Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
JASPER HOLDINGS, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1987

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)
JASPER HOLDINGS, INC.

P.O. BOX 650
JASPER, IN 47547-0650

2b Employer Identification Number (EIN) 83-2826508

2c Plan Sponsor's telephone number 812-482-1041

2d Business code (see instructions) 336300

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.	06/28/2022	RALPH SCHWENK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	3545
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	2969
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2863
b Retired or separated participants receiving benefits	**6b**	67
c Other retired or separated participants entitled to future benefits	**6c**	566
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3496
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	6
f Total. Add lines **6d** and **6e**	**6f**	3502
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	3469
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	295
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2J 2K 2G 2S 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan	**B** Three-digit plan number (PN) ▶
JASPER HOLDINGS, INC. 401(K) PLAN	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
JASPER HOLDINGS, INC.	83-2826508

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

FIFTH THIRD BANK

38 FOUNTAIN SQUARE PLAZA
CINCINNATI, OH 45263

35-0227680

(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?
21 50 51 64	NONE	511066	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
JASPER HOLDINGS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
83-2826508

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	2498909	3176760
(2) U.S. Government securities	1c(2)	3805247	5159520
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	19300157	19781641
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	119770433	148533998
(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)	80341201	88316168
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	522550	1027665

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(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	226238497	265995752
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	226238497	265995752

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)	5270204	
	(B) Participants	2a(1)(B)	10681474	
	(C) Others (including rollovers)	2a(1)(C)	577300	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		16528978
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	537	
	(B) U.S. Government securities	2b(1)(B)	79799	
	(C) Corporate debt instruments	2b(1)(C)	170953	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	37500	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		288789
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	1831829	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	6468318	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		8300147
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	19298763	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	18055756	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1243007
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	31786857	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		31786857

		(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)		3115475
c Other income	2c		52
d Total income. Add all **income** amounts in column (b) and enter total	2d		61263305
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20923584	
(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)		20923584
f Corrective distributions (see instructions)	2f		81587
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	500879	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		500879
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		21506050
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		39757255
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [X] 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: KRAFTCPAS PLLC **(2)** EIN: 62-0713250

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
JASPER HOLDINGS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
83-2826508

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): 84-1455663

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

JASPER HOLDINGS, INC. 401(K) PLAN

FINANCIAL STATEMENTS,
SUPPLEMENTARY INFORMATION
AND
INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2021

EMPLOYER IDENTIFICATION NUMBER: 83-2826508

PLAN NUMBER: 002

JASPER HOLDINGS, INC. 401(K) PLAN

FINANCIAL STATEMENTS,
SUPPLEMENTARY INFORMATION
AND
INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2021

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All other supplemental schedules ordinarily required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable to this plan for the audit years addressed in the Independent Auditor's Report.

KraftCPAs PLLC

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants
Jasper Holdings, Inc. 401(k) Plan
Jasper, Indiana

SCOPE AND NATURE OF THE ERISA SECTION 103(a)(3)(C) AUDIT OF THE 2021 FINANCIAL STATEMENTS

We have performed an audit of the financial statements of Jasper Holdings, Inc. 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits (modified cash basis) as of December 31, 2021, and the related statement of changes in net assets available for benefits (modified cash basis) for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

OPINION ON THE 2021 FINANCIAL STATEMENTS

In our opinion, based on our audit and on procedures performed as described in the Auditor's Responsibilities for the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting as described in Note 2.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

KraftCPAs PLLC • Certified Public Accountants and Consultants
555 Great Circle Road • Nashville, TN 37228 • phone: 615-242-7351 • fax: 615-782-4271 • kraftcpas.com

BASIS FOR OPINION ON THE 2021 FINANCIAL STATEMENTS

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

EMPHASIS OF MATTER - BASIS OF ACCOUNTING

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

RESPONSIBILITIES OF MANAGEMENT FOR THE 2021 FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE 2021 FINANCIAL STATEMENTS

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the modified cash basis of accounting as described in Note 2.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

