# 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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
JETTA OPERATING CO 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 05/13/1992

**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)
JETTA OPERATING COMPANY, INC.

640 TAYLOR STREET
SUITE 2400
FORT WORTH, TX 76102-4919

**2b** Employer Identification Number (EIN)
75-2765486

**2c** Plan Sponsor's telephone number
817-639-2236

**2d** Business code (see instructions)
211110

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2021 | MISTY FARR |
| | **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** | 238 |
| **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)** | 161 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 128 |
| **b** Retired or separated participants receiving benefits | **6b** | 2 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 88 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 218 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 218 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 216 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **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:

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

**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)** | [ ] | | **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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2020**<br>**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
JETTA OPERATING CO 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
JETTA OPERATING COMPANY, INC.

**D** Employer Identification Number (EIN)
75-2765486

## 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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

STRATEGIC ADVISORS, INC.

04-2654524

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 | ADVISOR | 7306 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 37 60 64 65 71 | RECORDKEEPER | 1958 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| SPROTT GOLD EQUITY FUND INVESTOR 200 BAY STREET SUITE 2600 TORONTO, CA M5J 2J1 CA | 0.40% |

| **(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)**<br>(complete as many entries as needed) |
|---|---|

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**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
JETTA OPERATING CO 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
JETTA OPERATING COMPANY, INC.

**D** Employer Identification Number (EIN)
75-2765486

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 515 | 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) | 461836 | 438292 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 696193 | 1667204 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 211548 | 200231 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(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) | 39786346 | 36966369 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 0 |
| **(15)** Other | 1c(15) | 0 | 712 |

| | | | **(a)** Beginning of Year | **(b)** End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | **1d(1)** | 0 | 0 |
| | **(2)** Employer real property | **1d(2)** | 0 | 0 |
| **e** | Buildings and other property used in plan operation | **1e** | 0 | 0 |
| **f** | Total assets (add all amounts in lines 1a through 1e) | **1f** | 41156438 | 39272808 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | **1g** | 0 | 0 |
| **h** | Operating payables | **1h** | 0 | 0 |
| **i** | Acquisition indebtedness | **1i** | 0 | 0 |
| **j** | Other liabilities | **1j** | 0 | 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** | 41156438 | 39272808 |

## 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)** | 384954 | |
| | **(B)** Participants | **2a(1)(B)** | 1219677 | |
| | **(C)** Others (including rollovers) | **2a(1)(C)** | 35270 | |
| | **(2)** Noncash contributions | **2a(2)** | 0 | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | **2a(3)** | | 1639901 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | **2b(1)(A)** | 2863 | |
| | **(B)** U.S. Government securities | **2b(1)(B)** | 0 | |
| | **(C)** Corporate debt instruments | **2b(1)(C)** | 0 | |
| | **(D)** Loans (other than to participants) | **2b(1)(D)** | 0 | |
| | **(E)** Participant loans | **2b(1)(E)** | 12549 | |
| | **(F)** Other | **2b(1)(F)** | 0 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | **2b(1)(G)** | | 15412 |
| | **(2)** Dividends: **(A)** Preferred stock | **2b(2)(A)** | 0 | |
| | **(B)** Common stock | **2b(2)(B)** | 16310 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | **2b(2)(C)** | 994152 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | **2b(2)(D)** | | 1010462 |
| | **(3)** Rents | **2b(3)** | | 0 |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | **2b(4)(A)** | 2249361 | |
| | **(B)** Aggregate carrying amount (see instructions) | **2b(4)(B)** | 2093631 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | **2b(4)(C)** | | 155730 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | **2b(5)(A)** | 0 | |
| | **(B)** Other | **2b(5)(B)** | 242253 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | **2b(5)(C)** | | 242253 |

| | | (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) | | 4040758 |
| **c** Other income | 2c | | 0 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 7104516 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 8978960 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| **(3)** Other | 2e(3) | 0 | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 8978960 |
| **f** Corrective distributions (see instructions) | 2f | | 0 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 115 |
| **h** Interest expense | 2h | | 0 |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | 0 | |
| **(2)** Contract administrator fees | 2i(2) | 0 | |
| **(3)** Investment advisory and management fees | 2i(3) | 7306 | |
| **(4)** Other | 2i(4) | 1765 | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 9071 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 8988146 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | -1883630 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | 2l(1) | | 0 |
| **(2)** From this plan | 2l(2) | | 0 |

## 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)** [X] 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: WILLIAMS, WILBURN & CO., PLLC **(2)** EIN: 45-4222795

**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 | | 5000000 |
| **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
JETTA OPERATING CO 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
JETTA OPERATING COMPANY, INC.

