	10/12/2021	REBECCA ALLEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	276
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	245
a(2) Total number of active participants at the end of the plan year	**6a(2)**	210
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	26
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	236
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	236
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	110
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
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 2T 3D

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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	**B** Three-digit plan number (PN) ▶	
JAX INC 401(K) PROFIT SHARING PLAN & TRUST		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
JAX INC	84-1087636	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

PAYCHEX SECURITIES CORPORATION
225 KENNETH DRIVE
ROCHESTER, NY 14623

16-1486352

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

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

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

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

GLOBAL VIEW CAPITAL MANAGEMENT

NW14W23833 STONE RIDGE DR
SUITE 350
WAUKESHA, WI 53188

(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 15	ADVISOR	9499	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

PAYCHEX, INC.

911 PANORAMA TRAIL S
ROCHESTER, NY 14625

16-1124166

(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 15	RECORDKEEPER	15501	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
JAX INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
JAX INC

D Employer Identification Number (EIN)
84-1087636

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: METLIFE GAC SERIES 25053 0

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

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)
46-6625485-001	C	27520

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)

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
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
JAX INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JAX INC

D Employer Identification Number (EIN)
84-1087636

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 reported 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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	37375	81096
(9) Value of interest in common/collective trusts	1c(9)	24100	27520
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2903637	3303354
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	2965112	3411970
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2965112	3411970

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)	63959	
	(B) Participants	2a(1)(B)	191483	
	(C) Others (including rollovers)	2a(1)(C)	3734	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		259176
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(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)	2821	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2821
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	62951	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		62951
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(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)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		432257
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		757205
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	277808	
(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)		277808
f Corrective distributions (see instructions)	2f		3555
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	16027	
(3) Investment advisory and management fees	2i(3)	12957	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		28984
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		310347
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		446858
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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: **(2)** EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			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?	**4e**	X		296511
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**		X	

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
JAX INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JAX INC

D Employer Identification Number (EIN)
84-1087636

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**

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): 16-1470238

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

JAX, INC. 401(K) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

JAX, INC. 401(K) PROFIT SHARING PLAN AND TRUST
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DECEMBER 31, 2020 AND 2019

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atlas

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
JAX, Inc. 401(k) Profit Sharing Plan and Trust
Bellvue, Colorado

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the JAX, Inc. 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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 the 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Mid Atlantic Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee, as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Prior Period Financial Statements

The financial statements of the JAX, Inc. 401(k) Profit Sharing Plan and Trust as of December 31, 2019 were audited by another auditor, whose report dated September 15, 2020 expressed a disclaimer of opinion as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Other Matter - Supplemental Schedule

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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 schedule, other than that derived from the information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

ATLAS CPAs & Advisors PLLC

Longmont, Colorado
October 6, 2021

JAX, INC. 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	2020	2019
ASSETS		
Investments, at fair value	$ 3,330,874	$ 2,927,737
Receivables		
Notes receivable from participants	81,096	37,375
Employer contributions	66,460	63,958
Total receivables	147,556	101,333
TOTAL ASSETS	3,478,430	3,029,070
LIABILITIES		
Payable to participants	(813)	-
TOTAL LIABILITIES	(813)	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,479,243	$ 3,029,070

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

JAX, INC. 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020

ADDITIONS	
Investment Income	
Net appreciation in fair value of investments	$ 432,057
Interest and dividends	62,952
Total Investment Income	495,009
Interest income on notes receivable from participant	2,821
Contributions	
Employer	66,460
Participant	191,483
Rollovers	3,734
Total Contributions	261,677
TOTAL ADDITIONS	759,507
DEDUCTIONS	
Benefits paid to participants	281,190
Administrative expenses	28,144
TOTAL DEDUCTIONS	309,334
NET INCREASE	450,173
Net assets available for benefits, beginning of year	3,029,070
Net assets available for benefits, end of year	$ 3,479,243

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

JAX, INC. 401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

NOTE 1: DESCRIPTION OF THE PLAN

The following description of the JAX, Inc. 401(k) Profit Sharing Plan and Trust provides only general information. Participants should refer to the Plan agreement and Summary Plan Description, which are available from the Plan administrator, for a more complete description of the Plan's provisions. At December 31, 2020, the Plan's trustee was Mid Atlantic Trust Company and its recordkeeper was Paychex, Inc.

General

The Plan was established January 1, 2010 and was amended January 1, 2014. The Plan is a defined contribution plan sponsored by JAX, Inc. (the "Company") for the benefit of its employees (except as noted below) age 21 years or older who have completed at least one year of service. Employees can enter the Plan either on the first day of the Plan Year or on the first day of the seventh month of the Plan Year, depending on when the employee becomes eligible to participate.

Contributions

Each year, participants may contribute up to 100% of their annual compensation not to exceed the maximum allowable by law ($19,500 in 2020; thereafter as adjusted by the Secretary of the Treasury) in a calendar year. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions ($6,500 in 2020). Employee rollover contributions are also permitted. The Company may make discretionary profit-sharing contributions. For the years ended December 31, 2020 and 2019, the Company did not make any disretionary profit-sharing contributions. The Plan makes discretionary matching contributions equal to 100% of deferrals up to 3% of eligibile compensation, plus 50% of the amount of deferrals up to 5% of eligible compensation. Forfeitures are first used to pay administrative expenses incurred by the Plan. Any remaining forfeitures are used to reduce the Company's future contributions.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of the Plan's contributions and earnings. Each participant's account is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Certain account fees may be charged by the record keeper based on investments in certain funds and will be withdrawn directly from the account of the participants who are invested in those funds. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting in employer contributions is based on years of service under a tiered plan as follows:

Years of Service	Vested Percentage
Less than 1	0%
1	20%
2	40%
3	80%
4	100%

Upon death, disability, or attaining normal retirement age (65 or, if later, the fifth anniversary date of the first day of the Plan year during which the participant entered the Plan), participants are immediately 100% vested

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000, 95% of half of their vested account balance, or 95% of their total vested account balance excluding their Roth deferral balance. Participants may have a maximum of one loan outstanding at any given time. The term of the loan may not exceed four and a half years, unless such loan is for the purchase of the participant's primary residence, in which case the repayment period may not exceed ten years from the date of the loan origination. The loans 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. Interest rates as of December 31, 2020 ranged between 4.25% and 5.25%. Principal and interest are paid ratably through payroll deductions on a bi-monthly basis. Upon termination, participants have the option of repayment in accordance with the provisions of the loan, or the loan becomes due in full.

Payment of Benefits

Upon death, disability, retirement, or termination of service, a participant or his/her beneficiary may receive, at his/her election, within a reasonable period of time, a lump-sum payment, partial payment, or installment payments in the amount equal to the participant's vested account balance.

The Plan allows in service distributions and partial distributions to participants age 59 1/2 or older who have not terminated employment with the Plan sponsor. The Plan also provides for hardship withdrawals for defined hardship events. Participants who are granted a hardship withdrawal are not allowed to make contributions for the six months following such withdrawal. Furthermore, the Plan allows for terminated participant vested account balances of $1,000 or less to be automatically distributed and balances of $1,000 to $5,000 to be automatically rolled out of the Plan. The IRS has required minimum distributions once a participant reaches age 70½ during the previous Plan year and is no longer employed by the Company.

Forfeited Accounts

If at the time of termination of employment, the participant is not 100% vested, the non-vested portion ("forfeitures") of the participant's account shall be placed in a separate account. Forfeitures can be used to pay Plan expenses, reduce employer contributions, or shall be allocated to participants in the same manner as the employer's contribution. As of December 31, 2020 and 2019, forfeited non-vested accounts totaled $- and $1,694, respectively.

Plan Tax Status

The Plan operates under a standardized adoption agreement in connection with a prototype retirement plan and trust document sponsored by the administrator of the Plan. This prototype plan document has been filed with the appropriate agency. The prototype retirement plan and trust document, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code, and therefore not subject to tax. The Plan administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes there are no uncertain tax positions as of December 31, 2020. The Plan administrator believes the only years subject to income tax examination are the years ended December 31, 2017 to 2020.

Plan Termination

Although it has not expressed an intention to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of the Plan's termination, participants will become 100 percent vested in their accounts.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting. Investments held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes in net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements. Accordingly, actual results could differ from those estimates.

Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan’s valuation policies utilizing information provided by the investment advisers, including teh appointment of investment managers, and the monitoring of the performance of the Plan's investment funds. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan’s gains and losses on investments bought and sold as well as held during the year. Net investment returns reflect certain fees paid by the investment funds to their affiliated investment advisors, transfer agents, and others as further described in each fund prospectus or other published documents. These fees are deducted prior to allocation of the Plan’s investment earnings activity and thus are not separately identifiable as an expense.

Notes Receivable from Participants

The Plan Document permits the custodian of the Plan to make loans to participants. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant’s account and are included in administrative expenses when incurred. As of December 31, 2020 and 2019, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan Document. At December 31, 2020 and 2019, total notes receivable from participants was $81,096 and $37,375, respectively.

Administrative Expenses

Administrative expenses may be paid by the Plan or the Company, at management’s discretion. Certain account fees may be charged by the trustee and recordkeeper based on investments in certain funds and will be withdrawn directly from the account of the participants who are invested in those funds.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by IRS are recorded as a liability with corresponding reduction to contributions. The Plan distributes any excess contributions in the succeeding year.

Contributions Receivable

Contributions receivable are related to the amounts withheld from employees' paychecks and the employer match for the last payroll for the year then ended. Contributions receivable at December 31, 2020 and 2019 were $66,460 and $63,958, respectively.

NOTE 3: FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standard Codification 820 (ASC 820) established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means
- If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology that are unobservable and significant to the fair value measurement.

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

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

Mutual Funds: Mutual funds, which are actively traded, are valued at quoted market prices on nationally recognized securities exchanges and represent the net asset value (NAV) of shares held by the Plan at year-end, and are classified as Level 1 within the valuation hierarchy.

Common/Collective Trust: The valuation technique used to measure fair value of the common/collective trust was the quoted NAV as a practical expedient to estimating the fair value, as this investment does not have a readily determinable fair value. NAV is based on the value of the underlying assets and securities, the majority of which have observable Level 1 pricing inputs, including publicly quoted prices for similar assets in active or non-active markets (market approach). The common/collective trust does not have a publicly quoted price. There are no restrictions on a participant's ability to redeem his or her investment in the common/collective trust at the investment's NAV. Trust units may be redeemed on a daily basis. There were no unfunded commitments as of December 31, 2020 and 2019.

The following tables, set forth by level within the fair value hierarchy, detail the Plan's assets at fair value as of December 31, 2020 and 2019:

Assets at Fair Value at December 31, 2020

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 3,303,355	$ -	$ -	$ 3,303,355
Common/Collective Trusts	$ 27,519	$ -	$ -	$ 27,519
Total assets in the fair value hierarchy	$ 3,330,874	$ -	$ -	$ 3,330,874

Assets at Fair Value at December 31, 2019

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 2,903,637	$ -	$ -	$ 2,903,637
Common/Collective Trusts	$ 24,100	$ -	$ -	$ 24,100
Total assets in the fair value hierarchy	$ 2,927,737	$ -	$ -	$ 2,927,737

NOTE 4: PARTY-IN-INTEREST TRANSACTIONS

During 2020 and 2019, certain Plan investments were investments in mutual funds managed by Mid Atlantic Trust Company, the trustee for the Plan.

Fees paid during the year for accounting and other professional services rendered by parties-in-interest were based on customary and reasonable rates for such services.

The Plan issues notes to its participants, which are secured by the participants' balances.

The Plan sponsor provides certain administrative services at no cost to the Plan.

These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 5: RISKS AND UNCERTAINTIES

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

Additionally, some investments held by the Company are invested in the securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable U.S. companies.

NOTE 6: SIGNIFICANT ESTIMATES AND CONCENTRATIONS

The current economy continues to present retirement plans with difficult circumstances and challenges, which in some cases have resulted in large and unanticipated declines in the fair value of investments. The financial statements have been prepared using values and information currently available to the Plan. Given the volatility of current economic conditions, the values as assets recorded in the financial statements could change rapidly, resulting in material future adjustments in investment values that could negatively impact the Plan.

NOTE 7: INFORMATION CERTIFIED BY THE 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, as permitted under such election, Management has instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by the Mid Atlantic Trust Company, the trustee, except for comparing such information, as summarized below, to the information included in the financial statements and supplementary schedule. The information provided by Mid Atlantic Trust Company, the trustee, as of and for the years ended December 31, 2020 and 2019, was certified as complete and accurate, as follows:

- Investments and participant loans as reported in the statements of net assets available for benefits and related disclosures as of December 31, 2020 and 2019.
- Investment income as reported in the statement of changes in net assets available for benefits for the year ended December 31, 2020.

NOTE 8: RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31, 2020 and 2019:

	2020	2019
Net assets available for benefits per the financial statements	$ 3,479,243	$ 3,029,070
Employer contributions receivable	(66,460)	(63,958)
Net assets available for benefits per Form 5500	$ 3,412,783	$ 2,965,112

The following is a reconciliation of the change in net assets per the financial statements to Form 5500 for the year ending December 31, 2020 and 2019:

	2020	2019
Net change in net assets per the financial statements	$ 450,173	$ 637,259
Change in contributions receivable	(2,502)	(7,762)
Net change in assets per Form 5500	$ 447,671	$ 629,497

NOTE 9: SUBSEQUENT EVENTS

The Plan administrator has evaluated subsequent events through October 6, 2021, the date the financial statements were available to be issued. The Plan administrator has not identified any events that would have an impact on these financial statements.

On January 30, 2020, the World Health Organization declared the coronavirus outbreak a "Public Health Emergency of International Concern" and on March 11, 2020, declared it to be a pandemic. On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was enacted to amongst other provisions, provide emergency assistance for individuals, families, and businesses affected by the coronavirus pandemic. A pandemic, epidemic or outbreak of an infections disease could cause the Plan to be adversely affected through the fluctuation of the value of Plan investments, turnover of employees at the Company, reduction in contributions by participants and others. Management is currently evaluating the impact it will have on future operations.

Supplemental Schedule

JAX, INC. 401(K) PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

EIN: 84-1087636 Plan#: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	**Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	**Cost**	**Current Value**
		Mutal Funds		
	AB Global	Bond Fund Class Z	**	$ 1,019
	American Century	Mid Cap Value R6	**	150,331
	American Funds	2010 Target Date Retirement Fund Class R-3	**	109
	American Funds	2015 Target Date Retirement Fund Class R-3	**	205
	American Funds	2020 Target Date Retirement Fund Class R-3	**	231
	American Funds	2025 Target Date Retirement Fund Class R-3	**	76
	American Funds	2030 Target Date Retirement Fund Class R-3	**	26
	American Funds	2035 Target Date Retirement Fund Class R-3	**	1
	American Funds	2040 Target Date Retirement Fund Class R-3	**	544
	American Funds	2050 Target Date Retirement Fund Class R-3	**	26
	American Funds	2055 Target Date Retirement Fund Class R-3	**	3
	American Funds	2060 Target Date Retirement Fund Class R-3	**	4
	American Funds	EuroPacific Growth Fund Class R-3	**	185
	American Funds	EuroPacific Growth Fund Class R-6	**	240,248
	American Funds	New World Fund Class R-3	**	11
	American Funds	New World Fund Class R-6	**	24,453
	Black Rock	Mid-Cap Growth Equity Portfolio Class K	**	295,609
	Calvert	US Large Cap Core Responsible Index Fund Class I	**	38,119
	Calvert	Mid-Cap Fund Class A	**	82
	Calvert	US Large Cap Core Responsible Index Fund Class A	**	1
	DFA	Real Estate Securities Portfolio Institutional Class	**	2,158
	DFA	Inflation-Protected Securities Portfolio Institutional	**	1,266
	Fidelity	500 Index Fund	**	71,835
	Fidelity	International Index Fund	**	49,909
	Fidelity	Small Cap Index	**	44,503
	Fidelity	US Bond Index Fund	**	30,409
	Fidelity	Mid Cap Index	**	4,896
	Invesco	Main Street Fund Class R	**	333
	Janus Henderson	Triton Fund Class N	**	1,251
	JP Morgan	Core Plus Bond R6	**	12,683
	JP Morgan	US Small Company Fund Class R2	**	37
	JP Morgan	Core Plus Bond R2	**	10
	JP Morgan	Market Expansion Enhanced Index Fund Class R2	**	2
	MFS	Growth Fund Class R6	**	315,453
	MFS	Core Equity Fund Class R6	**	283,295
	MFS	Value Fund Class R6	**	84,554
	MFS	Growth Fund Class R2	**	200
	MFS	Mid Cap Value Fund Class R2	**	59

JAX, INC. 401(K) PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

(a)	(b) Identity of Issuer, 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
	MFS	Value Fund Class R2	**	10
	PGIM	High Yield Fund - Class R6	**	11,107
	PIMCO	Income Fund Institutional Class	**	61,492
	PIMCO	Income Fund Class R	**	3
	Pioneer	Select Mid Cap Growth Fund Class R	**	189
	T. Rowe Price	Spectrum Moderate Growth Allocation Fund I Class	**	900
	T. Rowe Price	Spectrum Conservative Allocation Fund I Class	**	22
	T. Rowe Price	Spectrum Moderate Allocation Fund I Class	**	22
	TIAA-CREF	Lifecycle Index 2010	**	123,639
	TIAA-CREF	Lifecycle Index 2015	**	235,122
	TIAA-CREF	Lifecycle Index 2020	**	286,198
	TIAA-CREF	Lifecycle Index 2025	**	112,248
	TIAA-CREF	Lifecycle Index 2030	**	38,615
	TIAA-CREF	Lifecycle Index 2035	**	20,230
	TIAA-CREF	Lifecycle Index 2040	**	628,846
	TIAA-CREF	Lifecycle Index 2045	**	2,127
	TIAA-CREF	Lifecycle Index 2050	**	50,281
	TIAA-CREF	Lifecycle Index 2055	**	25,487
	TIAA-CREF	Lifecycle Index 2060	**	28,642
	TIAA-CREF	Lifecycle Index Retirement Income	**	820
	Victory Capital	Sycamore Small Company Opportunity Fund R6	**	23,217
	Victory Capital	Sycamore Small Company Opportunity Fund Class R	**	2
		Total		3,303,355
		Common/Collective Trusts		
	MetLife	Stable Value Fund Series 25053 - Class 0	**	27,519
	Loans to participants	Interest rates from 4.25% to 5.25% and maturing through July 2022		81,096
				$ 3,411,970

* Party-interest

** Cost is not required for participant-directed investments

JAX, INC. 401(K) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

JAX, INC. 401(K) PROFIT SHARING PLAN AND TRUST
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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
JAX, Inc. 401(k) Profit Sharing Plan and Trust
Bellvue, Colorado

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the JAX, Inc. 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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 the 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Mid Atlantic Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee, as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Prior Period Financial Statements

The financial statements of the JAX, Inc. 401(k) Profit Sharing Plan and Trust as of December 31, 2019 were audited by another auditor, whose report dated September 15, 2020 expressed a disclaimer of opinion as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Other Matter - Supplemental Schedule

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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 schedule, other than that derived from the information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

ATLAS CPAs & Advisors PLLC

Longmont, Colorado
October 6, 2021

JAX, INC. 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	2020	2019
ASSETS		
Investments, at fair value	$ 3,330,874	$ 2,927,737
Receivables		
Notes receivable from participants	81,096	37,375
Employer contributions	66,460	63,958
Total receivables	147,556	101,333
TOTAL ASSETS	3,478,430	3,029,070
LIABILITIES		
Payable to participants	(813)	-
TOTAL LIABILITIES	(813)	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,479,243	$ 3,029,070

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

JAX, INC. 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020

ADDITIONS	
Investment Income	
Net appreciation in fair value of investments	$ 432,057
Interest and dividends	62,952
Total Investment Income	495,009
Interest income on notes receivable from participant	2,821
Contributions	
Employer	66,460
Participant	191,483
Rollovers	3,734
Total Contributions	261,677
TOTAL ADDITIONS	759,507
DEDUCTIONS	
Benefits paid to participants	281,190
Administrative expenses	28,144
TOTAL DEDUCTIONS	309,334
NET INCREASE	450,173
Net assets available for benefits, beginning of year	3,029,070
Net assets available for benefits, end of year	$ 3,479,243

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

JAX, INC. 401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

NOTE 1: DESCRIPTION OF THE PLAN

The following description of the JAX, Inc. 401(k) Profit Sharing Plan and Trust provides only general information. Participants should refer to the Plan agreement and Summary Plan Description, which are available from the Plan administrator, for a more complete description of the Plan's provisions. At December 31, 2020, the Plan's trustee was Mid Atlantic Trust Company and its recordkeeper was Paychex, Inc.

General

The Plan was established January 1, 2010 and was amended January 1, 2014. The Plan is a defined contribution plan sponsored by JAX, Inc. (the "Company") for the benefit of its employees (except as noted below) age 21 years or older who have completed at least one year of service. Employees can enter the Plan either on the first day of the Plan Year or on the first day of the seventh month of the Plan Year, depending on when the employee becomes eligible to participate.

Contributions

Each year, participants may contribute up to 100% of their annual compensation not to exceed the maximum allowable by law ($19,500 in 2020; thereafter as adjusted by the Secretary of the Treasury) in a calendar year. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions ($6,500 in 2020). Employee rollover contributions are also permitted. The Company may make discretionary profit-sharing contributions. For the years ended December 31, 2020 and 2019, the Company did not make any disretionary profit-sharing contributions. The Plan makes discretionary matching contributions equal to 100% of deferrals up to 3% of eligibile compensation, plus 50% of the amount of deferrals up to 5% of eligible compensation. Forfeitures are first used to pay administrative expenses incurred by the Plan. Any remaining forfeitures are used to reduce the Company's future contributions.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of the Plan's contributions and earnings. Each participant's account is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Certain account fees may be charged by the record keeper based on investments in certain funds and will be withdrawn directly from the account of the participants who are invested in those funds. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting in employer contributions is based on years of service under a tiered plan as follows:

Years of Service	Vested Percentage
Less than 1	0%
1	20%
2	40%
3	80%
4	100%

Upon death, disability, or attaining normal retirement age (65 or, if later, the fifth anniversary date of the first day of the Plan year during which the participant entered the Plan), participants are immediately 100% vested

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000, 95% of half of their vested account balance, or 95% of their total vested account balance excluding their Roth deferral balance. Participants may have a maximum of one loan outstanding at any given time. The term of the loan may not exceed four and a half years, unless such loan is for the purchase of the participant's primary residence, in which case the repayment period may not exceed ten years from the date of the loan origination. The loans 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. Interest rates as of December 31, 2020 ranged between 4.25% and 5.25%. Principal and interest are paid ratably through payroll deductions on a bi-monthly basis. Upon termination, participants have the option of repayment in accordance with the provisions of the loan, or the loan becomes due in full.

Payment of Benefits

Upon death, disability, retirement, or termination of service, a participant or his/her beneficiary may receive, at his/her election, within a reasonable period of time, a lump-sum payment, partial payment, or installment payments in the amount equal to the participant's vested account balance.

The Plan allows in service distributions and partial distributions to participants age 59 1/2 or older who have not terminated employment with the Plan sponsor. The Plan also provides for hardship withdrawals for defined hardship events. Participants who are granted a hardship withdrawal are not allowed to make contributions for the six months following such withdrawal. Furthermore, the Plan allows for terminated participant vested account balances of $1,000 or less to be automatically distributed and balances of $1,000 to $5,000 to be automatically rolled out of the Plan. The IRS has required minimum distributions once a participant reaches age 70½ during the previous Plan year and is no longer employed by the Company.

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If at the time of termination of employment, the participant is not 100% vested, the non-vested portion ("forfeitures") of the participant's account shall be placed in a separate account. Forfeitures can be used to pay Plan expenses, reduce employer contributions, or shall be allocated to participants in the same manner as the employer's contribution. As of December 31, 2020 and 2019, forfeited non-vested accounts totaled $- and $1,694, respectively.

Plan Tax Status

The Plan operates under a standardized adoption agreement in connection with a prototype retirement plan and trust document sponsored by the administrator of the Plan. This prototype plan document has been filed with the appropriate agency. The prototype retirement plan and trust document, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code, and therefore not subject to tax. The Plan administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes there are no uncertain tax positions as of December 31, 2020. The Plan administrator believes the only years subject to income tax examination are the years ended December 31, 2017 to 2020.

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Although it has not expressed an intention to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of the Plan's termination, participants will become 100 percent vested in their accounts.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes in net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements. Accordingly, actual results could differ from those estimates.

Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan’s valuation policies utilizing information provided by the investment advisers, including teh appointment of investment managers, and the monitoring of the performance of the Plan's investment funds. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan’s gains and losses on investments bought and sold as well as held during the year. Net investment returns reflect certain fees paid by the investment funds to their affiliated investment advisors, transfer agents, and others as further described in each fund prospectus or other published documents. These fees are deducted prior to allocation of the Plan’s investment earnings activity and thus are not separately identifiable as an expense.

Notes Receivable from Participants

The Plan Document permits the custodian of the Plan to make loans to participants. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant’s account and are included in administrative expenses when incurred. As of December 31, 2020 and 2019, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan Document. At December 31, 2020 and 2019, total notes receivable from participants was $81,096 and $37,375, respectively.

Administrative Expenses

Administrative expenses may be paid by the Plan or the Company, at management’s discretion. Certain account fees may be charged by the trustee and recordkeeper based on investments in certain funds and will be withdrawn directly from the account of the participants who are invested in those funds.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by IRS are recorded as a liability with corresponding reduction to contributions. The Plan distributes any excess contributions in the succeeding year.

Contributions Receivable

Contributions receivable are related to the amounts withheld from employees' paychecks and the employer match for the last payroll for the year then ended. Contributions receivable at December 31, 2020 and 2019 were $66,460 and $63,958, respectively.

NOTE 3: FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standard Codification 820 (ASC 820) established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means
- If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology that are unobservable and significant to the fair value measurement.

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

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

Mutual Funds: Mutual funds, which are actively traded, are valued at quoted market prices on nationally recognized securities exchanges and represent the net asset value (NAV) of shares held by the Plan at year-end, and are classified as Level 1 within the valuation hierarchy.