OTHER MATTERS

2021 SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA

The supplemental schedule of assets (Held at End of Year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

AUDITOR'S REPORT ON THE 2020 FINANCIAL STATEMENTS

We were engaged to audit the 2020 financial statements of the Plan in accordance with the modified cash basis of accounting as described in Note 2. Our opinion was not modified with respect to this matter. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated July 28, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Nashville, Tennessee
June 21, 2022

JASPER HOLDINGS, INC. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

DECEMBER 31, 2021 AND 2020

	2021	2020
ASSETS		
Investments, at fair value	$265,995,752	$226,238,497
NET ASSETS AVAILABLE FOR BENEFITS	$265,995,752	$226,238,497

See accompanying notes to the financial statements.

JASPER HOLDINGS, INC. 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

FOR THE YEAR ENDED DECEMBER 31, 2021

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in fair value of investments	$ 36,145,339
Interest and dividend income	8,582,258
Other income	52
Total investment income	44,727,649
Contributions:	
Participant	10,681,474
Employer	5,267,126
Rollovers	577,300
Total contributions	16,525,900
TOTAL ADDITIONS	61,253,549
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	20,992,661
Administrative expenses	503,633
TOTAL DEDUCTIONS	21,496,294
NET INCREASE	39,757,255
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	226,238,497
End of year	$ 265,995,752

See accompanying notes to the financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of Jasper Holdings, 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all eligible employees of Jasper Holdings, Inc. (the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan Administrator is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Effective October 1, 2022, the Employer will merge the profit sharing and retirement plan of its subsidiary, D&W Diesel, Inc., into the Jasper Holdings plan. Employees of D&W Diesel will become eligible to participate in accordance with the requirements of the Plan.

Eligibility

Substantially all employees are eligible to participate in the Plan upon completion of 499 hours, six months of service, and are 18 years of age or older. Employees enter the Plan on the first day of each plan quarter.

Contributions

Participants may elect to defer on a pre-tax basis a percentage of their compensation, as defined in the plan document. Participants may change their salary deferral percentage pursuant to Plan Administrator procedures and deferrals can be totally suspended at any time. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other eligible plans as rollover contributions.

The Plan includes an automatic enrollment feature whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate. Automatically enrolled participants during 2021 and 2020 had their deferral rates set at three percent of eligible compensation. Employees have the option to change deferral rates at their discretion.

Employer discretionary contributions consist of matching contributions and profit-sharing contributions. During 2021, the Employer matched 75 percent of the first $2,500 of a participant’s contribution plus 50 percent of the next $2,500 for a maximum annual match of $3,125 per participant. Employer profit-sharing contributions are determined annually by the board of directors. A participant must be employed on the last day of the Plan year with 1,000 hours of service to receive a profit-sharing contribution. There was no profit-sharing contribution for the year ended December 31, 2021.

Effective January 1, 2021, the automatic contribution provisions of the Plan were amended to provide that all participants not deferring at least three percent will be deemed to have made an election in the amount of three percent of compensation unless affirmatively electing a different percentage or electing not to participate.

Contributions are subject to certain limitations in accordance with applicable regulatory requirements.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of Employer contributions, plan earnings, and reduced by an allocation of administrative expenses, any distributions and plan losses. Allocations are based on participant earnings, account balances or specific participant transactions, as defined by the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Investment Options

Participants direct the investment of contributions into various investment options offered by the Plan and can change their investment options at any time.

Vesting

Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in Employer contributions is based on years of continuous service. A participant vests 20 percent after completion of two years of credited service, and 20 percent each year thereafter, resulting in 100 percent vesting after six years of credited service. Separation from service due to death, disability, and retirement at normal retirement age, as defined by the Plan, results in vesting of 100 percent.

Forfeitures

Forfeitures result from termination of employment under circumstances which do not entitle the participant to be fully vested in his Employer contributions. Forfeitures remaining at December 31, 2021 and 2020, totaled $274,505 and $228,712, respectively, and were available to be used to pay plan expenses, reduce Employer contributions or to be reallocated to plan participants. Forfeitures of approximately $183,000 were reallocated to plan participants during 2021.

Notes Receivable from Participants

Loans to participants are not permitted by the Plan.

Payment of Benefits

Benefit distributions equal to a participant's vested account balance are payable in a lump-sum or in annual installments over a specified period to the participant or his beneficiaries upon retirement, death, or disability. Terminations for other reasons are paid in a lump-sum.

Effective May 29, 2020, the Plan was amended to change the normal retirement age from 65 to 62 years old.

In-Service Withdrawals

In-service withdrawals are permitted by participants who have reached the age of 59 ½. Early withdrawals may also be made in the case of financial hardship in accordance with the plan document and are limited to the amount necessary to meet the financial need.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America ("GAAP"). Consequently, certain revenues are recognized when received rather than when earned and administrative expenses are recognized when paid rather than when the obligation is incurred. Benefits are recognized in the period paid.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are stated 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 determines the valuation policies utilizing information provided by the Trustee. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are recorded when received rather than when earned. Net appreciation 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 are recognized in the year paid.

Expenses

Certain administrative expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses paid by the Employer are excluded from these financial statements. Investment-related expenses are included in net appreciation of fair value of investments.

Events Occurring After Reporting Date

The Plan Sponsor has evaluated events and transactions that occurred between December 31, 2021 and June 21, 2022, the date the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

NOTE 3 - INFORMATION CERTIFIED BY TRUSTEE

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplementary information, including investments held at December 31, 2021 and 2020, and net appreciation in fair value of investments, and interest and dividends, for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Fifth Third Bank, the Trustee of the Plan.

NOTE 4 - FAIR VALUE MEASUREMENTS

The Plan classifies its investments based on a hierarchy consisting of: Level 1 (valued using quoted prices from active markets for identical assets), Level 2 (not traded on an active market but for which observable market inputs are readily available), and Level 3 (valued based on significant unobservable inputs). 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 maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets and liabilities measured at fair value:

Common stocks	Valued at the closing price reported on the active market on which the individual securities are traded.
Registered investment companies	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 to transact at that price. The registered investment company funds held by the Plan that are deemed to be actively traded are classified as Level 1. Funds with less active trading are classified as Level 2.
U.S. government securities	Valued using pricing models maximizing the use of observable inputs for similar securities.
Corporate bonds and notes	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.

There have been no changes in the valuation methodologies used at December 31, 2021 and 2020.

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

The following table summarizes, by level, within the fair value hierarchy, investments measured at fair value on a recurring basis as of December 31:

	2021			
	Level 1	Level 2	Level 3	Total
Common stocks	$ 148,534,000	$ -	$ -	$ 148,534,000
Registered investment companies	67,637,133	23,855,793	-	91,492,926
U.S. government securities	-	5,159,520	-	5,159,520
Corporate bonds and notes	-	20,809,306	-	20,809,306
Investments at fair value	$ 216,171,133	$ 49,824,619	$ -	$ 265,995,752

	2020			
	Level 1	Level 2	Level 3	Total
Common stocks	$ 119,770,433	$ -	$ -	$ 119,770,433
Registered investment companies	60,172,997	22,667,113	-	82,840,110
U.S. government securities	-	3,805,247	-	3,805,247
Corporate bonds and notes	-	19,822,707	-	19,822,707
Investments at fair value	$ 179,943,430	$ 46,295,067	$ -	$ 226,238,497

NOTE 5 - INCOME TAX STATUS

The Plan adopted a volume submitter plan document ("Volume Submitter"). The Volume Submitter received its latest opinion letter on September 30, 2014, in which the Internal Revenue Service ("IRS") stated the Volume Submitter, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has not applied for a separate determination letter.

The Volume Submitter and the Plan have been amended and restated since receiving the opinion letter. However, the Plan Administrator and the Plan's tax counsel believe the Plan and Volume Submitter are designed and have been operated in compliance with the applicable requirements of the IRC and, therefore, believe the Plan is qualified and the related trust is tax-exempt.

Deferral and match contribution errors were identified on COVID-19 paid leave and certain one-time stipend wages paid to participants during 2020. The Employer filed for correction through the Voluntary Correction Program of the IRS. In 2021, the IRS approved the Employer’s request to correct through a retroactive amendment to the plan document to exclude these wages from the definition of plan compensation. The Plan was amended accordingly. The Employer and the Plan's legal counsel believe that the Plan continues to be qualified and the tax status of the related trust continues to be tax-exempt.

NOTE 6 - PARTY-IN-INTEREST AND RELATED-PARTY TRANSACTIONS

Parties-in-interest are defined under United States Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employer and certain others. Plan investments are held by the Trustee; therefore, these transactions qualify as party-in-interest transactions. The Plan paid $503,631 of trustee and recordkeeping fees during 2021. The Employer provides certain administrative services at no cost to the Plan.

These party-in-interest transactions are exempt from the prohibited transactions provisions of ERISA and the IRC.

NOTE 7 - RISKS AND UNCERTAINTIES

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

NOTE 8 - PLAN TERMINATION

Although it has not expressed any intent 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 provisions of ERISA. In the event of the Plan’s termination, participants would become 100 percent vested in their accounts.

SUPPLEMENTARY INFORMATION

JASPER HOLDINGS, INC. 401(K) PLAN

EMPLOYER IDENTIFICATION NUMBER: 83-2826508
PLAN NUMBER: 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021

(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
	UNITED STATES GOVERNMENT SECURITIES:			
	FN 848491	13,542.720 units, 5.500%, due 12/01/35	**	$ 15,428
	G2 3691	60,700.970 units, 5.500%, due 3/20/35	**	70,047
	United States Treasury Note	1,000,000 units, 0.250%, due 9/30/25	**	968,750
	United States Treasury Note	1,000,000 units, 2.250%, due 11/15/24	**	1,036,990
	United States Treasury Note	500,000 units, 1.875%, due 10/31/22	**	506,230
	United States Treasury Note	500,000 units, 1.500%, due 3/31/23	**	506,135
	United States Treasury Note	1,000,000 units, 1.625%, due 10/31/26	**	1,017,540
	United States Treasury Note	500,000 units, 1.750%, due 7/31/24	**	511,310
	United States Treasury Note	500,000 units, 2.750%, due 2/28/25	**	527,090
	TOTAL UNITED STATES GOVERNMENT SECURITIES			5,159,520
	CORPORATE BONDS AND NOTES:			
	Apple Incorporated Senior Global Note	1,000,000 units, 3.450%, due 05/06/24	**	$ 1,057,810
	Atlantic Richfield Company	1,000,000 units, 8.250%, due 2/01/22	**	100,381
	Bristol Myers Squibb Company	500,000 units, 2.000%, due 8/01/22	**	504,690
	Chevron Corporation	1,000,000 units, 3.191%, due 6/24/23	**	1,029,700
	John Deere Capital Corporation Medium	500,000 units, 2.800%, due 1/27/23	**	511,140
	Emerson Electric Company	1,000,000 units, 1.800%, due 10/15/27	**	1,004,930
	Exxon Mobil Corporation	1,000,000 units, 2.275%, due 8/16/26	**	1,032,530
	General Dynamics Corporation	500,000 units, 2.375%, due 11/15/24	**	518,845
	Home Depot, Inc. Senior Global Note	1,000,000 units, 3.000%, due 4/01/26	**	1,062,950
	Intel Corporation Senior Note	1,000,000 units, 3.700%, due 7/29/25	**	1,079,480
	International Business Machines Corporation	1,000,000 units, 3.625%, due 2/12/24	**	1,054,290
	Johnson & Johnson Senior Note	500,000 units, 2.450%, due 3/01/26	**	521,680
	Kimberly-Clark Corporation	1,000,000 units, 1.050%, due 9/15/27	**	969,370
	Oracle Corporation	500,000 units, 3.625%, due 7/15/23	**	518,150
	Philip Morris International, Inc.	1,000,000 units, 2.500%, due 8/22/22	**	1,012,630
	Qualcomm, Inc.	1,000,000 units, 3.000%, due 5/20/22	**	1,010,040
	Simon Property Group LP	1,000,000 units, 3.500%, due 9/01/25	**	1,066,170
	State Street Corporation Senior Global Note	1,000,000 units, 3.550%, due 8/18/25	**	1,077,770
	Target Corporation Senior Global Note	500,000 units, 2.500%, due 4/15/26	**	523,550
	Texas Instruments, Inc.	500,000 units, 2.250%, due 5/01/23	**	506,950
	3M Corporation	1,000,000 units, 2.875%, due 10/15/27	**	1,064,980
	Toyota Motor Credit Corporation Medium Term Note	1,000,000 units, 2.250%, due 10/18/23	**	1,025,350
	United Parcel Service, Inc.	500,000 units, 2.800%, due 11/15/24	**	522,545
	Wells Fargo & Company Medium Term Note	1,000,000 units, 3.500%, due 3/08/22	**	1,005,710
	HSBC Holdings PLC	500,000 units, 4.000%, due 3/20/22	**	504,455
	Shell International Financial BV	500,000 units, 3.500%, due 11/13/23	**	523,210
	TOTAL CORPORATE BONDS AND NOTES			20,809,306

