

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>SAINT JEAN INDUSTRIES, INC. 401(K)</u>                                                                                                                                                                                                                                                                                                           | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>11/01/2006</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>11/01/2006</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                      | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>11/01/2006</u>                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>SAINT JEAN INDUSTRIES, INC.</u><br><br><u>424 INDUSTRIAL PARK DRIVE</u><br><u>HEBER SPRINGS, AR 72543</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>20-5408618</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>501-362-9555</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>336300</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>20-5408618</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>501-362-9555</u> | <b>2d</b> Business code (see instructions)<br><u>336300</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>20-5408618</u>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>501-362-9555</u>                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>336300</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/17/2022 | TONY MARTIN                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 408 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 384 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 397 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 27  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 424 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 424 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 107 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2G 2J 2K 2T 3F 2E 3D 2F                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

---

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

|                                                                                              |                                                             |     |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021   |                                                             |     |
| <b>A</b> Name of plan<br>SAINT JEAN INDUSTRIES, INC. 401(K)                                  | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                              |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>SAINT JEAN INDUSTRIES, INC. | <b>D</b> Employer Identification Number (EIN)<br>20-5408618 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                |
| 04-2647786                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64 65            | RECORDKEEPER                                                                                      | 7725                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

PARKLAND SECURITIES LLC

74-3010408

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 61                     | ADVISOR                                                                                           | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| COL LG CAP GR OP A - COLUMBIA MGT<br><br>52-2269240                                                                      | 0.25%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                                                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JPM EQUITY IDX A - JPMORGAN DISTRI<br><br>13-2624428                                                                     | 0.05%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                                                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VRS PARTNERS A - FIS INVESTOR SERV<br>FAITH INVESTOR SERVICES, LLC<br>14785 PRESTON ROAD, SUITE 1000<br>DALLAS, TX 75254 | 0.25%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PARKLAND SECURITIES LLC                                                                 | 61                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| COL LG CAP GR OP A - COLUMBIA MGT<br>14785 PRESTON ROAD, SUITE 1000<br>DALLAS, TX 75254 | \$0-<\$3M=1.00%, \$3M-<\$50M=0.50%, \$50M+=0.25%                                                                                                                   |                                           |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                           |            |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                           |            |
| <b>A</b> Name of plan<br><u>SAINT JEAN INDUSTRIES, INC. 401(K)</u>                                       | <b>B</b> Three-digit plan number (PN) <span style="float:right;">►</span> | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SAINT JEAN INDUSTRIES, INC.</u>      | <b>D</b> Employer Identification Number (EIN)<br><u>20-5408618</u>        |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 6293                  | 6127            |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 8244                  | 5069            |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 22778                 | 61494           |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 36129                 | 27599           |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 1172348               | 1664202         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 0                     | 0               |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property.....                                      | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1245792               | 1764491         |

**Liabilities**

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

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 1245792 | 1764491 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 139333     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 229016     |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 136269     |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    | 0          | 504618    |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 0          |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 3159       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 3159      |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> | 0          | 143903    |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 143903     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 143903    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          | 0         |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          | 0         |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 20441     |
| c Other income.....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 672121    |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 133676     |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  | 0          |           |
| (3) Other.....                                                                                 | 2e(3)  | 0          |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 133676    |
| f Corrective distributions (see instructions).....                                             | 2f     |            | 0         |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | 12021     |
| h Interest expense.....                                                                        | 2h     |            | 0         |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 0          |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 0          |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 0          |           |
| (4) Other.....                                                                                 | 2i(4)  | 7725       |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 7725      |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 153422    |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 518699    |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            | 0         |
| (2) From this plan.....                                                                        | 2l(2)  |            | 0         |

**Part III Accountant's Opinion**

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

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

(1) ☒ 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: MAZARS USA LLP

(2) EIN: 13-1459550

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   |    | 8244   |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) ..... |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>c</b> 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.) .....                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>d</b> 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.) .....                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 230000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>g</b> 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? .....                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>h</b> 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? .....                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |        |
| <b>j</b> 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.) .....                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>n</b> 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. ....                                                                                                                         |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |

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

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

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

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

|                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                |                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div><div><b>SCHEDULE R</b></div><div><b>(Form 5500)</b></div><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div><b>Retirement Plan Information</b></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>► <b>File as an attachment to Form 5500.</b></div> | <div>OMB No. 1210-0110</div> <div><b>2021</b></div> <div><b>This Form is Open to Public Inspection.</b></div> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

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

|                                                                                                     |                                                                    |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>SAINT JEAN INDUSTRIES, INC. 401(K)</u>                                  | <b>B</b> Three-digit plan number (PN) ►<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SAINT JEAN INDUSTRIES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>20-5408618</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                |          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                          | <b>1</b> |  |
| <b>2</b> 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):<br>EIN(s): <u>04-6568107</u> |          |  |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                               |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                               | <b>3</b> |  |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                                    | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2021  
v. 201209

**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 \_\_\_\_\_

# **Saint Jean Industries, Inc.**

## **401(k)**

Financial Statements and  
Supplementary Information  
December 31, 2021 and 2020



Mazars USA LLP is an independent member firm of Mazars Group.

# Saint Jean Industries, Inc. 401(k)

## Table of Contents December 31, 2021 and 2020

|                                                                             | Page(s) |
|-----------------------------------------------------------------------------|---------|
| Independent Auditors' Report.....                                           | 1-3     |
| Statements of Net Assets Available for Benefits .....                       | 4       |
| Statement of Changes in Net Assets Available for Benefits .....             | 5       |
| Notes to Financial Statements.....                                          | 6-10    |
| Schedule H, Line 4i, Schedule of Assets (Held at End of Year) .....         | 11      |
| Schedule H, Line 4a, Schedule of Delinquent Participant Contributions ..... | 12      |

## Independent Auditors' Report

To the Plan Sponsor of  
Saint Jean Industries, Inc. 401(k)  
Heber Springs, Arkansas

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the Financial Statements

We have performed an audit of the financial statements of Saint Jean Industries, Inc. 401(k) (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 statements of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from Fidelity Management Trust Company, the trustee of the Plan, 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 the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 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).

### 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 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.

### Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and 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.



In preparing the financial statements, management is required to evaluate whether 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 one year after the date of the financial statements are issued, in accordance with accounting principles generally accepted in the United States of America.

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.

#### **Auditors' Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 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 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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 Schedules Required by ERISA*

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor'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 schedules, 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

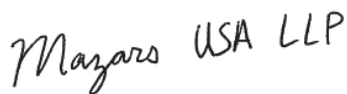
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

### *Auditors' Report on the 2020 Financial Statements*

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor'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 October 5, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



October 16, 2022

## Saint Jean Industries, Inc. 401(k)

### Statements of Net Assets Available for Benefits December 31, 2021 and 2020

|                                    | <u>2021</u>                | <u>2020</u>                |
|------------------------------------|----------------------------|----------------------------|
| <b>Assets</b>                      |                            |                            |
| Investments                        |                            |                            |
| Investments, at fair value         | <u>\$ 1,691,801</u>        | <u>\$ 1,208,477</u>        |
| Receivables                        |                            |                            |
| Employee contributions receivable  | 6,127                      | 8,244                      |
| Employer contributions receivable  | 5,069                      | 6,293                      |
| Notes receivable from participants | <u>61,494</u>              | <u>22,778</u>              |
| Total receivables                  | <u>72,690</u>              | <u>37,315</u>              |
| Net assets available for benefits  | <u><u>\$ 1,764,491</u></u> | <u><u>\$ 1,245,792</u></u> |

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

## Saint Jean Industries, Inc. 401(k)

### Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2021

|                                                       |                            |
|-------------------------------------------------------|----------------------------|
| Investment income                                     |                            |
| Interest and dividends                                | \$ 143,903                 |
| Net appreciaton in fair value of investments          | <u>20,441</u>              |
| Net investment income                                 | <u>164,344</u>             |
|                                                       |                            |
| Additions to net assets available for benefits        |                            |
| Interest income on notes receivable from participants | <u>3,159</u>               |
|                                                       |                            |
| Contributions - employer                              | 139,333                    |
| Contributions - employee                              | 229,016                    |
| Contributions - rollover                              | <u>136,269</u>             |
| Total contributions                                   | <u>504,618</u>             |
| Total additions                                       | <u>672,121</u>             |
|                                                       |                            |
| Deductions                                            |                            |
| Benefits paid to participants                         | 145,697                    |
| Administrative expenses                               | <u>7,725</u>               |
| Total deductions                                      | <u>153,422</u>             |
| Net increase                                          | 518,699                    |
|                                                       |                            |
| Net assets available for benefits                     |                            |
| Beginning of year                                     | <u>1,245,792</u>           |
| End of year                                           | <u><u>\$ 1,764,491</u></u> |

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

# Saint Jean Industries, Inc. 401(k)

## Notes to Financial Statements Years Ended December 31, 2021 and 2020

### 1. Description of the Plan

The following description of the Saint Jean Industries, Inc. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

#### General

The Plan is a defined contribution plan covering all employees of Saint Jean Industries, Inc. (the Company) who have at least three months of service and are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Company is the plan sponsor. The Fidelity Management Trust Company (the “Trustee”) serves as the trustee and third-party administrator of the Plan. All investments are self-directed by Plan participants.

In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. The COVID-19 pandemic has led to increased volatility in financial markets. The extent to which such increased volatility will impact the value of Plan assets will depend on future developments that are highly uncertain and cannot be predicted.

On March 27, 2020, the “Coronavirus Aid, Relief, and Economic Security (CARES) Act” was signed into law. The CARES Act included several relief provisions available to the Plan and its participants. Plan management evaluated the provisions and adopted certain provisions related to notes receivable from participants and distributions. These amendments have not formally been adopted as of the date of the financial statements. Management will formally retroactively amend the plan prior to the statutory deadline of the end of the plan year beginning on January 1, 2022.

#### Contributions

Employees may contribute through payroll deductions up to 50% of their annual compensation, but not more than the Internal Revenue Code (“IRC”) imposed limit established each year. Participants who are age 50 or older before the close of the Plan year may also elect to make catch-up contributions, subject to certain IRC limitations. Participants may also roll over amounts representing distributions from other qualified benefit plans into the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan was amended effective January 1, 2019, requiring the Company to make Safe Harbor matching contributions for eligible participants equal to 100% of the first 4% of the eligible Participant’s Compensation contributed to the plan.

The Company, at its discretion, may make profit sharing contributions for eligible employees, as further defined in the plan document. For the year ended December 31, 2021, no discretionary profit-sharing contributions were made.

#### Participant Accounts

Each participant’s account is credited with the participant’s contributions, Company’s contributions, Plan earnings/losses based on the participant’s investment elections and charged with withdrawals and administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

#### Vesting

Participants are immediately vested in their voluntary contributions and safe harbor employer match contributions plus earnings thereon. Participants are not vested in employer contributions until they complete two years of service at which time, they become 20% vested. Twenty percent of the remainder of their account vests after each year of continuous service, so that a participant is fully vested after six completed years of service.

## Saint Jean Industries, Inc. 401(k)

### Notes Receivable from Participants

Employees may request loans for allowable uses which are repaid through payroll deductions. Participants may borrow from their vested balance up to the maximum loan amount which is the lesser of \$50,000 reduced by the highest outstanding loan balance during the 12-month period prior to the date of the participant's request or 50% of the participant's vested account balance. The Company has not formally amended the Plan for the CARES Act, which includes relief provisions for loans and distributions; but will be required to make the amendment by the end of Plan year beginning on or after January 1, 2022. Participants with loans taken on or after June 18, 2020, and on or before December 31, 2020 may borrow up to 100 percent of their vested balance or \$100,000, whichever is lesser. The loans are secured by the balance in the participant's account, bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator and are to be repaid over a period not to exceed five years, except as related to the purchase of a personal residence. Loan repayments from outstanding loans that are due between March 27, 2020, to December 31, 2020 can be extended for one year for all borrowers.

### Payment of Benefits

On termination of service due to death, disability, retirement, or financial hardship (as described in the Plan), a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments as defined in the Plan. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. The Plan allows for a coronavirus-related distribution from January 1, 2020, to December 31, 2020 up to an aggregate limit of \$100,000 of their vested account balance.

### Forfeited Accounts

On December 31, 2021 and 2020, forfeited non-vested accounts totaled \$22,653 and \$27,701, respectively. This account is available to be used to pay Plan expenses and to reduce future employer contributions, of which \$5,215 was used to pay plan expenses in 2021.

## 2. Summary of Significant Accounting Policies

### Basis of Accounting

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

### Use of Estimates

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

### Investment Valuation and Income Recognition

The Plan's 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation/depreciation 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 are recorded upon distribution.

### Notes Receivable from Participants

Loans are measured at their unpaid principal balance plus any accrued, but unpaid interest. Interest income is recorded on the accrual basis. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and benefit payment is recorded. No allowance for credit losses has been recorded as of December 31, 2021, and 2020.

## Saint Jean Industries, Inc. 401(k)

### Administrative Fees

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

### 3. Information Certified by the Trustee

The following is a summary of the information regarding the Plan as of December 31, 2021 and 2020, and for the year ended December 31, 2021, included in the Plan's financial statements, that was prepared by or derived from information provided by Fidelity Management Trust Company, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained a certification from the trustee that such information is complete and accurate.

|                                                            | 2021         | 2020         |
|------------------------------------------------------------|--------------|--------------|
| Statements of net assets available for benefits:           |              |              |
| Investments at fair value                                  | \$ 1,691,801 | \$ 1,208,477 |
| Notes receivable from participants                         | 61,494       | 22,778       |
| Statement of changes in net assets available for benefits: |              |              |
| Interest and dividends                                     | \$ 143,903   |              |
| Interest income from notes receivable from participants    | 3,159        |              |
| Net appreciation in fair value of investments              | 20,441       |              |

### 4. Fair Value Measurements

The Financial Accounting Standards Board's Accounting Standards Codification established 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 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy 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 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.

## Saint Jean Industries, Inc. 401(k)

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, 2021 and 2020:

- Shares of mutual funds are valued using quoted market prices in an active market.
- Common collective trust funds are stated at fair value, which is determined by the trustee of the common collective trust based on the underlying assets, which represent the net asset value of units held by the trust. The common collective trust fund invests primarily in fixed income securities and shares of money market funds. The common collective trusts do not have unfunded commitments relating to its investments, or any significant restrictions or redemptions. Participant-directed redemptions can be made on any business day and do not have a redemption notice period.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

|                                                                              | 2021                |             |             |                     |
|------------------------------------------------------------------------------|---------------------|-------------|-------------|---------------------|
|                                                                              | Level 1             | Level 2     | Level 3     | Total               |
| Mutual funds                                                                 | \$ 1,664,202        | \$ -        | \$ -        | \$ 1,664,202        |
| Common collective trusts - stable value fund measured at net asset value (a) | -                   | -           | -           | 27,599              |
| Total investments at fair value                                              | <u>\$ 1,664,202</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 1,691,801</u> |

|                                                                              | 2020                |             |             |                     |
|------------------------------------------------------------------------------|---------------------|-------------|-------------|---------------------|
|                                                                              | Level 1             | Level 2     | Level 3     | Total               |
| Mutual funds                                                                 | \$ 1,172,348        | \$ -        | \$ -        | \$ 1,172,348        |
| Common collective trusts - stable value fund measured at net asset value (a) | -                   | -           | -           | 36,129              |
| Total investments at fair value                                              | <u>\$ 1,172,348</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 1,208,477</u> |

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

### 5. Plan Termination

Although it has not expressed any intention to do so, the Company 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. In the event of Plan termination, participants will become 100 percent vested in their accounts.

## **Saint Jean Industries, Inc. 401(k)**

### **6. Income Tax Status**

The Plan has not obtained a separate determination letter from the IRS stating that the Plan was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan is relying on the IRS approval of the volume submitter plan that it is utilizing. The IRS has opined and informed the third-party administrator by a letter dated June 30, 2020 that the volume submitter plan was designed in accordance with applicable sections of the IRC. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the Plan is qualified and tax-exempt as of the financial statement date.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the IRS. The Plan's management and its tax counsel have analyzed the tax positions taken by the Plan, and have concluded that as of both December 31, 2021 and 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes that it is no longer subject to income tax examinations for the years prior to 2018.

### **7. Risks and Uncertainties**

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

### **8. Related-Party Transactions and Party-in-Interest Transactions**

Certain Plan investments are shares of mutual funds and a common/collective trust managed or issued by the Trustee. Additionally, administrative expenses are paid by the Plan to the Trustee. Therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services are included as a reduction of the return earned on each fund. Administrative fees of \$7,725 were paid by the Plan to the Trustee for the year ended December 31, 2021. Participant loans are considered to be permitted party-in-interest transactions.

### **9. Delinquent Participant Contributions**

During 2021, the Company did not remit to the Plan's custodian certain participant contributions totaling \$8,244 within the period prescribed by the Department of Labor regulations. Delays in remitting the contributions to the custodian were due to administrative errors.

### **10. Subsequent Events**

The Plan has evaluated subsequent events through October 16, 2022, the date these financial statements were available for issuance.

# Saint Jean Industries, Inc. 401(k)

## Schedule H, Line 4i, Schedule of Assets (Held at End of Year)

E.I.N. 20-5408618 – P.I.N. 001

December 31, 2021

| (a)                                                     | (b)                                                                                                            | (c)  | (d)           | (e)                 |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------|---------------|---------------------|
| Identity of Issuer, Borrower, Lessor, or Similar Party  | Description of Investment, Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost | Current Value |                     |
| * Fidelity Advisor Freedom 2010 Fund                    | Mutual Funds                                                                                                   | (1)  | \$            | 3,266               |
| * Fidelity Advisor Freedom 2020 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 73,528              |
| * Fidelity Advisor Freedom 2025 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 111,103             |
| * Fidelity Advisor Freedom 2030 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 576,441             |
| * Fidelity Advisor Freedom 2035 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 237,341             |
| * Fidelity Advisor Freedom 2040 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 195,215             |
| * Fidelity Advisor Freedom 2045 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 163,870             |
| * Fidelity Advisor Freedom 2050 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 49,493              |
| * Fidelity Advisor Freedom 2055 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 66,814              |
| * Fidelity Advisor Freedom 2060 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 33,772              |
| * Fidelity Advisor Freedom Income Fund                  | Mutual Funds                                                                                                   | (1)  |               | 18,886              |
| * Fidelity Advisor High Income Advantage Fund           | Mutual Funds                                                                                                   | (1)  |               | 2,296               |
| * Fidelity Advisor Industrials Fund                     | Mutual Funds                                                                                                   | (1)  |               | 4,797               |
| * Fidelity Advisor Levergaed Company Stock Fund         | Mutual Funds                                                                                                   | (1)  |               | 288                 |
| * Fidelity Advisor Small Cap Fund                       | Mutual Funds                                                                                                   | (1)  |               | 12,392              |
| * Fidelity Advisor New Insights Fund Class M            | Mutual Funds                                                                                                   | (1)  |               | 8,046               |
| * Fidelity Advisor Freedom 2065 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 10,908              |
| * Fidelity Advisor Value Strategies Class M             | Mutual Funds                                                                                                   | (1)  |               | 17,501              |
| * Fidelity Advisor Real Estate Income Class M           | Mutual Funds                                                                                                   | (1)  |               | 5,578               |
| * Fidelity Advisor Focused Emerging Markets Class M     | Mutual Funds                                                                                                   | (1)  |               | 6,897               |
| * Fidelity Advisor Diversified Internation Fund Class M | Mutual Funds                                                                                                   | (1)  |               | 86                  |
| * Fidelity Advisor Stable Value                         | Stable Value Fund                                                                                              | (1)  |               | 27,599              |
| Victory RS Partners Fund Class A                        | Mutual Funds                                                                                                   | (1)  |               | 7,650               |
| Columbia Large Cap Growth Fund                          | Mutual Funds                                                                                                   | (1)  |               | 28,042              |
| JPMorgan Equity Index Fund                              | Mutual Funds                                                                                                   | (1)  |               | 29,992              |
| * Participant loans                                     | Interest rates of 8.25%<br>per annum maturing through 2026                                                     | -0-  |               | 61,494              |
|                                                         |                                                                                                                |      |               | <u>\$ 1,753,295</u> |
| * Parties-in-interest to the plan                       |                                                                                                                |      |               |                     |
| (1) Cost omitted for participant directed investments.  |                                                                                                                |      |               |                     |

## Saint Jean Industries, Inc. 401(k)

### Schedule H, Line 4a, Schedule of Delinquent Participant Contributions

Year Ended December 31, 2021

E.I.N. 20-5408618 – P.I.N. 001

Plan # 001

|                                                                       | Total that Constitutes<br>Non-Exempt Prohibited Transactions |                                                  |                                                   |                                                        |
|-----------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|
|                                                                       | Contributions<br>Not<br>Corrected                            | Contributions<br>Corrected<br>Outside of<br>VFCP | Contributions<br>Pending<br>Correction<br>in VFCP | Total Fully Corrected<br>Under VFCP and PTE<br>2002-51 |
| Participant Contributions                                             |                                                              |                                                  |                                                   |                                                        |
| Transferred Late to Plan                                              | \$ -                                                         | \$ 6,127                                         | \$ 2,117                                          | \$ -                                                   |
| Check Here If Late<br>Participant Loan<br>Repayments Are<br>Included: |                                                              |                                                  |                                                   |                                                        |
|                                                                       | <u>\$ -</u>                                                  | <u>\$ 6,127</u>                                  | <u>\$ 2,117</u>                                   | <u>\$ -</u>                                            |

**mazars**

[www.mazars.us](http://www.mazars.us)

# **Saint Jean Industries, Inc.**

## **401(k)**

Financial Statements and  
Supplementary Information  
December 31, 2021 and 2020



Mazars USA LLP is an independent member firm of Mazars Group.

# Saint Jean Industries, Inc. 401(k)

## Table of Contents December 31, 2021 and 2020

|                                                                             | Page(s) |
|-----------------------------------------------------------------------------|---------|
| Independent Auditors' Report.....                                           | 1-3     |
| Statements of Net Assets Available for Benefits .....                       | 4       |
| Statement of Changes in Net Assets Available for Benefits .....             | 5       |
| Notes to Financial Statements.....                                          | 6-10    |
| Schedule H, Line 4i, Schedule of Assets (Held at End of Year) .....         | 11      |
| Schedule H, Line 4a, Schedule of Delinquent Participant Contributions ..... | 12      |

## Independent Auditors' Report

Tel: 312.863.2400  
www.mazars.us

To the Plan Sponsor of  
Saint Jean Industries, Inc. 401(k)  
Heber Springs, Arkansas

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the Financial Statements

We have performed an audit of the financial statements of Saint Jean Industries, Inc. 401(k) (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 statements of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from Fidelity Management Trust Company, the trustee of the Plan, 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 the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 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).

### 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 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.

### Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and 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.



In preparing the financial statements, management is required to evaluate whether 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 one year after the date of the financial statements are issued, in accordance with accounting principles generally accepted in the United States of America.

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.

#### **Auditors' Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 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 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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 Schedules Required by ERISA*

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor'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 schedules, 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

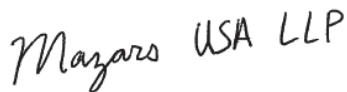
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

### *Auditors' Report on the 2020 Financial Statements*

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor'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 October 5, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Mazars USA LLP". The signature is written in a cursive, flowing style.

October 16, 2022

## Saint Jean Industries, Inc. 401(k)

### Statements of Net Assets Available for Benefits December 31, 2021 and 2020

|                                    | <u>2021</u>                | <u>2020</u>                |
|------------------------------------|----------------------------|----------------------------|
| <b>Assets</b>                      |                            |                            |
| Investments                        |                            |                            |
| Investments, at fair value         | <u>\$ 1,691,801</u>        | <u>\$ 1,208,477</u>        |
| Receivables                        |                            |                            |
| Employee contributions receivable  | 6,127                      | 8,244                      |
| Employer contributions receivable  | 5,069                      | 6,293                      |
| Notes receivable from participants | <u>61,494</u>              | <u>22,778</u>              |
| Total receivables                  | <u>72,690</u>              | <u>37,315</u>              |
| Net assets available for benefits  | <u><u>\$ 1,764,491</u></u> | <u><u>\$ 1,245,792</u></u> |

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

## Saint Jean Industries, Inc. 401(k)

### Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2021

|                                                       |                            |
|-------------------------------------------------------|----------------------------|
| Investment income                                     |                            |
| Interest and dividends                                | \$ 143,903                 |
| Net appreciaton in fair value of investments          | <u>20,441</u>              |
| Net investment income                                 | <u>164,344</u>             |
|                                                       |                            |
| Additions to net assets available for benefits        |                            |
| Interest income on notes receivable from participants | <u>3,159</u>               |
|                                                       |                            |
| Contributions - employer                              | 139,333                    |
| Contributions - employee                              | 229,016                    |
| Contributions - rollover                              | <u>136,269</u>             |
| Total contributions                                   | <u>504,618</u>             |
| Total additions                                       | <u>672,121</u>             |
|                                                       |                            |
| Deductions                                            |                            |
| Benefits paid to participants                         | 145,697                    |
| Administrative expenses                               | <u>7,725</u>               |
| Total deductions                                      | <u>153,422</u>             |
| Net increase                                          | 518,699                    |
|                                                       |                            |
| Net assets available for benefits                     |                            |
| Beginning of year                                     | <u>1,245,792</u>           |
| End of year                                           | <u><u>\$ 1,764,491</u></u> |

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

# Saint Jean Industries, Inc. 401(k)

## Notes to Financial Statements Years Ended December 31, 2021 and 2020

### 1. Description of the Plan

The following description of the Saint Jean Industries, Inc. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

#### General

The Plan is a defined contribution plan covering all employees of Saint Jean Industries, Inc. (the Company) who have at least three months of service and are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Company is the plan sponsor. The Fidelity Management Trust Company (the “Trustee”) serves as the trustee and third-party administrator of the Plan. All investments are self-directed by Plan participants.

In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. The COVID-19 pandemic has led to increased volatility in financial markets. The extent to which such increased volatility will impact the value of Plan assets will depend on future developments that are highly uncertain and cannot be predicted.

On March 27, 2020, the “Coronavirus Aid, Relief, and Economic Security (CARES) Act” was signed into law. The CARES Act included several relief provisions available to the Plan and its participants. Plan management evaluated the provisions and adopted certain provisions related to notes receivable from participants and distributions. These amendments have not formally been adopted as of the date of the financial statements. Management will formally retroactively amend the plan prior to the statutory deadline of the end of the plan year beginning on January 1, 2022.

#### Contributions

Employees may contribute through payroll deductions up to 50% of their annual compensation, but not more than the Internal Revenue Code (“IRC”) imposed limit established each year. Participants who are age 50 or older before the close of the Plan year may also elect to make catch-up contributions, subject to certain IRC limitations. Participants may also roll over amounts representing distributions from other qualified benefit plans into the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan was amended effective January 1, 2019, requiring the Company to make Safe Harbor matching contributions for eligible participants equal to 100% of the first 4% of the eligible Participant’s Compensation contributed to the plan.

The Company, at its discretion, may make profit sharing contributions for eligible employees, as further defined in the plan document. For the year ended December 31, 2021, no discretionary profit-sharing contributions were made.

#### Participant Accounts

Each participant’s account is credited with the participant’s contributions, Company’s contributions, Plan earnings/losses based on the participant’s investment elections and charged with withdrawals and administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

#### Vesting

Participants are immediately vested in their voluntary contributions and safe harbor employer match contributions plus earnings thereon. Participants are not vested in employer contributions until they complete two years of service at which time, they become 20% vested. Twenty percent of the remainder of their account vests after each year of continuous service, so that a participant is fully vested after six completed years of service.

## Saint Jean Industries, Inc. 401(k)

### Notes Receivable from Participants

Employees may request loans for allowable uses which are repaid through payroll deductions. Participants may borrow from their vested balance up to the maximum loan amount which is the lesser of \$50,000 reduced by the highest outstanding loan balance during the 12-month period prior to the date of the participant's request or 50% of the participant's vested account balance. The Company has not formally amended the Plan for the CARES Act, which includes relief provisions for loans and distributions; but will be required to make the amendment by the end of Plan year beginning on or after January 1, 2022. Participants with loans taken on or after June 18, 2020, and on or before December 31, 2020 may borrow up to 100 percent of their vested balance or \$100,000, whichever is lesser. The loans are secured by the balance in the participant's account, bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator and are to be repaid over a period not to exceed five years, except as related to the purchase of a personal residence. Loan repayments from outstanding loans that are due between March 27, 2020, to December 31, 2020 can be extended for one year for all borrowers.

### Payment of Benefits

On termination of service due to death, disability, retirement, or financial hardship (as described in the Plan), a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments as defined in the Plan. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. The Plan allows for a coronavirus-related distribution from January 1, 2020, to December 31, 2020 up to an aggregate limit of \$100,000 of their vested account balance.

### Forfeited Accounts

On December 31, 2021 and 2020, forfeited non-vested accounts totaled \$22,653 and \$27,701, respectively. This account is available to be used to pay Plan expenses and to reduce future employer contributions, of which \$5,215 was used to pay plan expenses in 2021.

## 2. Summary of Significant Accounting Policies

### Basis of Accounting

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

### Use of Estimates

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

### Investment Valuation and Income Recognition

The Plan's 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation/depreciation 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 are recorded upon distribution.

### Notes Receivable from Participants

Loans are measured at their unpaid principal balance plus any accrued, but unpaid interest. Interest income is recorded on the accrual basis. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and benefit payment is recorded. No allowance for credit losses has been recorded as of December 31, 2021, and 2020.

## Saint Jean Industries, Inc. 401(k)

### Administrative Fees

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

### 3. Information Certified by the Trustee

The following is a summary of the information regarding the Plan as of December 31, 2021 and 2020, and for the year ended December 31, 2021, included in the Plan's financial statements, that was prepared by or derived from information provided by Fidelity Management Trust Company, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained a certification from the trustee that such information is complete and accurate.

|                                                            | 2021         | 2020         |
|------------------------------------------------------------|--------------|--------------|
| Statements of net assets available for benefits:           |              |              |
| Investments at fair value                                  | \$ 1,691,801 | \$ 1,208,477 |
| Notes receivable from participants                         | 61,494       | 22,778       |
| Statement of changes in net assets available for benefits: |              |              |
| Interest and dividends                                     | \$ 143,903   |              |
| Interest income from notes receivable from participants    | 3,159        |              |
| Net appreciation in fair value of investments              | 20,441       |              |

### 4. Fair Value Measurements

The Financial Accounting Standards Board's Accounting Standards Codification established 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 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy 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 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.

## Saint Jean Industries, Inc. 401(k)

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, 2021 and 2020:

- Shares of mutual funds are valued using quoted market prices in an active market.
- Common collective trust funds are stated at fair value, which is determined by the trustee of the common collective trust based on the underlying assets, which represent the net asset value of units held by the trust. The common collective trust fund invests primarily in fixed income securities and shares of money market funds. The common collective trusts do not have unfunded commitments relating to its investments, or any significant restrictions or redemptions. Participant-directed redemptions can be made on any business day and do not have a redemption notice period.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

|                                                                              | 2021                |             |             |                     |
|------------------------------------------------------------------------------|---------------------|-------------|-------------|---------------------|
|                                                                              | Level 1             | Level 2     | Level 3     | Total               |
| Mutual funds                                                                 | \$ 1,664,202        | \$ -        | \$ -        | \$ 1,664,202        |
| Common collective trusts - stable value fund measured at net asset value (a) | -                   | -           | -           | 27,599              |
| Total investments at fair value                                              | <u>\$ 1,664,202</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 1,691,801</u> |
|                                                                              |                     |             |             |                     |
|                                                                              | 2020                |             |             |                     |
|                                                                              | Level 1             | Level 2     | Level 3     | Total               |
| Mutual funds                                                                 | \$ 1,172,348        | \$ -        | \$ -        | \$ 1,172,348        |
| Common collective trusts - stable value fund measured at net asset value (a) | -                   | -           | -           | 36,129              |
| Total investments at fair value                                              | <u>\$ 1,172,348</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 1,208,477</u> |

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

### 5. Plan Termination

Although it has not expressed any intention to do so, the Company 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. In the event of Plan termination, participants will become 100 percent vested in their accounts.

## **Saint Jean Industries, Inc. 401(k)**

### **6. Income Tax Status**

The Plan has not obtained a separate determination letter from the IRS stating that the Plan was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan is relying on the IRS approval of the volume submitter plan that it is utilizing. The IRS has opined and informed the third-party administrator by a letter dated June 30, 2020 that the volume submitter plan was designed in accordance with applicable sections of the IRC. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the Plan is qualified and tax-exempt as of the financial statement date.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the IRS. The Plan's management and its tax counsel have analyzed the tax positions taken by the Plan, and have concluded that as of both December 31, 2021 and 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes that it is no longer subject to income tax examinations for the years prior to 2018.

### **7. Risks and Uncertainties**

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

### **8. Related-Party Transactions and Party-in-Interest Transactions**

Certain Plan investments are shares of mutual funds and a common/collective trust managed or issued by the Trustee. Additionally, administrative expenses are paid by the Plan to the Trustee. Therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services are included as a reduction of the return earned on each fund. Administrative fees of \$7,725 were paid by the Plan to the Trustee for the year ended December 31, 2021. Participant loans are considered to be permitted party-in-interest transactions.

### **9. Delinquent Participant Contributions**

During 2021, the Company did not remit to the Plan's custodian certain participant contributions totaling \$8,244 within the period prescribed by the Department of Labor regulations. Delays in remitting the contributions to the custodian were due to administrative errors.

### **10. Subsequent Events**

The Plan has evaluated subsequent events through October 16, 2022, the date these financial statements were available for issuance.

# Saint Jean Industries, Inc. 401(k)

## Schedule H, Line 4i, Schedule of Assets (Held at End of Year)

E.I.N. 20-5408618 – P.I.N. 001

December 31, 2021

| (a)                                                     | (b)                                                                                                            | (c)  | (d)           | (e)                 |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------|---------------|---------------------|
| