

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ a single-employer plan </div> <div> ☐ a DFE (specify) ____ </div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan <u>ETHOENERGY PENSION PLAN FOR UNION EMPLOYEES</u>	1b	Three-digit plan number (PN) ▶ <u>002</u>
		1c	Effective date of plan <u>05/06/2014</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ETHOENERGY, GTS HOLDINGS (US), LLC</u> <u>SANDRA CALVERT</u> <u>2800 NORTH LOOP WEST, SUITE 1100</u> <u>HOUSTON, TX 77092</u>		
		2b	Employer Identification Number (EIN) <u>76-0466008</u>
		2c	Plan Sponsor's telephone number <u>713-812-2312</u>
		2d	Business code (see instructions) <u>811310</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	SANDRA CALVERT
	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

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 123
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 34 6a(2) 29 6b 38 6c 43 6d 110 6e 13 6f 123 6g 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: 1B 1C b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ETHOSENERGY, GTS HOLDINGS (US), LLC	D Employer Identification Number (EIN) 76-0466008
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2020			
2	Assets:			
a	Market value	2a	7039395	
b	Actuarial value	2b	7039395	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment.....	47	3117794	3117794
b	For terminated vested participants.....	40	1314491	1314491
c	For active participants	34	2385030	2385030
d	Total.....	121	6817315	6817315
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a	Funding target disregarding prescribed at-risk assumptions		4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5	Effective interest rate	5	5.42 %	
6	Target normal cost.....	6	149333	

Statement by Enrolled Actuary	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	
Signature of actuary	10/12/2021
DAVID A. SAWYER	Date
Type or print name of actuary	20-06271
DEFINITI	Most recent enrollment number
Firm name	281-286-1100
2201 TIMBERLOCH PLACE, SUITE 150 THE WOODLANDS, TX 77380	Telephone number (including area code)
Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>20.78</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		224
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.57</u> %		12
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		236
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	103.25 %
15 Adjusted funding target attainment percentage	15	103.25 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.27 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/16/2020	62600				
07/09/2020	62600				
Totals ▶			18(b)	125200	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	122828

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.64 %2nd segment:
5.21 %3rd segment:
5.94 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

61

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)..... **31a** 149333**b** Excess assets, if applicable, but not greater than line 31a **31b** 149333**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 122828**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 122828**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ETHOSENERGY, GTS HOLDINGS (US), LLC	D Employer Identification Number (EIN) 76-0466008	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

(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)

BURGESS CHAMBERS & ASSOC INC

59-2878619

(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	NONE	35568	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RICHMOND CAPITAL MANAGEMENT INC

54-1288566

(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	NONE	14243	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RETIREMENT HORIZONS INCORPORATED

76-0551734

(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?
11	NONE	20650	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)

WHITTLESEY PC

06-0903326

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	10500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB BANK

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25	NONE	7017	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 ETHOSENERGY, GTS HOLDINGS (US), LLC	D Employer Identification Number (EIN) 76-0466008	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	170000	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	117935	126994
(2) U.S. Government securities	1c(2)	281480	306352
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	4609150	3968278
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1706051	3316528
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	161182	139804

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7045798	7857956

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	7045798	7857956
--	-----------	---------	---------

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)	125200	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		125200
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	201857	
(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)		
(F) Other	2b(1)(F)	9162	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		211019
(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)	36581	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		36581
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2402687	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2371085	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		31602
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	864430	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		864430

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1268832

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	287980	
(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)		287980
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		1504
i Administrative expenses: (1) Professional fees	2i(1)	31150	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	56828	
(4) Other.....	2i(4)	79212	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		167190
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		456674

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		812158
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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: **WHITESEY PC**

(2) EIN: **06-0903326**

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:

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.)

	Yes	No	Amount
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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4311099</u> .			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ETHOSENERGY, GTS HOLDINGS (US), LLC		D Employer Identification Number (EIN) 76-0466008
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 94-1737782		
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 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

14a**14b****14c**

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

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

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

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year.....

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16a**16b**

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

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

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

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

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

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

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

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

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

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

**THE ETHOSENERGY PENSION PLAN FOR
UNION EMPLOYEES**

Independent Auditors' Report
Financial Statements
and Supplemental Schedules

December 31, 2020 and 2019



ASSURANCE | ADVISORY | TAX | TECHNOLOGY

THE ETHOS ENERGY PENSION PLAN FOR UNION EMPLOYEES

Table of Contents

December 31, 2020 and 2019

Independent Auditors' Report.....	1 - 2
Financial Statements:	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits.....	4
Statement of Accumulated Plan Benefits	5
Statement of Changes in Accumulated Plan Benefits	6
Notes to Financial Statements	7 - 13
Supplemental Schedules:	
Schedule of Assets (Held at End of Year).....	14 - 16
Schedule of Reportable Transactions.....	17

**Other schedules required by 29 CFR 2520.103 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act ("ERISA") of 1974 have been omitted because they are not required or applicable.

INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of
EthosEnergy Pension Plan for Union Employees

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of EthosEnergy Pension Plan for Union Employees (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2019, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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 9, which was certified by Charles Schwab Bank, 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 a certification 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.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2020 and Schedule of Reportable Transactions for the year ended December 31, 2020 are required by the Department of Labor's 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, 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.

A handwritten signature in black ink that reads "R. Whittlesey PC". The signature is written in a cursive, flowing style.