(Continued on next page)

JASPER HOLDINGS, INC. 401(K) PLAN

EMPLOYER IDENTIFICATION NUMBER: 83-2826508
PLAN NUMBER: 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)

DECEMBER 31, 2021

(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:			
	DoubleLine	Total Return Bond Fund	**	$ 1,340,745
	Schwab	US TIPS Exchange Traded Fund	**	1,266,605
	Invesco Oppenheimer	Developing Markets Fund	**	2,950,076
	Artisan	High Income Fund	**	1,514,747
	iShares Russell	Small/Mid-Cap Index Institutional BlackRock	**	6,444,696
	Harding Loevner	International Equity Fund	**	5,522,773
	iShares Core	S&P 500 Exchange Traded Fund	**	6,200,870
	iShares Core	MSCI EAFE	**	5,557,694
	iShares Core	MSCI Emerging Markets Exchange Traded Fund	**	3,067,226
	Principal	Mid-Cap Institutional Fund	**	6,082,756
	SPDR	S&P Biotech Exchange Traded Fund	**	2,239,200
	Vanguard	Target Retirement Income Fund	**	522,570
	Vanguard	Target Retirement 2015	**	182,853
	Vanguard	Target Retirement 2020	**	1,777,617
	Vanguard	Target Retirement 2025	**	6,353,628
	Vanguard	Target Retirement 2030	**	5,065,545
	Vanguard	Target Retirement 2035	**	5,971,380
	Vanguard	Target Retirement 2040	**	4,421,532
	Vanguard	Target Retirement 2045	**	3,082,586
	Vanguard	Target Retirement 2050	**	3,871,742
	Vanguard	Target Retirement 2055	**	656,619
	Vanguard	Target Retirement 2060	**	295,232
	Vanguard	Target Retirement 2065	**	147,066
	Vanguard	500 Index Fund	**	7,972,677
	Vanguard	Intermediate Bond Index Fund	**	1,413,811
	Federated Hermes	Government Obligations Fund	**	7,570,680
	TOTAL REGISTERED INVESTMENT COMPANIES			91,492,926

** Cost is not required to be presented for participant-directed investments.

(Continued on next page)

JASPER HOLDINGS, INC. 401(K) PLAN

EMPLOYER IDENTIFICATION NUMBER: 83-2826508
PLAN NUMBER: 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)