**D** Employer Identification Number (EIN)
75-2765486

## 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): 04-6568107

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

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

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **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_____

## Financial Statements

*Prepared for:*

# JETTA OPERATING COMPANY EMPLOYEE PROFIT SHARING PLAN

**As of December 31, 2020 and 2019**

**Prepared by:**


**WILLIAMS, WILBURN & CO., P.L.L.C.**
ACCOUNTANCY CORPORATION

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Member of:

Williams, Partners & Affiliates, LTD.

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All other supplemental schedules required for 2020 by the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted as they are inapplicable or not required.




# Independent Auditors' Report

**Board of Trustees**
**Jetta Operating Company Employee Profit Sharing Plan**

***Report on the Financial Statements***

**We were engaged to audit the accompanying financial statements of Jetta Operating Company Employee Profit Sharing Plan, which comprises of the statements of net assets available for plan benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for plan benefits for the year then ended, December 31, 2020 and 2019 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 1970, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. 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 a certification from the trustee as of December 31, 2020 and for the year ended December 31, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.**

***Disclaimer of Opinion***

**Because of the significance of the information described in the Basis for Disclaimer of Opinion paragraph, we are unable to obtain sufficient**

**appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.**

***Other Matter***

**The supplemental Schedule H, Line 4i – Schedule of Assets as of the year ended December 31, 2020 and 2019 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.**

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

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



Williams, Wilburn & Co., PLLC
Certified Public Accountants and Advisors
Williams, Wilburn & Co., PLLC is an
Affiliate of Williams Partners & Affiliates, Ltd.
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Tulsa, Oklahoma 74137-2852
P: (918) 492-7511 F: (918) 492-6860
Website: www.wjs-company.com

**September 24, 2021**
**Tulsa, Oklahoma**

**JETTA OPERATING COMPANY EMPLOYEE PROFIT SHARING PLAN**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**DECEMBER 31, 2020 & 2019**

| | 2020 | 2019 |
|---|---|---|
| **Assets:** | | |
| Cash and equivalents | $ - | $ 515 |
| Investments at fair value (Note 5) | 39,072,577 | 40,944,375 |
| Receivables: | | |
| Notes receivable from participants | 200,231 | 211,548 |
| | 200,231 | 211,548 |
| Total assets | 39,272,807 | 41,156,439 |
| **Liabilities:** | | |
| Commitments and contingencies (Note 9) | - | - |
| Total current liabilities | - | - |
| Notes payable | - | - |
| Total long term liabilities | - | - |
| Total liabilities | - | - |
| Net assets available for plan benefits | $ 39,272,807 | $ 41,156,439 |

See accompanying notes to the financial statements

**JETTA OPERATING COMPANY EMPLOYEE PROFIT SHARING PLAN**
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**FOR THE YEARS ENDED, DECEMBER 31, 2020 & 2019**

| | 2020 | 2019 |
|---|---|---|
| **Additions:** | | |
| Investment income: | | |
| Net appreciation in fair value of investments | $ 4,438,739 | $ 3,725,242 |
| Dividends | 1,010,462 | 3,914,725 |
| Interest | 2,863 | 8,210 |
| Net investment income | 5,452,064 | 7,648,177 |
| Contributions: | | |
| Employee | 1,219,677 | 1,587,676 |
| Employer | 384,954 | 986,568 |
| Employee rollover | 35,270 | 259,945 |
| Total contributions | 1,639,901 | 2,834,188 |
| Other income: | | |
| Interest on participant loans | 12,549 | 13,007 |
| Forfeiture, net defaults | - | - |
| Total other income | 12,549 | 13,007 |
| Total additions | 7,104,514 | 10,495,372 |
| **Deductions:** | | |
| Benefits paid to participants | 8,978,960 | 2,711,075 |
| Deemed distributions | 115 | - |
| Administration fees | 9,071 | 9,008 |
| Total deductions | 8,988,146 | 2,720,083 |
| Net increase (decrease) | (1,883,631) | 7,775,289 |
| Net assets available for plan benefits: | | |
| Beginning of year | 41,156,439 | 33,381,149 |
| End of year | $ 39,272,807 | $ 41,156,439 |

**See accompanying notes to the financial statements**

# JETTA OPERATING COMPANY
# EMPLOYEE PROFIT SHARING PLAN
## NOTES TO FINANCIAL STATEMENTS
## December 31, 2020 and 2019

**1. Organization and summary of significant accounting policies**

**Description of the Plan – The following description of JETTA OPERATING COMPANY EMPLOYEE PROFIT SHARING PLAN (the Plan) provides only general information. Participants should refer to the Plan Agreement or Summary Plan Description for a more complete description of the Plan's provisions. Jetta Operating Company, Inc. is an oil and gas operating and production company established in Texas on May 14, 1998.**

**General – The Plan was established by Jetta Production Company, Inc. on January 1, 1992 and subsequently held by Jetta Operating Company, Inc. (the Company). The Plan was updated on December 14, 2017 and is a 401(k) and Profit Sharing Plan covering substantially all employees of the Company who have completed at least two months of service. Employees are treated as participants on the first day of the month immediately following the completion of participation requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).**

**Contributions – The Plan provides that active participants may make voluntary contributions to the Plan up to the maximum allowed by the Internal Revenue Code. Participants may change the level of their contributions at any time throughout the Plan year. The Company may make a discretionary matching contribution equal to a percentage determined annually by a Board of Directors' Resolution for each contribution period.**

**Forfeited accounts – The portion of a participant's Company contribution account that is forfeited due to a break in service before full vesting is allocated to the remaining active participants equally or administrative costs of the Plan. At December 31, 2020 and 2019, respectively, the Plan had $0 and $0 of forfeitures.**

**Participant accounts – A separate account is maintained for each participant. Participant accounts are credited with salary deferral contributions, rollover contributions, forfeitures, and investment earnings and losses, adjusted for withdrawals and transfers among investment options, if any.**

**Vesting – Participants are fully vested in their salary deferral contributions, rollover contributions and applicable earnings thereon at all time. Participants vest in the Employer's contributions immediately when the employer match contribution is made.**

**Payments of benefits – Upon retirement, death or disability, participants have the option of receiving their vested benefits as a lump-sum distribution, in installment payments under a systematic withdraw plan, in partial withdraws, or rolled over into an IRA if the vested account balance is greater than $1,000. If the vested account balance is less $1,000 the participants will have their vested account balance automatically distributed as a lump sum payment.**

**Plan Termination - Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate participation in the Plan subject to the provisions of ERISA. A sixty day prior written notice is required, unless both parties agree to a shorter notice period.**

# JETTA OPERATING COMPANY
# EMPLOYEE PROFIT SHARING PLAN
## NOTES TO FINANCIAL STATEMENTS
## December 31, 2020 and 2019

**2. Summary of Significant Accounting Policies**

**Basis of presentation – The accompanying financial statements of the Plan have been prepared on an accrual basis and present net assets available for plan benefits and changes in these net assets.**

**Use of estimates – The preparation of financial statements in conformity with accounting principals generally accepted in the United States of America requires management to make estimates and assumptions regarding certain assets, liabilities, revenues and expenses. Such estimates primarily relate to unsettled transactions and events as of the date of the financial statements. Accordingly, upon settlement, actual results may differ from estimated amounts.**

**Investment valuation and income recognition – Investments are valued at market as determined and certified by the custodian as of the Plan's year end. The fair value of these investments may fluctuate subsequent to year end due to changes in economic conditions. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.**

**Notes receivable from participants – Participant loans are classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.**

**Employer Contributions - The Plan may make a discretionary matching contribution equal to a percentage determined annually by a Board of Directors' Resolution for each contribution period. As of December 31, 2020 and 2019, employer contributions totaled $384,954 and $986,568, respectively and fair value approximates cost.**

**Administrative expenses – The majority of the Plan's administrative expenses are paid directly by the Company and excluded from these financial statements. Administrative fees on loans and in-service withdrawal expenses are paid directly by the requesting participant and are deducted from the loan or in-service withdrawal amount. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments.**

**Payment of benefits – Benefits are recorded when paid.**

**3. Investments (unaudited)**

**Fidelity – The following information as of December 31, 2020 and 2019, was certified by Fidelity, trustee and custodian of the Plan. The Plan adopted Statement of Financial Accounting Standards ASU No.2015-12 part II regarding Plan Investments for these financial statements and related disclosures.**

Fidelity holds all of the Plan's investment assets and executes transactions therein. Financial information relating to the assets held by Fidelity is included in the accompanying financial statements based on information provided by them. That information has not been audited by independent accountants, see Note 6 for more detail.

Participants determine the allocation of their contributions among the funds. They choose an allocation initially when they enroll and have the ability to change their allocation at any time. Employer and employee contributions are allocated at the same allocation rates.

The ending fair value of investments held in Fidelity at December 31, 2020 and 2019 totaled $39,072,577 and $40,944,375, respectively.

## 4. Tax status

The Plan is placing reliance on an opinion letter received from the Internal Revenue Service or "IRS" indicating that the Plan is qualified under Section 401 of the internal revenue code and is, therefore, not subject to tax under current income tax law. The Plan has been restated since relying on the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the internal revenue code and, therefore, believes that the Plan is qualified.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## 5. Fair market value measurement

The Plan adopted Statement of Financial Accounting Standards ASC No.820, Fair Value Measurements (ASC 820) which defines fair value, establishes a framework for measuring fair value and expands disclosures about fair value measurements. ASC 820 has been applied prospectively as of the beginning of this year. ASC 820 defines fair value as the price that would be received to sell an asset or paid to a transfer a liability in an orderly transaction between market participants at the measurement date. The standard describes three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets and liabilities:

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities;

**Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities

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

**Mutual Funds – Valued at daily closing price as reported by the fund. Mutual funds held by the Plan are open end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the plan are deemed to be actively traded.**

**Common Stock – Valued at the closing price reported on the active market on which the individual securities are traded.**

**Rights & Warrants – Valued at the closing price reported on the active market applicable to the rights and warrants.**

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

**Fair Value Measurements at December 31, 2020 Using**

| Description | Total Investments | Quoted Prices In Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|---|
| Mutual Funds | $ 36,966,369 | $ 36,966,369 | $ - | $ - |
| Common Stock | $ 1,667,204 | $ 1,667,204 | $ - | $ - |
| Interest bearing cash | $ 438,292 | $ 438,292 | $ - | $ - |
| Rights & warrants | $ 712 | $ 712 | $ - | $ - |
| **Total Investments at Fair Value** | $ 39,072,577 | $ 39,072,577 | $ - | $ - |

| | Fair Value Measurements at December 31, 2019 Using | | | |
|---|---|---|---|---|
| | Total Investments | Quoted Prices In Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| **Description** | | | | |
| Mutual Funds | $ 39,786,346 | $ 39,786,346 | $ - | $ - |
| Common Stock | $ 696,193 | $ 696,193 | $ - | $ - |
| Interest bearing cash | $ 461,836 | $ 461,836 | $ - | $ - |
| **Total Investments at Fair Value** | $ 40,944,375 | $ 40,944,375 | $ - | $ - |

## 6. Information Certified by Trustee

**In accordance with DOL regulations, the audit may be restricted with respect to assets held and transactions executed by certain institutions. In an ERISA limited-scope audit, the plan management can instruct the auditor to limit the scope of testing of investment information, which has been prepared and certified by a qualifying institution as complete and accurate.**

## 7. Related Party and Party in Interest Transactions

**The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the company. Certain Plan investments are managed by Fidelity. Fidelity is the trustee, as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees paid by the Plan for investment management services amounted to $9,071 and $9,008 as of December 31, 2020 and 2019, respectively. Additionally, the Plan issues loans to participants, which are secured by the vested balances in the participants' accounts.**

**As of December 31, 2020 and 2019, the statements of net assets available for plan benefits include the following investments with parties-in-interest to the plan:**

| | 2020 | 2019 |
|---|---|---|
| FID FDM IDX INC INV | $ 203,163 | $ 187,174 |
| FID FDM IDX 2005 INV | $ - | $ 10,910 |
| FID FDM IDX 2010 INV | $ 1,085 | $ 1,629 |
| FID FDM IDX 2020 INV | $ 2,297,900 | $ 2,889,073 |
| FID FDM IDX 2025 INV | $ 1,114,610 | $ 2,696,435 |
| FID FDM IDX 2030 INV | $ 2,844,304 | $ 6,050,460 |

| | | |
|---|---|---|
| FID FDM IDX 2035 INV | $ 1,640,615 | $ 1,654,190 |
| FID FDM IDX 2040 INV | $ 4,371,832 | $ 3,497,647 |
| FID FDM IDX 2045 INV | $ 1,587,994 | $ 1,404,812 |
| FID FDM IDX 2050 INV | $ 1,638,219 | $ 1,541,451 |
| FID FDM IDX 2065 INV | $ 2,309 | $ 2,727 |
| FID FDM IDX 2015 INV | $ 3,180,651 | $ 3,672,773 |
| FID US BOND IDX | $ 283,680 | $ 203,497 |
| FID 500 INDEX | $ 4,446,758 | $ 3,421,551 |
| FID FDM IDX 2055 INV | $ 676,464 | $ 510,488 |
| FID GLB EX US IDX | $ 347,310 | $ 266,188 |
| FID EXTD MKT IDX | $ 426,687 | $ 237,004 |
| FID FDM IDX 2060 INV | $ 148,217 | $ 183,866 |
| FA TOTAL BOND Z | $ 344,332 | $ 286,424 |
| FID FREEDOM 2020 K6 | $ - | $ 641,198 |
| FID FREEDOM 2030 K6 | $ 6,628 | $ 5,721 |
| FID FREEDOM 2040 K6 | $ 344,460 | $ 275,277 |
| FID FREEDOM 2045 K6 | $ 147,819 | $ 96,611 |
| FID FREEDOM 2050 K6 | $ 482,441 | $ 383,690 |
| FID FREEDOM 2055 K6 | $ 581,101 | $ 473,805 |
| FID FREEDOM 2060 K6 | $ 19,724 | $ 13,734 |
| FID FREEDOM INC K6 | $ 1,311,473 | $ 1,269,049 |
| BROKERAGE LINK MUTUAL FUNDS | $ 3,628,089 | $ - |
| BROKERAGE LINK WARRANTS | $ 712 | $ - |
| BROKERAGE LINK CASH | $ 216,490 | $ 164,257 |
| NON INTEREST BEARING CASH | $ - | $ 515 |
| Note Receivable from participants | $ 200,231 | $ 211,548 |
| | $ 32,495,298 | $ 32,253,706 |

8. Risks and uncertainties

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

9. Commitments and Contingencies

During the Plan's normal course of business, Certain conditions may exist as of the date the financial statements are issued, which may result in a loss to the Plan but which will only be resolved when one or more future events occur or fail to occur. The Plan's management and its legal counsel assess such contingent liabilities, and such assessment inherently involves an exercise of judgment. In assessing loss contingencies related to legal proceedings that are pending against the Company or unasserted claims that may result in such proceedings, the Plan's legal counsel evaluates the perceived merits of any legal proceedings or unasserted claims as well as the perceived merits of the amount of relief sought or expected to be sought therein.

If the assessment of a contingency indicates that it is probable that a material loss has been incurred and the amount of the liability can be estimated, then the estimated liability would be accrued in the Plan's financial statements. If the assessment indicates that a potentially material loss contingency is not probable, but is reasonably possible, or is probable but cannot be estimated, then the nature of the contingent liability, together with an estimate of the range of possible loss if determinable and material, would be disclosed.

Loss contingencies considered remote are generally not disclosed unless they involve guarantees, in which case the nature of the guarantee would be disclosed. At December 31, 2020 and 2019, the Plan has deemed that no such contingent liability exists.

## 10. Subsequent events

The Plan evaluated events and transactions that occurred after the statement of net assets date through September 24, 2021, the date the financial statements were available to be issued for potential recognition and disclosure. No other items were noted for further recognition and disclosure in the financial statements.

**JETTA OPERATING COMPANY EMPLOYEE PROFIT SHARING PLAN**
**401(k) Plan**
**Federal Identification Number – 75-2431614**
**Plan Number: 001**
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**
**December 31, 2020**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (C) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value | (e) Current Value |
|---|---|---|---|
| * | BROKERAGE LINK MUTUAL FUNDS | Mutual Fund | $ 3,628,089 |
| | HTFD INTL OPPS R6 | Mutual Fund, 8095.134 shares | $ 167,165 |
| | GLENMEDE LGCPCORE IS | Mutual Fund, 24565.535 shares | $ 664,252 |
| | INVESCO DIVRS DIV R6 | Mutual Fund, 6749.832 shares | $ 134,727 |
| | COL EMRG MKT I3 | Mutual Fund, 16086.16 shares | $ 305,315 |
| | MFS GROWTH R6 | Mutual Fund, 18288.071 shares | $ 2,972,360 |
| | WF SM CO GROWTH R6 | Mutual Fund, 2437.141 shares | $ 151,663 |
| | WF SPL MID CP VAL R6 | Mutual Fund, 2910.226 shares | $ 126,042 |
| | MFS MID CAP GRTH R6 | Mutual Fund, 4796.121 shares | $ 145,754 |
| | WF SPL SM CAP VAL R6 | Mutual Fund, 6077.651 shares | $ 221,227 |
| * | FID FDM IDX INC INV | Mutual Fund, 16124.082 shares | $ 203,163 |
| * | FID FDM IDX 2010 INV | Mutual Fund, 77.016 shares | $ 1,085 |
| * | FID FDM IDX 2020 INV | Mutual Fund, 140372.626 shares | $ 2,297,900 |
| * | FID FDM IDX 2025 INV | Mutual Fund, 61041.091 shares | $ 1,114,610 |
| * | FID FDM IDX 2030 INV | Mutual Fund, 149150.721 shares | $ 2,844,304 |
| * | FID FDM IDX 2035 INV | Mutual Fund, 78913.641 shares | $ 1,640,615 |
| * | FID FDM IDX 2040 INV | Mutual Fund, 209780.808 shares | $ 4,371,832 |
| * | FID FDM IDX 2045 INV | Mutual Fund, 73484.228 shares | $ 1,587,994 |
| * | FID FDM IDX 2050 INV | Mutual Fund, 75633.371 shares | $ 1,638,219 |
| * | FID FDM IDX 2065 INV | Mutual Fund, 189.867 shares | $ 2,309 |
| * | FID FDM IDX 2015 INV | Mutual Fund, 211338.922 shares | $ 3,180,651 |
| * | FID US BOND IDX | Mutual Fund, 22785.525 shares | $ 283,680 |
| * | FID 500 INDEX | Mutual Fund, 34161.161 shares | $ 4,446,758 |
| * | FID FDM IDX 2055 INV | Mutual Fund, 38024.949 shares | $ 676,464 |
| * | FID GLB EX US IDX | Mutual Fund, 23837.325 shares | $ 347,310 |
| * | FID EXTD MKT IDX | Mutual Fund, 5111.246 shares | $ 426,687 |
| * | FID FDM IDX 2060 INV | Mutual Fund, 9841.789 shares | $ 148,217 |
| * | FA TOTAL BOND Z | Mutual Fund, 30471.845 shares | $ 344,332 |
| * | FID FREEDOM 2030 K6 | Mutual Fund, 345.01 shares | $ 6,628 |
| * | FID FREEDOM 2040 K6 | Mutual Fund, 29415.856 shares | $ 344,460 |
| * | FID FREEDOM 2045 K6 | Mutual Fund, 11039.497 shares | $ 147,819 |
| * | FID FREEDOM 2050 K6 | Mutual Fund, 35709.897 shares | $ 482,441 |
| * | FID FREEDOM 2055 K6 | Mutual Fund, 37417.9729999999 shares | $ 581,101 |
| * | FID FREEDOM 2060 K6 | Mutual Fund, 1402.87 shares | $ 19,724 |
| * | FID FREEDOM INC K6 | Mutual Fund, 107674.337 shares | $ 1,311,473 |
| | | | $ 36,966,369 |
| | CORPORATE COMMON STOCK | Non-Employer Corporate Common Stock | $ 1,667,204 |
| | | | $ 1,667,204 |
| | GABELLI UST MM AAA | Interest Bearing Cash Account | $ 221,802 |
| * | BROKERAGE LINK CASH | Interest Bearing Cash Account | $ 216,490 |
| | | | $ 438,292 |
| * | BROKERAGE LINK WARRANTS | Other Asset | $ 712 |
| | | | $ 712 |
| * | Note Receivable from participants | Loans to participants, interest rates ranging from 3.00% to 3.50%, various maturities | $ 200,231 |
| | | | $ 200,231 |
| | Total Assets | | $ 39,272,807 |

*** Represents party in interest.**

**JETTA OPERATING COMPANY EMPLOYEE PROFIT SHARING PLAN**
**401(k) Plan**
**Federal Identification Number – 75-2431614**
**Plan Number: 001**
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**
**December 31, 2019**

| | (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (C) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value | (e) Current Value |
|---|---|---|---|---|
| | | BROKERAGE LINK MUTUAL FUNDS | Mutual Fund | $ 392,897 |
| | | HTFD INTL OPPS R6 | Mutual Fund, 14425.269 shares | $ 248,403 |
| | | GLENMEDE LGCPCORE IS | Mutual Fund, 23439.752 shares | $ 646,703 |
| | | INVESCO DIVRS DIV R6 | Mutual Fund, 1815.077 shares | $ 37,699 |
| | | COL EMRG MKT I3 | Mutual Fund, 15177.959 shares | $ 217,500 |
| | | MFS GROWTH R6 | Mutual Fund, 20177.137 shares | $ 2,580,656 |
| | | WF SM CO GROWTH R6 | Mutual Fund, 19883.494 shares | $ 1,105,721 |
| | | WF SPL MID CP VAL R6 | Mutual Fund, 11146.275 shares | $ 470,596 |
| | | MFS MID CAP GRTH R6 | Mutual Fund, 78207.618 shares | $ 1,764,364 |
| | | WF SPL SM CAP VAL R6 | Mutual Fund, 12310.849 shares | $ 444,422 |
| | * | FID FDM IDX INC INV | Mutual Fund, 15768.643 shares | $ 187,174 |
| | * | FID FDM IDX 2005 INV | Mutual Fund, 836.044 shares | $ 10,910 |
| | * | FID FDM IDX 2010 INV | Mutual Fund, 124.333 shares | $ 1,629 |
| | * | FID FDM IDX 2020 INV | Mutual Fund, 193767.465 shares | $ 2,889,073 |
| | * | FID FDM IDX 2025 INV | Mutual Fund, 163618.62 shares | $ 2,696,435 |
| | * | FID FDM IDX 2030 INV | Mutual Fund, 353828.056 shares | $ 6,050,460 |
| | * | FID FDM IDX 2035 INV | Mutual Fund, 89901.619 shares | $ 1,654,190 |
| | * | FID FDM IDX 2040 INV | Mutual Fund, 191442.107 shares | $ 3,497,647 |
| | * | FID FDM IDX 2045 INV | Mutual Fund, 74171.704 shares | $ 1,404,812 |
| | * | FID FDM IDX 2050 INV | Mutual Fund, 81214.492 shares | $ 1,541,451 |
| | * | FID FDM IDX 2065 INV | Mutual Fund, 256.281 shares | $ 2,727 |
| | * | FID FDM IDX 2015 INV | Mutual Fund, 264990.842 shares | $ 3,672,773 |
| | * | FID US BOND IDX | Mutual Fund, 17086.245 shares | $ 203,497 |
| | * | FID 500 INDEX | Mutual Fund, 30544.105 shares | $ 3,421,551 |
| | * | FID FDM IDX 2055 INV | Mutual Fund, 32786.659 shares | $ 510,488 |
| | * | FID GLB EX US IDX | Mutual Fund, 19879.614 shares | $ 266,188 |
| | * | FID EXTD MKT IDX | Mutual Fund, 3641.179 shares | $ 237,004 |
| | * | FID FDM IDX 2060 INV | Mutual Fund, 13950.387 shares | $ 183,866 |
| | * | FA TOTAL BOND Z | Mutual Fund, 26301.572 shares | $ 286,424 |
| | * | FID FREEDOM 2020 K6 | Mutual Fund, 39702.632 shares | $ 641,198 |
| | * | FID FREEDOM 2030 K6 | Mutual Fund, 321.96 shares | $ 5,721 |
| | * | FID FREEDOM 2040 K6 | Mutual Fund, 26092.634 shares | $ 275,277 |
| | * | FID FREEDOM 2045 K6 | Mutual Fund, 8057.596 shares | $ 96,611 |
| | * | FID FREEDOM 2050 K6 | Mutual Fund, 31762.456 shares | $ 383,690 |
| | * | FID FREEDOM 2055 K6 | Mutual Fund, 34383.543 shares | $ 473,805 |
| | * | FID FREEDOM 2060 K6 | Mutual Fund, 1105.829 shares | $ 13,734 |
| | * | FID FREEDOM INC K6 | Mutual Fund, 108558.54 shares | $ 1,269,049 |
| | | | | $ 39,786,346 |
| | | CORPORATE COMMON STOCK | Non-Employer Corporate Common Stock | $ 696,193 |
| | | | | $ 696,193 |
| | | GABELLI UST MM AAA | Interest Bearing Cash Account | $ 297,579 |
| | * | BROKERAGE LINK CASH | Interest Bearing Cash Account | $ 164,257 |
| | | | | $ 461,836 |
| | * | NON INTEREST BEARING CASH | Non-interest Bearing Cash Account | $ 515 |
| | | | | $ 515 |
| | * | Note Receivable from participants | Loans to participants, interest rates ranging from 3.00% to 3.50%, various maturities | $ 211,548 |
| | | | | $ 211,548 |
| | | Total Assets | | $ 41,156,439 |

*** Represents party in interest.**

**JETTA OPERATING COMPANY EMPLOYEE PROFIT SHARING PLAN**
**401(k) Plan**
**Federal Identification Number – 75-2431614**
**Plan Number: 001**
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**
**December 31, 2020**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (C) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value | (e) Current Value |
|---|---|---|---|
| * | BROKERAGE LINK MUTUAL FUNDS | Mutual Fund | $ 3,628,089 |
| | HTFD INTL OPPS R6 | Mutual Fund, 8095.134 shares | $ 167,165 |
| | GLENMEDE LGCPCORE IS | Mutual Fund, 24565.535 shares | $ 664,252 |
| | INVESCO DIVRS DIV R6 | Mutual Fund, 6749.832 shares | $ 134,727 |
| | COL EMRG MKT I3 | Mutual Fund, 16086.16 shares | $ 305,315 |
| | MFS GROWTH R6 | Mutual Fund, 18288.071 shares | $ 2,972,360 |
| | WF SM CO GROWTH R6 | Mutual Fund, 2437.141 shares | $ 151,663 |
| | WF SPL MID CP VAL R6 | Mutual Fund, 2910.226 shares | $ 126,042 |
| | MFS MID CAP GRTH R6 | Mutual Fund, 4796.121 shares | $ 145,754 |
| | WF SPL SM CAP VAL R6 | Mutual Fund, 6077.651 shares | $ 221,227 |
| * | FID FDM IDX INC INV | Mutual Fund, 16124.082 shares | $ 203,163 |
| * | FID FDM IDX 2010 INV | Mutual Fund, 77.016 shares | $ 1,085 |
| * | FID FDM IDX 2020 INV | Mutual Fund, 140372.626 shares | $ 2,297,900 |
| * | FID FDM IDX 2025 INV | Mutual Fund, 61041.091 shares | $ 1,114,610 |
| * | FID FDM IDX 2030 INV | Mutual Fund, 149150.721 shares | $ 2,844,304 |
| * | FID FDM IDX 2035 INV | Mutual Fund, 78913.641 shares | $ 1,640,615 |
| * | FID FDM IDX 2040 INV | Mutual Fund, 209780.808 shares | $ 4,371,832 |
| * | FID FDM IDX 2045 INV | Mutual Fund, 73484.228 shares | $ 1,587,994 |
| * | FID FDM IDX 2050 INV | Mutual Fund, 75633.371 shares | $ 1,638,219 |
| * | FID FDM IDX 2065 INV | Mutual Fund, 189.867 shares | $ 2,309 |
| * | FID FDM IDX 2015 INV | Mutual Fund, 211338.922 shares | $ 3,180,651 |
| * | FID US BOND IDX | Mutual Fund, 22785.525 shares | $ 283,680 |
| * | FID 500 INDEX | Mutual Fund, 34161.161 shares | $ 4,446,758 |
| * | FID FDM IDX 2055 INV | Mutual Fund, 38024.949 shares | $ 676,464 |
| * | FID GLB EX US IDX | Mutual Fund, 23837.325 shares | $ 347,310 |
| * | FID EXTD MKT IDX | Mutual Fund, 5111.246 shares | $ 426,687 |
| * | FID FDM IDX 2060 INV | Mutual Fund, 9841.789 shares | $ 148,217 |
| * | FA TOTAL BOND Z | Mutual Fund, 30471.845 shares | $ 344,332 |
| * | FID FREEDOM 2030 K6 | Mutual Fund, 345.01 shares | $ 6,628 |
| * | FID FREEDOM 2040 K6 | Mutual Fund, 29415.856 shares | $ 344,460 |
| * | FID FREEDOM 2045 K6 | Mutual Fund, 11039.497 shares | $ 147,819 |
| * | FID FREEDOM 2050 K6 | Mutual Fund, 35709.897 shares | $ 482,441 |
| * | FID FREEDOM 2055 K6 | Mutual Fund, 37417.9729999999 shares | $ 581,101 |
| * | FID FREEDOM 2060 K6 | Mutual Fund, 1402.87 shares | $ 19,724 |
| * | FID FREEDOM INC K6 | Mutual Fund, 107674.337 shares | $ 1,311,473 |
| | | | $ 36,966,369 |
| | CORPORATE COMMON STOCK | Non-Employer Corporate Common Stock | $ 1,667,204 |
| | | | $ 1,667,204 |
| | GABELLI UST MM AAA | Interest Bearing Cash Account | $ 221,802 |
| * | BROKERAGE LINK CASH | Interest Bearing Cash Account | $ 216,490 |
| | | | $ 438,292 |
| * | BROKERAGE LINK WARRANTS | Other Asset | $ 712 |
| | | | $ 712 |
| * | Note Receivable from participants | Loans to participants, interest rates ranging from 3.00% to 3.50%, various maturities | $ 200,231 |
| | | | $ 200,231 |
| | Total Assets | | $ 39,272,807 |

*** Represents party in interest.**