Hartford, Connecticut
October 14, 2021

THE ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Assets:		
Investments, at fair value:		
Registered investment companies (mutual funds)	\$ 2,951,492	\$ 1,706,051
Money market fund	126,994	117,935
Exchange traded fund	365,036	-
Corporate bonds	3,968,278	4,609,150
Government securities	306,352	281,480
Municipal bonds	<u>139,804</u>	<u>161,182</u>
 Total investments, at fair value	<u>7,857,956</u>	<u>6,875,798</u>
 Receivables:		
Employer contributions	<u>-</u>	<u>170,000</u>
 Net assets available for benefits	<u><u>\$ 7,857,956</u></u>	<u><u>\$ 7,045,798</u></u>

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

THE ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31, 2020 and 2019

	2020	2019
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 896,032	\$ 1,002,258
Dividends and interest	247,600	243,845
	<u>1,143,632</u>	<u>1,246,103</u>
Contributions:		
Employer	125,200	270,000
	<u>1,268,832</u>	<u>1,516,103</u>
Deductions:		
Benefits paid	287,980	264,292
Administrative expenses	167,190	126,516
Interest expense	1,504	1,880
	<u>456,674</u>	<u>392,688</u>
Net increase	812,158	1,123,415
Net assets available for benefits:		
Beginning of the year	<u>7,045,798</u>	<u>5,922,383</u>
End of the year	<u>\$ 7,857,956</u>	<u>\$ 7,045,798</u>

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

THE ETHOS ENERGY PENSION PLAN FOR UNION EMPLOYEES

Statement of Accumulated Plan Benefits

December 31, 2019

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 2,889,615
Other participants	<u>3,455,552</u>
	6,345,167

Nonvested benefits	<u>33,609</u>
--------------------	---------------

Total actuarial present value of accumulated plan benefits	<u><u>\$ 6,378,776</u></u>
--	----------------------------

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

THE ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES

Statement of Changes in Accumulated Plan Benefits

For the year ended December 31, 2019

Actuarial present value of accumulated plan benefits at beginning of year	\$ 6,262,519
Increase/(decrease) during the year attributable to:	
Benefits accumulated	32,688
Decrease in the discount period	367,822
Changes in actuarial assumptions	(19,961)
Benefits paid	<u>(264,292)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 6,378,776</u>

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

THE ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES

Notes to Financial Statements

December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN

General

EthosEnergy Pension Plan for Union Employees (the “Plan”) was established May 6, 2014. The Plan is a defined benefit plan, which provides for retirement and death benefits to employees of EthosEnergy GTS Holdings (US), LLC. (the “Plan Sponsor” or “Employer”) which is a member of the United Brotherhood of Carpenters and Joiners of America Local Union Number 724, as described in the Plan document. The Plan is a continuation of the participation and benefits provided for the benefit of participants under a predecessor pension plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. Participants should refer to the Plan document and related amendments for a more complete description of the Plan’s provisions.

The Employer is the Administrator of the Plan. The primary responsibility of the Administrator is to administer the Plan for the exclusive benefit of the participants and their beneficiaries, subject to the specific terms of the Plan.

Eligibility

Any employee who 1) is a member of the United Brotherhood of Carpenters and Joiners of America Local Union Number 724; 2) is working for EthosEnergy GTS Holdings (US), LLC; 3) has completed 1,000 hours of service within 12 consecutive months of service; and 4) has attained age 21 is eligible to participate in the Plan. The service requirement is waived for former participants of the Siemens Pension Plan for Union Employees whose liability and assets were merged into this Plan, and who were employed on May 6, 2014. Such eligible employees entered the Plan on May 6, 2014.

Vesting

The Plan generally provides 100% vesting to participants after 5 years of credited service, as defined. The Plan also allows for a Top-Heavy vesting schedule if the Plan ever becomes a Top Heavy Plan. Participants should refer to the Plan document for a more complete description of the Plan’s vesting provisions under top heavy Plan years.

Funding Policy

The Plan’s funding policy is for the Employer to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During the years ended December 31, 2020 and 2019, Employer contributions were \$125,200 and \$270,000, respectively.

Although it has not expressed any intention to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

Retirement Benefits

Normal Retirement Benefit

The amount of monthly retirement benefit to be provided for each participant who retires on the participant's normal retirement date (attained the age of 65 or the 5th anniversary of joining the Plan, if later) shall be equal to the participant's accrued benefit. An active participant's accrued benefit is based on a retirement benefit formula equal to \$42.00 per month for each Plan year of service, up to a maximum of 35 years, with the Employer. As provided per the Plan document, in no event shall a participant's accrued benefit as of May 6, 2014 for former participants of the Siemens Pension Plan be less than the participant's accrued benefit as of May 6, 2014, as determined under the Siemens Pension Plan for Union Employees.

Early Retirement

A participant may elect to retire on an early retirement date (attained the age of 55 and completed at least 15 years of Plan years of service). In the event that a participant makes such an election, such participant shall be entitled to receive an early retirement benefit equal to the participant's accrued benefit payable at the participant's normal retirement date. However, if a participant so elects, such Participant may receive payment of an early retirement benefit commencing on the first day of the month coinciding with or next following the participant's early retirement date, which early retirement benefit shall equal the actuarial equivalent of the participant's accrued benefit.

Death and Disability Benefits

The death benefit provided under this Plan shall be the minimum spouse's death benefit provided per the Plan document. The beneficiary of the death benefit shall be the participant's spouse, who shall receive such benefit in the form of a pre-retirement survivor annuity, as defined in the Plan document. For purposes of this benefit, the spouse must have been legally married to the Participant for at least one year prior to the participant's death. No disability benefits, other than those payable upon termination of employment, are provided by the Plan.

Payment of Benefits

Unless otherwise elected as provided, a participant who is married on the date monthly benefit payments commence, and who does not die before the date monthly benefit payments commence shall receive monthly retirement benefits in the form of a joint and survivor annuity. The joint and survivor annuity is an annuity that commences immediately and shall be the actuarial equivalent of the participant's accrued benefit. Such joint and survivor benefits following the participant's death shall continue to the spouse during the spouse's lifetime at a rate equal to 50% of the rate at which such benefits were payable to the participant.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Pension Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and trustee. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/(depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants or beneficiaries are recorded upon distribution.

Expenses

The Plan's expenses are paid either by the Plan or the Employer, as provided by the Plan document. Expenses that are paid directly by the Employer are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in appreciation/(depreciation) of fair value investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Plan monitored and evaluated subsequent events from December 31, 2020 through October 14, 2021, the date on which financial statements were available to be issued.

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' vested months of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2019 were (a) life expectancy of participants using the Pri-2012 base mortality with MP-2019 projection scale, (b) retirement age assumptions (the assumed average retirement age was 65), and (c) investment return. The interest rate used to discount the obligation for 2019 was 6.00% percent, which included anticipated administrative expenses associated with providing benefits. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE 4 – PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- 1) to provide pensions to retired participants who have retired under the Plan prior to its termination without reference to the order of retirement;
- 2) to provide normal retirement benefits to participants who have reached their normal retirement dates but have not retired on the date of termination, without reference to the order in which they shall have reached their normal retirement date;
- 3) to provide normal retirement benefits to participants who have not yet reached their normal retirement date on the date of termination, without reference to the order in which they will reach their normal retirement date. Such benefits will be based upon accrued benefits as of the date of termination. The balance, if any, of the assets due to erroneous actuarial computation held by the trust fund after such allocation shall be returned to the Employer, but only after the satisfaction of all liabilities with respect to Participants and pensions under the Plan.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE 5 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (“FASB”) *Accounting Standards Codification* (“ASC”) 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access;
- Level 2 Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability;
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Registered investment companies (mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (“NAV”) and transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market fund: Valued at the daily closing price as reported by the money market fund. The money market fund held by the Plan is an open-end fund that is registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and transact at that price, which approximates \$1. The money market fund held by the Plan is deemed to be actively traded.

Exchange traded fund: Valued at fair value using quoted market prices on an exchange. Exchange traded fund (“ETF”) market prices may be higher or lower than the NAV at any given point in time. NAV is calculated once per day. Market returns are based upon the closing price of the primary listing exchange and may not represent the returns if shares were traded at other times.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Government securities and municipal bonds: Valued using pricing models maximizing the use of observable inputs for similar securities.

NOTE 5 – FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of December 31,:

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Registered investment companies (mutual funds)	\$ 2,951,492	\$ -	\$ -	\$ 2,951,492
Money market fund	126,994	-	-	126,994
Exchange traded fund	365,036	-	-	365,036
Corporate bonds	-	3,968,278	-	3,968,278
Government securities	-	306,352	-	306,352
Municipal bonds	-	139,804	-	139,804
Total investments, at fair value	<u>\$ 3,443,522</u>	<u>\$ 4,414,434</u>	<u>\$ -</u>	<u>\$ 7,857,956</u>

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Registered investment companies (mutual funds)	\$ 1,706,051	\$ -	\$ -	\$ 1,706,051
Money market fund	117,935	-	-	117,935
Corporate bonds	-	4,609,150	-	4,609,150
Government securities	-	281,480	-	281,480
Municipal bonds	-	161,182	-	161,182
Total investments, at fair value	<u>\$ 1,823,986</u>	<u>\$ 5,051,812</u>	<u>\$ -</u>	<u>\$ 6,875,798</u>

NOTE 6 – 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 investments securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated Plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

In March 2020, the World Health Organization categorized Coronavirus Disease 2019 (“COVID-19”) as a pandemic, and the President of the United States declared COVID-19 outbreak a national emergency. The COVID-19 pandemic has led to volatility in financial markets and has affected, and may continue to affect, the market price of Plan assets. The potential economic impact brought by, and the duration of COVID-19 is difficult to assess or predict and will depend on future developments that are highly uncertain and cannot be predicted.

NOTE 7 – TAX STATUS

The Internal Revenue Service has determined and informed the Employer by a letter dated November 2, 2016, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan’s tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and is tax-exempt.

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 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.

NOTE 8 – RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain assets are managed by Charles Schwab Bank (“Charles Schwab”). Charles Schwab is the trustee of the Plan, and therefore, transactions processed qualify as party-in-interest transactions. Fees paid by the Plan to Charles Schwab in aggregate totaled \$35,568 and \$32,071 for the years ended December 31, 2020 and 2019, respectively. Certain investment related expenses are credited directly against the return on those investments.

NOTE 9 – CERTIFIED INFORMATION

Certain information related to assets disclosed in the accompanying financial statements and supplemental schedules, including total investments, at fair value, at December 31, 2020 and 2019, and net appreciation in fair value of investments and dividends and interest for the years then ended, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Charles Schwab.

NOTE 10 – ADJUSTED FUNDING TARGET ATTAINMENT PERCENTAGE

The Pension Protection Act of 2006 as amended by the Worker, Retiree and Employer Recovery Act of 2008 imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The “At-Risk” status is referred to as the Funding Target Attainment Percentage. A plan’s funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (“AFTAP”). The December 31, 2020 AFTAP for the Plan is 103.25%. Because the Plan’s AFTAP exceeds 80%, the Plan is not subject to any benefit restrictions.

SUPPLEMENTAL SCHEDULES

THE ETHOS ENERGY PENSION PLAN FOR UNION EMPLOYEES

EIN: 76-0466008, Plan #002
Form 5500, 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, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Registered investment companies (mutual funds):				
	Fidelity	500 Index Fund	\$ 2,069,606	\$ 2,532,426
	American Funds	Europacific Growth R6	355,696	419,066
Total registered investment companies (mutual funds)			2,425,302	2,951,492
Money market fund:				
*	Charles Schwab	Money Market Fund	126,994	126,994
Exchange traded fund:				
*	Charles Schwab	U.S. Mid-Cap ETF	326,144	365,036
Corporate bonds:				
	Aetna Inc.	Corporate Bond 6.63% 6/15/36	71,060	73,841
	Aflac Inc.	Corporate Bond 6.90% 12/17/39	57,802	61,515
	Alabama Power Company	Corporate Bond 5.5% 3/15/41	54,754	56,523
	Allstate Corporation	Corporate Bond 4.5% 6/15/43	57,273	67,040
	Altria Group Inc.	Corporate Bond 9.95% 11/10/38	88,566	82,795
	American Express	Corporate Bond 4.05% 12/03/42	51,613	63,828
	Amgen Inc.	Corporate Bond 5.65% 6/15/42	75,306	84,950
	Apple Inc.	Corporate Bond 3.85% 5/04/43	42,935	50,753
	Archer Daniels	Corporate Bond 5.765% 3/01/41	82,713	91,908
	AT&T	Corporate Bond 6.2% 3/15/40	53,013	56,635
	AvalonBay	Corporate Bond 4.15% 7/1/47	40,971	50,419
	Bank New York	Corporate Bond 3.25% 5/16/27	48,543	56,596
	Becton Dickinson	Corporate Bond 4.69% 12/15/44	56,887	51,486
	Berkshire Hathaway	Corporate Bond 4.3% 5/15/43	56,173	65,914
	Bristol Myers Squibb	Corporate Bond 6.8% 11/15/26	55,407	52,462
	Burlington Northern	Corporate Bond 6.15% 5/01/37	56,059	60,459
	Caterpillar Inc.	Corporate Bond 4.3% 5/15/44	39,950	50,564
	Chubb Corporation	Corporate Bond 6.5% 5/15/38	88,565	95,308
	Cintas Corporation	Corporate Bond 3.7% 4/1/27	24,792	28,770
	Citigroup Inc.	Corporate Bond 6.875% 98	70,596	82,060
	Colgate-Palmolive Corporation	Corporate Bond 4% 8/15/45	44,381	60,334
	Columbus Southern	Corporate Bond 5.85% 10/1/35	59,025	71,333
	Comcast Corporation	Corporate Bond 6.5% 11/15/35	63,664	76,963
	Commonwealth Edison	Corporate Bond 4.7% 1/15/44	29,630	33,366
	Conocophillips	Corporate Bond 8.1250% 2/15/30	38,339	36,762
	CSX Corporation	Corporate Bond 5.5% 4/15/41	64,829	69,808
	Deer & Co.	Corporate Bond 8.1000% 5/15/30	39,972	38,015

THE ETHOS ENERGY PENSION PLAN FOR UNION EMPLOYEES

EIN: 76-0466008, Plan #002
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) - *Continued*

December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(e) Current Value
			(d) Cost		
Corporate bonds (continued):					
	Duke Energy	Corporate Bond 6.1% 6/01/37	\$	55,857	\$ 58,761
	Enterprise Productions	Corporate Bond 5.100% 2/15/45		41,974	50,519
	Equitable Cos Inc.	Corporate Bond 7% 4/01/28		81,552	80,431
	Exxon Mobil Corp.	Corporate Bond 3.567% 3/06/45		55,329	62,825
	Fedex Corporation	Corporate Bond 5.1% 1/15/44		29,081	33,397
	Florida Power	Corporate Bond 5.95% 2/01/38		72,228	74,776
	General Dynamics	Corporate Bond 3.6% 11/15/42		51,116	60,888
	General Electric Co.	Corporate Bond 5.95% 2/01/38		88,453	87,803
	General Mills Inc.	Corporate Bond 4.15% 2/15/43		44,630	62,787
	Goldman Sachs	Corporate Bond 6.75% 10/01/37		61,886	63,649
	IBM	Corporate Bond 4% 6/20/42		77,713	86,914
	Johnson & Johnson	Corporate Bond 3.7% 3/1/46		64,229	63,749
	Kimberly-Clark	Corporate Bond 6.6250% 8/01/37		74,384	81,715
	Lockheed Martin	Corporate Bond 4.85% 9/15/41		60,545	65,838
	Magellan Midstreet	Corporate Bond 5.15% 10/15/43		53,252	63,218
	Markel Corporation	Corporate Bond 5% 3/30/43		56,915	61,862
	Mass Institutional Tech MTN	Corporate Bond 5.6% 7/01/11		70,963	87,424
	Mckesson Corporation	Corporate Bond 4.883% 3/15/44		48,653	50,199
	Metlife Inc.	Corporate Bond 6.5% 12/15/32		70,544	75,871
	Microsoft Corporation	Corporate Bond 4% 2/12/55		39,847	54,877
	Morgan Stanely	Corporate Bond 3.875% 4/29/24		53,244	55,266
	Parker Hannifin	Corporate Bond 6.2500% 5/15/38		87,166	87,142
	Pfizer Inc.	Corporate Bond 7.2000% 3/15/39		78,134	85,780
	Qualcomm Inc	Corporate Bond 4.3% 5/20/47		40,704	54,168
	Shell International	Corporate Bond 4.375% 5/11/45		65,085	78,939
	Spectra Energy	Corporate Bond 5.95% 9/25/43		24,008	25,939
	Sysco Corporation	Corporate Bond 6.5% 8/01/28		34,477	30,963
	Union Pacific Company	Corporate Bond 4.1500% 01/15/45		44,806	48,861
	United Parcel Service	Corporate Bond 6.2% 1/15/38		58,466	65,769
	United Tech Corporation	Corporate Bond 5.7% 4/15/40		53,836	58,150
	University PA Trustees	Corporate Bond 4.674% 9/01/12		59,800	71,647
	Verizon Commounications Inc.	Corporate Bond 6.55% 9/15/43		46,307	67,103
	Virginia Electric	Corporate Bond 8.8750% 11/15/38		106,412	109,621
	Wells Fargo Co.	Corporate Bond 5.375% 11/02/43		60,099	69,365
	Wisconsin Electric Power	Corporate Bond 4.25% 6/01/44		56,839	61,655
Total corporate bonds				3,581,352	3,968,278

THE ETHOS ENERGY PENSION PLAN FOR UNION EMPLOYEES

EIN: 76-0466008, Plan #002
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) - *Continued*

December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Government securities:				
	U.S. Treasury	U.S. Treasury Bond Stripped Principal	\$ 214,576	\$ 306,352
Municipal bonds:				
	State of New Jersey	New Jersey State Bond 7.1% 41	75,898	81,645
	State of Ohio	Ohio State University Bond 4.8% 6/01/11	47,538	58,159
	Total municipal bonds		123,436	139,804
	Total investments, at fair value		\$ 6,797,804	\$ 7,857,956

* Denotes a party-in-interest.

The above information was derived from data that has been certified as complete and accurate by the trustee of the Plan.

THE ETHOS ENERGY PENSION PLAN FOR UNION EMPLOYEES

EIN: 76-0466008, Plan #002
Form 5500, Schedule H, Line 4j

Schedule of Reportable Transactions

For the year ended December 31, 2020

<u>(a)</u>	<u>(b)</u>		<u>(c)</u>	<u>(d)</u>	<u>(g)</u>	<u>(h)</u>	<u>(i)</u>
Identity of Party	Description of Assets	Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/ (Loss)
<u>Category (iii) -- series of transactions in excess of 5 percent of plan assets</u>							
* Charles Schwab	Money Market Fund	Various	\$ 1,058,473	\$ 2,107,887	\$ 2,107,887	\$ 2,107,887	\$ -
* Charles Schwab	U.S. Mid-Cap ETF	Various	350,052	375,101	373,959	375,101	1,142
Fidelity	500 Index	Various	743,354	793,309	787,400	793,309	5,909

There were no category (i), (ii) or (iv) reportable transactions during 2020.

* Denotes a party-in-interest.

The above information was derived from data that has been certified as complete and accurate by the trustee of the Plan.

Headquarters

280 Trumbull Street, 24th Floor
Hartford, CT 06103
860.522.3111

One Hamden Center
2319 Whitney Avenue, Suite 2A
Hamden, CT 06518
203.397.2525

14 Bobala Road, 3rd Floor
Holyoke, MA 01040
413.536.3970

WAdvising.com



ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA

Attained Age	Completed Years of Credited Service on January 1, 2020										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	1	1	0	0	0	0	0	0	2
35-39	0	0	0	1	0	0	0	0	0	0	1
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	1	8	1	0	1	0	0	0	11
50-54	0	0	1	1	0	1	1	0	0	0	4
55-59	0	1	0	1	3	1	0	1	0	0	7
60-64	0	0	0	1	0	3	1	0	0	1	6
65-69	0	0	0	2	0	0	0	0	0	0	2
70 & up	0	0	0	0	0	0	0	0	0	1	1
Total	0	1	3	15	4	5	3	1	0	2	34

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Economic Assumptions

PPA Funding Target – After BBA	Segment with 4-month lookback
• First Segment Rate	3.64% per annum
• Second Segment Rate	5.21% per annum
• Third Segment Rate	5.94% per annum
• Effective Rate	5.42% per annum
Salary Scale	Not applicable
Cash Balance Interest Crediting Rate	2.12%

Demographic Assumptions

Mortality Rates	Separate static mortality tables for males and females as prescribed in §1.430(h)(3)-1 for the 2020 plan year.
-----------------	--

Retirement Age:

➤ Actives	Percentage of employees retiring during the year of age shown.
-----------	--

<u>Age</u>	<u>Rate</u>
55	5.00%
56	5.00%
57	8.00%
58	8.00%
59	10.00%
60	10.00%
61	15.00%
62	30.00%
63	20.00%
64	10.00%
65	100.00%

➤ Vested Terminations	Age 65 benefit commencements.
-----------------------	-------------------------------

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Turnover Rates:

Percentage of employees terminating during the
year of age shown.

<u>Age</u>	<u>Rate</u>
20	0.00%
21	19.20%
22	19.20%
23	18.00%
24	17.20%
25	16.00%
26	15.20%
27	14.40%
28	13.20%
29	12.40%
30	11.60%
31	11.20%
32	10.40%
33	9.60%
34	8.80%
35	8.40%
40	6.00%
41	5.60%
42	5.20%
43	4.80%
44	4.80%
45	4.40%
46	4.40%
47	4.00%
48	4.00%
49	4.00%
50+	4.00%

Disability Rates:

None Assumed.

Marriage Assumptions

80% married, with husbands 3 years older than
wives.

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Other Assumptions

Form of Payment	100% of cash balance participants are assumed to elect a lump sum payment. 100% of all other future retirees are assumed to elect a single life annuity.
Administrative Expenses	\$79,300 expected for the 2020 plan year.
Maximum Benefit (Limited under IRC Sec. 415)	\$230,000 for 2020.
Change in Funding Assumptions	The Cash Balance Interest Crediting Rate was updated from 3.04% to 2.12%. The Administrative Expenses assumption was increased from \$77,000 to \$79,300. The segment rates and mortality assumption have been updated as prescribed in IRS regulations.

Methods

Asset Valuation Method	The value of plan assets is equal to the fair value. For the ERISA funding valuation, discounted receivable contributions are added to the fair value of assets.
Unit Credit Actuarial Cost Method	The <u>Unit Credit Actuarial Cost Method</u> is used to determine the Funding Target (FT) for PPA funding purpose. The normal cost for each employee is the present value of the benefit which accrues during that current year. The total normal cost is the sum of the normal costs for all active participants plus expected administrative expenses.
Change in Methods	No changes from the prior year.

THE ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES

EIN: 76-0466008, Plan #002

Form 5500, Schedule H, Line 4j

Schedule of Reportable Transactions

For the year ended December 31, 2020

<u>(a)</u>	<u>(b)</u>		<u>(c)</u>	<u>(d)</u>	<u>(e)</u>	<u>(f)</u>	<u>(g)</u>
Identity of Party	Description of Assets	Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/ (Loss)
<u>Category (iii) -- series of transactions in excess of 5 percent of plan assets</u>							
* Charles Schwab	Money Market Fund	Various	\$ 1,058,473	\$ 2,107,887	\$ 2,107,887	\$ 2,107,887	\$ -
* Charles Schwab	U.S. Mid-Cap ETF	Various	350,052	375,101	373,959	375,101	1,142
Fidelity	500 Index	Various	743,354	793,309	787,400	793,309	5,909

There were no category (i), (ii) or (iv) reportable transactions during 2020.

* Denotes a party-in-interest.

The above information was derived from data that has been certified as complete and accurate by the trustee of the Plan.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

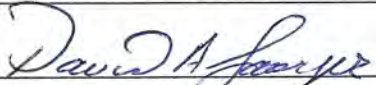
A Name of plan EthosEnergy Pension Plan for Union Employees		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EthosEnergy, GTS Holdings (US), LLC		D Employer Identification Number (EIN) 76-0466008	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2020</u>			
2 Assets:			
a Market value		2a	7039395
b Actuarial value		2b	7039395
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	47	3117794	3117794
b For terminated vested participants.....	40	1314491	1314491
c For active participants	34	2385030	2385030
d Total.....	121	6817315	6817315
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate	5	5.42%	
6 Target normal cost.....	6	149333	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		10/12/2021
	Signature of actuary David A. Sawyer	Date 20-06271
Type or print name of actuary Definiti		Most recent enrollment number (281) 286-1100
Firm name 2201 Timberloch Place, Suite 150		Telephone number (including area code)
The Woodlands, TX 77380		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

**Schedule SB (Form 5500) 2020
v. 200204**

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>20.78</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		224
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.57</u> %		12
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		236
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	103.25 %
15	Adjusted funding target attainment percentage	15	103.25 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03-16-2020	62600				
07-09-2020	62600				
Totals ►			18(b)	125200	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0		
b Contributions made to avoid restrictions adjusted to valuation date	19b 0		
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 122828		
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %
			☐ N/A, full yield curve used
b Applicable month (enter code)	21b		4
22 Weighted average retirement age	22		61
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6).....	31a	149333										
b Excess assets, if applicable, but not greater than line 31a	31b	149333										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment.....</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment.....	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment.....	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement	0	0	0									
36 Additional cash requirement (line 34 minus line 35)	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	122828										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	122828										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, LINE 19 – DISCOUNTED EMPLOYER CONTRIBUTIONS

Contribution Dates	Days After Valuation	Contribution Amounts	Effective Interest Rate	Interest Adjustment	Interest Adjusted Contributions
16-Mar-20	75	\$62,600	5.42%	(\$675)	\$61,925
09-Jul-20	190	\$62,600	5.42%	(\$1,697)	\$60,903
Total		\$125,200		(\$2,372)	\$122,828

2020 Plan Year Contributions	\$125,200
Interest Adjustment for Contributions made after the Beginning of the Plan Year	(\$2,372)
2020 Plan Year Discounted Contributions	\$122,828

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Age	Rate	Lives	Retiring	Weight
55	5.00%	100.00	5.00	2.75
56	5.00%	95.00	4.75	2.66
57	8.00%	90.25	7.22	4.12
58	8.00%	83.03	6.64	3.85
59	10.00%	76.39	7.64	4.51
60	10.00%	68.75	6.87	4.12
61	15.00%	61.87	9.28	5.66
62	30.00%	52.59	15.78	9.78
63	20.00%	36.82	7.36	4.64
64	10.00%	29.45	2.95	1.88
65	100.00%	26.51	26.51	17.23
				61.21

Terminated vested participants retire at age 65

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Effective Date	May 6, 2014
Coverage	Eligible union employees who were employed by TurboCare, Inc. prior to July 7, 2008.
Eligibility	No new entrants are eligible to participate in the plan.
Eligibility Service	All employees are eligible to participate upon attainment of age 21 and completion of one year of service.
Vesting Service	A year of service is credited for any 12 consecutive months in which 1,000 hours of service is worked, including service under the prior plan, calculated from date of hire.
Benefit Service	A year of service is credited for any 12 consecutive months in which 1,800 hours of service is worked, prorated for service over 1,000 hours and partial credit for less than 1,000 hours, calculated from date of hire. Service under the prior plan is included under the plan.
Retirement Dates:	
➤ Normal	The first day of the month coincident with or next following the later of the participant's 65 th birthday, and the 5 th anniversary of joining the Plan.
➤ Early	A participant may elect to retire early on the first day of any month after he has attained age 55 and completed 15 years of Vesting Service.
➤ Late	The first day of the month coincident with or next following the date the participant terminates employment, if such termination occurs after his Normal Retirement Date.