Common/Collective Trust: The valuation technique used to measure fair value of the common/collective trust was the quoted NAV as a practical expedient to estimating the fair value, as this investment does not have a readily determinable fair value. NAV is based on the value of the underlying assets and securities, the majority of which have observable Level 1 pricing inputs, including publicly quoted prices for similar assets in active or non-active markets (market approach). The common/collective trust does not have a publicly quoted price. There are no restrictions on a participant's ability to redeem his or her investment in the common/collective trust at the investment's NAV. Trust units may be redeemed on a daily basis. There were no unfunded commitments as of December 31, 2020 and 2019.

The following tables, set forth by level within the fair value hierarchy, detail the Plan's assets at fair value as of December 31, 2020 and 2019:

Assets at Fair Value at December 31, 2020

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 3,303,355	$ -	$ -	$ 3,303,355
Common/Collective Trusts	$ 27,519	$ -	$ -	$ 27,519
Total assets in the fair value hierarchy	$ 3,330,874	$ -	$ -	$ 3,330,874

Assets at Fair Value at December 31, 2019

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 2,903,637	$ -	$ -	$ 2,903,637
Common/Collective Trusts	$ 24,100	$ -	$ -	$ 24,100
Total assets in the fair value hierarchy	$ 2,927,737	$ -	$ -	$ 2,927,737

NOTE 4: PARTY-IN-INTEREST TRANSACTIONS

During 2020 and 2019, certain Plan investments were investments in mutual funds managed by Mid Atlantic Trust Company, the trustee for the Plan.

Fees paid during the year for accounting and other professional services rendered by parties-in-interest were based on customary and reasonable rates for such services.

The Plan issues notes to its participants, which are secured by the participants' balances.

The Plan sponsor provides certain administrative services at no cost to the Plan.

These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 5: RISKS AND UNCERTAINTIES

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

Additionally, some investments held by the Company are invested in the securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable U.S. companies.

NOTE 6: SIGNIFICANT ESTIMATES AND CONCENTRATIONS

The current economy continues to present retirement plans with difficult circumstances and challenges, which in some cases have resulted in large and unanticipated declines in the fair value of investments. The financial statements have been prepared using values and information currently available to the Plan. Given the volatility of current economic conditions, the values as assets recorded in the financial statements could change rapidly, resulting in material future adjustments in investment values that could negatively impact the Plan.

NOTE 7: INFORMATION CERTIFIED BY THE 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, as permitted under such election, Management has instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by the Mid Atlantic Trust Company, the trustee, except for comparing such information, as summarized below, to the information included in the financial statements and supplementary schedule. The information provided by Mid Atlantic Trust Company, the trustee, as of and for the years ended December 31, 2020 and 2019, was certified as complete and accurate, as follows:

- Investments and participant loans as reported in the statements of net assets available for benefits and related disclosures as of December 31, 2020 and 2019.
- Investment income as reported in the statement of changes in net assets available for benefits for the year ended December 31, 2020.

NOTE 8: RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31, 2020 and 2019:

	2020	2019
Net assets available for benefits per the financial statements	$ 3,479,243	$ 3,029,070
Employer contributions receivable	(66,460)	(63,958)
Net assets available for benefits per Form 5500	$ 3,412,783	$ 2,965,112

The following is a reconciliation of the change in net assets per the financial statements to Form 5500 for the year ending December 31, 2020 and 2019:

	2020	2019
Net change in net assets per the financial statements	$ 450,173	$ 637,259
Change in contributions receivable	(2,502)	(7,762)
Net change in assets per Form 5500	$ 447,671	$ 629,497

NOTE 9: SUBSEQUENT EVENTS

The Plan administrator has evaluated subsequent events through October 6, 2021, the date the financial statements were available to be issued. The Plan administrator has not identified any events that would have an impact on these financial statements.

On January 30, 2020, the World Health Organization declared the coronavirus outbreak a "Public Health Emergency of International Concern" and on March 11, 2020, declared it to be a pandemic. On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was enacted to amongst other provisions, provide emergency assistance for individuals, families, and businesses affected by the coronavirus pandemic. A pandemic, epidemic or outbreak of an infections disease could cause the Plan to be adversely affected through the fluctuation of the value of Plan investments, turnover of employees at the Company, reduction in contributions by participants and others. Management is currently evaluating the impact it will have on future operations.

Supplemental Schedule

JAX, INC. 401(K) PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

EIN: 84-1087636 Plan#: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	**Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	**Cost**	**Current Value**
		Mutal Funds		
	AB Global	Bond Fund Class Z	**	$ 1,019
	American Century	Mid Cap Value R6	**	150,331
	American Funds	2010 Target Date Retirement Fund Class R-3	**	109
	American Funds	2015 Target Date Retirement Fund Class R-3	**	205
	American Funds	2020 Target Date Retirement Fund Class R-3	**	231
	American Funds	2025 Target Date Retirement Fund Class R-3	**	76
	American Funds	2030 Target Date Retirement Fund Class R-3	**	26
	American Funds	2035 Target Date Retirement Fund Class R-3	**	1
	American Funds	2040 Target Date Retirement Fund Class R-3	**	544
	American Funds	2050 Target Date Retirement Fund Class R-3	**	26
	American Funds	2055 Target Date Retirement Fund Class R-3	**	3
	American Funds	2060 Target Date Retirement Fund Class R-3	**	4
	American Funds	EuroPacific Growth Fund Class R-3	**	185
	American Funds	EuroPacific Growth Fund Class R-6	**	240,248
	American Funds	New World Fund Class R-3	**	11
	American Funds	New World Fund Class R-6	**	24,453
	Black Rock	Mid-Cap Growth Equity Portfolio Class K	**	295,609
	Calvert	US Large Cap Core Responsible Index Fund Class I	**	38,119
	Calvert	Mid-Cap Fund Class A	**	82
	Calvert	US Large Cap Core Responsible Index Fund Class A	**	1
	DFA	Real Estate Securities Portfolio Institutional Class	**	2,158
	DFA	Inflation-Protected Securities Portfolio Institutional	**	1,266
	Fidelity	500 Index Fund	**	71,835
	Fidelity	International Index Fund	**	49,909
	Fidelity	Small Cap Index	**	44,503
	Fidelity	US Bond Index Fund	**	30,409
	Fidelity	Mid Cap Index	**	4,896
	Invesco	Main Street Fund Class R	**	333
	Janus Henderson	Triton Fund Class N	**	1,251
	JP Morgan	Core Plus Bond R6	**	12,683
	JP Morgan	US Small Company Fund Class R2	**	37
	JP Morgan	Core Plus Bond R2	**	10
	JP Morgan	Market Expansion Enhanced Index Fund Class R2	**	2
	MFS	Growth Fund Class R6	**	315,453
	MFS	Core Equity Fund Class R6	**	283,295
	MFS	Value Fund Class R6	**	84,554
	MFS	Growth Fund Class R2	**	200
	MFS	Mid Cap Value Fund Class R2	**	59

JAX, INC. 401(K) PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

(a)	(b) Identity of Issuer, 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
	MFS	Value Fund Class R2	**	10
	PGIM	High Yield Fund - Class R6	**	11,107
	PIMCO	Income Fund Institutional Class	**	61,492
	PIMCO	Income Fund Class R	**	3
	Pioneer	Select Mid Cap Growth Fund Class R	**	189
	T. Rowe Price	Spectrum Moderate Growth Allocation Fund I Class	**	900
	T. Rowe Price	Spectrum Conservative Allocation Fund I Class	**	22
	T. Rowe Price	Spectrum Moderate Allocation Fund I Class	**	22
	TIAA-CREF	Lifecycle Index 2010	**	123,639
	TIAA-CREF	Lifecycle Index 2015	**	235,122
	TIAA-CREF	Lifecycle Index 2020	**	286,198
	TIAA-CREF	Lifecycle Index 2025	**	112,248
	TIAA-CREF	Lifecycle Index 2030	**	38,615
	TIAA-CREF	Lifecycle Index 2035	**	20,230
	TIAA-CREF	Lifecycle Index 2040	**	628,846
	TIAA-CREF	Lifecycle Index 2045	**	2,127
	TIAA-CREF	Lifecycle Index 2050	**	50,281
	TIAA-CREF	Lifecycle Index 2055	**	25,487
	TIAA-CREF	Lifecycle Index 2060	**	28,642
	TIAA-CREF	Lifecycle Index Retirement Income	**	820
	Victory Capital	Sycamore Small Company Opportunity Fund R6	**	23,217
	Victory Capital	Sycamore Small Company Opportunity Fund Class R	**	2
		Total		3,303,355
		Common/Collective Trusts		
	MetLife	Stable Value Fund Series 25053 - Class 0	**	27,519
	Loans to participants	Interest rates from 4.25% to 5.25% and maturing through July 2022		81,096
				$ 3,411,970

* Party-interest

** Cost is not required for participant-directed investments