DECEMBER 31, 2021

(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
	COMMON STOCK:			
	Asobe Systems Inc.	4,000 shares	**	2,268,240
	Alphabet, Inc.	2,250 shares	**	6,518,340
	Amazon.com, Inc.	1,500 shares	**	5,001,510
	Apple Inc.	82,680 shares	**	11,662,798
	Berkshire Hathaway, Inc.	9,881 shares	**	2,954,419
	BlackRock, Inc.	4,000 shares	**	3,662,240
	Broadcom, Inc.	7,755 shares	**	5,160,255
	Chevron Corporation	17,295 shares	**	2,029,568
	Chubb Limited	10,000 shares	**	1,933,100
	Cintas Corporation	6,390 shares	**	2,831,856
	Cisco Systems, Inc.	46,650 shares	**	2,956,211
	Citigroup, Inc.	23,075 shares	**	1,393,499
	Costco Wholesale Corporation	6,405 shares	**	3,636,119
	Danaher Corporation	16,500 shares	**	5,428,665
	Duke Energy Corporation	18,950 shares	**	1,987,855
	Ecolab, Inc.	9,685 shares	**	2,272,004
	Estee Lauder Companies, Inc.	9,500 shares	**	3,516,900
	Exxon Mobil Corporation	28,000 shares	**	1,713,320
	Home Depot, Inc.	11,000 shares	**	4,565,110
	Honeywell International, Inc.	12,245 shares	**	2,553,205
	Intel Corporation	40,435 shares	**	2,082,403
	Johnson & Johnson	15,000 shares	**	2,566,050
	JPMorgan Chase & Company	25,000 shares	**	3,958,750
	MasterCard Incorporated	12,840 shares	**	4,613,669
	McDonalds Corporation	10,500 shares	**	2,814,735
	Medtronic PLC	13,500 shares	**	1,396,575
	Meta Platforms Inc.	11,560 shares	**	3,888,206
	Microsoft Corporation	20,000 shares	**	6,726,400
	Nike, Inc.	30,000 shares	**	5,000,100
	Nvidia Corporation	20,560 shares	**	6,046,902
	Oracle Corporation	37,130 shares	**	3,238,107
	PNC Financial Services Group	12,500 shares	**	2,506,500
	Procter & Gamble Company	21,900 shares	**	3,582,402
	Sherwin-Williams Company	10,710 shares	**	3,771,634
	Thermo Fisher Scientific, Inc.	8,000 shares	**	5,337,920
	Union Pacific Corporation	12,830 shares	**	3,232,262
	UnitedHealth Group, Inc.	7,750 shares	**	3,891,585
	Verizon Communications	40,326 shares	**	2,095,339
	Walmart, Inc.	15,955 shares	**	2,308,529
	Walt Disney Company	20,515 shares	**	3,177,568
	Waste Management, Inc.	13,500 shares	**	2,253,150
	TOTAL COMMON STOCK			148,534,000
	TOTAL INVESTMENTS			$ 265,995,752

** Cost is not required to be presented for participant-directed investments.

JASPER HOLDINGS, INC. 401(K) PLAN

EMPLOYER IDENTIFICATION NUMBER: 83-2826508
PLAN NUMBER: 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021

(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
	UNITED STATES GOVERNMENT SECURITIES:			
	FN 848491	13,542.720 units, 5.500%, due 12/01/35	**	$ 15,428
	G2 3691	60,700.970 units, 5.500%, due 3/20/35	**	70,047
	United States Treasury Note	1,000,000 units, 0.250%, due 9/30/25	**	968,750
	United States Treasury Note	1,000,000 units, 2.250%, due 11/15/24	**	1,036,990
	United States Treasury Note	500,000 units, 1.875%, due 10/31/22	**	506,230
	United States Treasury Note	500,000 units, 1.500%, due 3/31/23	**	506,135
	United States Treasury Note	1,000,000 units, 1.625%, due 10/31/26	**	1,017,540
	United States Treasury Note	500,000 units, 1.750%, due 7/31/24	**	511,310
	United States Treasury Note	500,000 units, 2.750%, due 2/28/25	**	527,090
	TOTAL UNITED STATES GOVERNMENT SECURITIES			5,159,520
	CORPORATE BONDS AND NOTES:			
	Apple Incorporated Senior Global Note	1,000,000 units, 3.450%, due 05/06/24	**	$ 1,057,810
	Atlantic Richfield Company	1,000,000 units, 8.250%, due 2/01/22	**	100,381
	Bristol Myers Squibb Company	500,000 units, 2.000%, due 8/01/22	**	504,690
	Chevron Corporation	1,000,000 units, 3.191%, due 6/24/23	**	1,029,700
	John Deere Capital Corporation Medium	500,000 units, 2.800%, due 1/27/23	**	511,140
	Emerson Electric Company	1,000,000 units, 1.800%, due 10/15/27	**	1,004,930
	Exxon Mobil Corporation	1,000,000 units, 2.275%, due 8/16/26	**	1,032,530
	General Dynamics Corporation	500,000 units, 2.375%, due 11/15/24	**	518,845
	Home Depot, Inc. Senior Global Note	1,000,000 units, 3.000%, due 4/01/26	**	1,062,950
	Intel Corporation Senior Note	1,000,000 units, 3.700%, due 7/29/25	**	1,079,480
	International Business Machines Corporation	1,000,000 units, 3.625%, due 2/12/24	**	1,054,290
	Johnson & Johnson Senior Note	500,000 units, 2.450%, due 3/01/26	**	521,680
	Kimberly-Clark Corporation	1,000,000 units, 1.050%, due 9/15/27	**	969,370
	Oracle Corporation	500,000 units, 3.625%, due 7/15/23	**	518,150
	Philip Morris International, Inc.	1,000,000 units, 2.500%, due 8/22/22	**	1,012,630
	Qualcomm, Inc.	1,000,000 units, 3.000%, due 5/20/22	**	1,010,040
	Simon Property Group LP	1,000,000 units, 3.500%, due 9/01/25	**	1,066,170
	State Street Corporation Senior Global Note	1,000,000 units, 3.550%, due 8/18/25	**	1,077,770
	Target Corporation Senior Global Note	500,000 units, 2.500%, due 4/15/26	**	523,550
	Texas Instruments, Inc.	500,000 units, 2.250%, due 5/01/23	**	506,950
	3M Corporation	1,000,000 units, 2.875%, due 10/15/27	**	1,064,980
	Toyota Motor Credit Corporation Medium Term Note	1,000,000 units, 2.250%, due 10/18/23	**	1,025,350
	United Parcel Service, Inc.	500,000 units, 2.800%, due 11/15/24	**	522,545
	Wells Fargo & Company Medium Term Note	1,000,000 units, 3.500%, due 3/08/22	**	1,005,710
	HSBC Holdings PLC	500,000 units, 4.000%, due 3/20/22	**	504,455
	Shell International Financial BV	500,000 units, 3.500%, due 11/13/23	**	523,210
	TOTAL CORPORATE BONDS AND NOTES			20,809,306

(Continued on next page)

JASPER HOLDINGS, INC. 401(K) PLAN

EMPLOYER IDENTIFICATION NUMBER: 83-2826508
PLAN NUMBER: 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)

DECEMBER 31, 2021

(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:			
	DoubleLine	Total Return Bond Fund	**	$ 1,340,745
	Schwab	US TIPS Exchange Traded Fund	**	1,266,605
	Invesco Oppenheimer	Developing Markets Fund	**	2,950,076
	Artisan	High Income Fund	**	1,514,747
	iShares Russell	Small/Mid-Cap Index Institutional BlackRock	**	6,444,696
	Harding Loevner	International Equity Fund	**	5,522,773
	iShares Core	S&P 500 Exchange Traded Fund	**	6,200,870
	iShares Core	MSCI EAFE	**	5,557,694
	iShares Core	MSCI Emerging Markets Exchange Traded Fund	**	3,067,226
	Principal	Mid-Cap Institutional Fund	**	6,082,756
	SPDR	S&P Biotech Exchange Traded Fund	**	2,239,200
	Vanguard	Target Retirement Income Fund	**	522,570
	Vanguard	Target Retirement 2015	**	182,853
	Vanguard	Target Retirement 2020	**	1,777,617
	Vanguard	Target Retirement 2025	**	6,353,628
	Vanguard	Target Retirement 2030	**	5,065,545
	Vanguard	Target Retirement 2035	**	5,971,380
	Vanguard	Target Retirement 2040	**	4,421,532
	Vanguard	Target Retirement 2045	**	3,082,586
	Vanguard	Target Retirement 2050	**	3,871,742
	Vanguard	Target Retirement 2055	**	656,619
	Vanguard	Target Retirement 2060	**	295,232
	Vanguard	Target Retirement 2065	**	147,066
	Vanguard	500 Index Fund	**	7,972,677
	Vanguard	Intermediate Bond Index Fund	**	1,413,811
	Federated Hermes	Government Obligations Fund	**	7,570,680
	TOTAL REGISTERED INVESTMENT COMPANIES			91,492,926

** Cost is not required to be presented for participant-directed investments.

(Continued on next page)

JASPER HOLDINGS, INC. 401(K) PLAN

EMPLOYER IDENTIFICATION NUMBER: 83-2826508
PLAN NUMBER: 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)

DECEMBER 31, 2021

(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
	COMMON STOCK:			
	Asobe Systems Inc.	4,000 shares	**	2,268,240
	Alphabet, Inc.	2,250 shares	**	6,518,340
	Amazon.com, Inc.	1,500 shares	**	5,001,510
	Apple Inc.	82,680 shares	**	11,662,798
	Berkshire Hathaway, Inc.	9,881 shares	**	2,954,419
	BlackRock, Inc.	4,000 shares	**	3,662,240
	Broadcom, Inc.	7,755 shares	**	5,160,255
	Chevron Corporation	17,295 shares	**	2,029,568
	Chubb Limited	10,000 shares	**	1,933,100
	Cintas Corporation	6,390 shares	**	2,831,856
	Cisco Systems, Inc.	46,650 shares	**	2,956,211
	Citigroup, Inc.	23,075 shares	**	1,393,499
	Costco Wholesale Corporation	6,405 shares	**	3,636,119
	Danaher Corporation	16,500 shares	**	5,428,665
	Duke Energy Corporation	18,950 shares	**	1,987,855
	Ecolab, Inc.	9,685 shares	**	2,272,004
	Estee Lauder Companies, Inc.	9,500 shares	**	3,516,900
	Exxon Mobil Corporation	28,000 shares	**	1,713,320
	Home Depot, Inc.	11,000 shares	**	4,565,110
	Honeywell International, Inc.	12,245 shares	**	2,553,205
	Intel Corporation	40,435 shares	**	2,082,403
	Johnson & Johnson	15,000 shares	**	2,566,050
	JPMorgan Chase & Company	25,000 shares	**	3,958,750
	MasterCard Incorporated	12,840 shares	**	4,613,669
	McDonalds Corporation	10,500 shares	**	2,814,735
	Medtronic PLC	13,500 shares	**	1,396,575
	Meta Platforms Inc.	11,560 shares	**	3,888,206
	Microsoft Corporation	20,000 shares	**	6,726,400
	Nike, Inc.	30,000 shares	**	5,000,100
	Nvidia Corporation	20,560 shares	**	6,046,902
	Oracle Corporation	37,130 shares	**	3,238,107
	PNC Financial Services Group	12,500 shares	**	2,506,500
	Procter & Gamble Company	21,900 shares	**	3,582,402
	Sherwin-Williams Company	10,710 shares	**	3,771,634
	Thermo Fisher Scientific, Inc.	8,000 shares	**	5,337,920
	Union Pacific Corporation	12,830 shares	**	3,232,262
	UnitedHealth Group, Inc.	7,750 shares	**	3,891,585
	Verizon Communications	40,326 shares	**	2,095,339
	Walmart, Inc.	15,955 shares	**	2,308,529
	Walt Disney Company	20,515 shares	**	3,177,568
	Waste Management, Inc.	13,500 shares	**	2,253,150
	TOTAL COMMON STOCK			148,534,000
	TOTAL INVESTMENTS			$ 265,995,752

** Cost is not required to be presented for participant-directed investments.