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

The amount of monthly retirement income for each year of Benefit Service, commencing on his normal retirement date. Multiplier was originally \$15 and increased in the future per the schedule below:

<u>Date of Termination</u>	<u>Benefit Multiplier</u>
Prior to 06/04/97	\$15.00
06/04/97 – 06/03/98	\$15.50
06/04/98 – 06/03/99	\$16.00
06/04/99 – 06/03/01	\$24.00
06/04/01 – 06/03/02	\$28.00
06/04/02 – 06/03/05	\$30.00
06/04/05 – 06/03/08	\$34.00
06/04/08 – 12/31/11	\$38.00
01/01/12 and later	\$42.00

The actuarial equivalent of the Monthly Accrued Benefit as of the date of early retirement.

The greater of the Monthly Accrued Benefit and the actuarial equivalent of the Monthly Accrued Benefit as of the Normal Retirement Date.

If a participant terminates employment after completing at least five years of Vesting Service; he will be entitled to his full Accrued Benefit payable at age 65. If such participant is eligible and elects to receive his Accrued Benefit prior to age 65, the monthly benefit will be actuarially reduced.

Upon the death of a participant, the surviving spouse is entitled to an immediate monthly life annuity equal to one-half of the Qualified Joint and Survivor Annuity which the participant had accrued to the date of his death (or, if earlier, the date of separation from service).

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

➤ Before Early Retirement Date	Upon the death of a participant, the qualifying spouse is entitled to a monthly life annuity equal to one-half of the Qualified Joint and Survivor Annuity, which the participant had accrued at the date of his death (or, if earlier, the date of separation from service), payable at the participant's 55 th birthday.
Cash Balance	
➤ Account Balance	The account is increased monthly with Interest Credits.
➤ Interest Credits	Based on 30-year Treasury rate for the August immediately preceding the plan year
Form of Pension	The Normal Form of Pension is a Life Annuity.
Contributions	The employer pays the entire cost of the retirement
Actuarial Equivalence	Applicable Mortality Table and the 417(e) segment rates for the prior November.
Lump Sum Cash Out	Benefit paid immediately to participant as a lump sum if the Actuarial Equivalent of the age 65 monthly retirement benefit payable as a Life Annuity is less than \$5,000.
Optional Forms of Payment	The optional forms of payment are as follows: <ul style="list-style-type: none">- Life Annuity- 10-Year Certain and Life Annuity- 50%, 66 2/3%, 75% or 100% Joint & Contingent Annuity- Lump Sum (Cash Balance Account only)
Prior Plan	Siemens Pension Plan for Union Employees
Change in Plan Provisions	There have been no changes since the prior plan year.

THE ETHOS ENERGY PENSION PLAN FOR UNION EMPLOYEES

EIN: 76-0466008, Plan #002
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

December 31, 2020

		(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party			
Registered investment companies (mutual funds):				
	Fidelity	500 Index Fund	\$ 2,069,606	\$ 2,532,426
	American Funds	Europacific Growth R6	355,696	419,066
Total registered investment companies (mutual funds)			2,425,302	2,951,492
Money market fund:				
*	Charles Schwab	Money Market Fund	126,994	126,994
Exchange traded fund:				
*	Charles Schwab	U.S. Mid-Cap ETF	326,144	365,036
Corporate bonds:				
	Aetna Inc.	Corporate Bond 6.63% 6/15/36	71,060	73,841
	Aflac Inc.	Corporate Bond 6.90% 12/17/39	57,802	61,515
	Alabama Power Company	Corporate Bond 5.5% 3/15/41	54,754	56,523
	Allstate Corporation	Corporate Bond 4.5% 6/15/43	57,273	67,040
	Altria Group Inc.	Corporate Bond 9.95% 11/10/38	88,566	82,795
	American Express	Corporate Bond 4.05% 12/03/42	51,613	63,828
	Amgen Inc.	Corporate Bond 5.65% 6/15/42	75,306	84,950
	Apple Inc.	Corporate Bond 3.85% 5/04/43	42,935	50,753
	Archer Daniels	Corporate Bond 5.765% 3/01/41	82,713	91,908
	AT&T	Corporate Bond 6.2% 3/15/40	53,013	56,635
	AvalonBay	Corporate Bond 4.15% 7/1/47	40,971	50,419
	Bank New York	Corporate Bond 3.25% 5/16/27	48,543	56,596
	Becton Dickinson	Corporate Bond 4.69% 12/15/44	56,887	51,486
	Berkshire Hathaway	Corporate Bond 4.3% 5/15/43	56,173	65,914
	Bristol Myers Squibb	Corporate Bond 6.8% 11/15/26	55,407	52,462
	Burlington Northern	Corporate Bond 6.15% 5/01/37	56,059	60,459
	Caterpillar Inc.	Corporate Bond 4.3% 5/15/44	39,950	50,564
	Chubb Corporation	Corporate Bond 6.5% 5/15/38	88,565	95,308
	Cintas Corporation	Corporate Bond 3.7% 4/1/27	24,792	28,770
	Citigroup Inc.	Corporate Bond 6.875% 98	70,596	82,060
	Colgate-Palmolive Corporation	Corporate Bond 4% 8/15/45	44,381	60,334
	Columbus Southern	Corporate Bond 5.85% 10/1/35	59,025	71,333
	Comcast Corporation	Corporate Bond 6.5% 11/15/35	63,664	76,963
	Commonwealth Edison	Corporate Bond 4.7% 1/15/44	29,630	33,366
	Conocophillips	Corporate Bond 8.1250% 2/15/30	38,339	36,762
	CSX Corporation	Corporate Bond 5.5% 4/15/41	64,829	69,808
	Deer & Co.	Corporate Bond 8.1000% 5/15/30	39,972	38,015

THE ETHOS ENERGY PENSION PLAN FOR UNION EMPLOYEES

EIN: 76-0466008, Plan #002
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) - *Continued*

December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(e) Current Value
			(d) Cost		
Corporate bonds (continued):					
	Duke Energy	Corporate Bond 6.1% 6/01/37	\$	55,857	\$ 58,761
	Enterprise Productions	Corporate Bond 5.100% 2/15/45		41,974	50,519
	Equitable Cos Inc.	Corporate Bond 7% 4/01/28		81,552	80,431
	Exxon Mobil Corp.	Corporate Bond 3.567% 3/06/45		55,329	62,825
	Fedex Corporation	Corporate Bond 5.1% 1/15/44		29,081	33,397
	Florida Power	Corporate Bond 5.95% 2/01/38		72,228	74,776
	General Dynamics	Corporate Bond 3.6% 11/15/42		51,116	60,888
	General Electric Co.	Corporate Bond 5.95% 2/01/38		88,453	87,803
	General Mills Inc.	Corporate Bond 4.15% 2/15/43		44,630	62,787
	Goldman Sachs	Corporate Bond 6.75% 10/01/37		61,886	63,649
	IBM	Corporate Bond 4% 6/20/42		77,713	86,914
	Johnson & Johnson	Corporate Bond 3.7% 3/1/46		64,229	63,749
	Kimberly-Clark	Corporate Bond 6.6250% 8/01/37		74,384	81,715
	Lockheed Martin	Corporate Bond 4.85% 9/15/41		60,545	65,838
	Magellan Midstreet	Corporate Bond 5.15% 10/15/43		53,252	63,218
	Markel Corporation	Corporate Bond 5% 3/30/43		56,915	61,862
	Mass Institutional Tech MTN	Corporate Bond 5.6% 7/01/11		70,963	87,424
	Mckesson Corporation	Corporate Bond 4.883% 3/15/44		48,653	50,199
	Metlife Inc.	Corporate Bond 6.5% 12/15/32		70,544	75,871
	Microsoft Corporation	Corporate Bond 4% 2/12/55		39,847	54,877
	Morgan Stanely	Corporate Bond 3.875% 4/29/24		53,244	55,266
	Parker Hannifin	Corporate Bond 6.2500% 5/15/38		87,166	87,142
	Pfizer Inc.	Corporate Bond 7.2000% 3/15/39		78,134	85,780
	Qualcomm Inc	Corporate Bond 4.3% 5/20/47		40,704	54,168
	Shell International	Corporate Bond 4.375% 5/11/45		65,085	78,939
	Spectra Energy	Corporate Bond 5.95% 9/25/43		24,008	25,939
	Sysco Corporation	Corporate Bond 6.5% 8/01/28		34,477	30,963
	Union Pacific Company	Corporate Bond 4.1500% 01/15/45		44,806	48,861
	United Parcel Service	Corporate Bond 6.2% 1/15/38		58,466	65,769
	United Tech Corporation	Corporate Bond 5.7% 4/15/40		53,836	58,150
	University PA Trustees	Corporate Bond 4.674% 9/01/12		59,800	71,647
	Verizon Commounications Inc.	Corporate Bond 6.55% 9/15/43		46,307	67,103
	Virginia Electric	Corporate Bond 8.8750% 11/15/38		106,412	109,621
	Wells Fargo Co.	Corporate Bond 5.375% 11/02/43		60,099	69,365
	Wisconsin Electric Power	Corporate Bond 4.25% 6/01/44		56,839	61,655
Total corporate bonds				3,581,352	3,968,278

THE ETHOS ENERGY PENSION PLAN FOR UNION EMPLOYEES

EIN: 76-0466008, Plan #002
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) - *Continued*

December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Government securities:				
	U.S. Treasury	U.S. Treasury Bond Stripped Principal	\$ 214,576	\$ 306,352
Municipal bonds:				
	State of New Jersey	New Jersey State Bond 7.1% 41	75,898	81,645
	State of Ohio	Ohio State University Bond 4.8% 6/01/11	47,538	58,159
	Total municipal bonds		123,436	139,804
	Total investments, at fair value		\$ 6,797,804	\$ 7,857,956

* Denotes a party-in-interest.

The above information was derived from data that has been certified as complete and accurate by the trustee of the Plan.

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, LINE 24 – CHANGE IN ACTUARIAL ASSUMPTIONS

The cash balance interest crediting rate was updated from 3.04% to 2.12% to reflect the August 2019 30-year Treasury rate. The administrative expense assumption was changed from \$77,000 to \$79,300 to reflect expectations for the current year.

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, LINE 32 – SCHEDULE OF AMORTIZATION BASES

	Shortfall Base Exemption Percentage	Shortfall Amortization Base ^{1,2}	Remaining Amortization Period	Shortfall Amortization Factor	Shortfall Amortization Installment
2020 Plan Year	103.3%	\$0	7.0000	6.1543	\$0
2019 Plan Year	90.3%	\$0	6.0000	5.4228	\$0
2018 Plan Year	107.6%	\$0	5.0000	4.6522	\$0
2017 Plan Year	100.7%	\$0	4.0000	3.7888	\$0
2016 Plan Year	102.8%	\$0	3.0000	2.8931	\$0
2015 Plan Year	125.5%	\$0	2.0000	1.9639	\$0
2014 Plan Year	99.3%	\$0	1.0000	1.0000	\$0
Funding Shortfall		\$0			
Shortfall Amortization Charge					\$0

Notes:

1. If the Shortfall Base Exemption Percentage is at least 100% then no amortization base is required to be established for the current plan year.
2. When there is no Funding Shortfall, all prior Shortfall Amortization Bases are eliminated.

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, LINE 24 – CHANGE IN ACTUARIAL ASSUMPTIONS

The cash balance interest crediting rate was updated from 3.04% to 2.12% to reflect the August 2019 30-year Treasury rate. The administrative expense assumption was changed from \$77,000 to \$79,300 to reflect expectations for the current year.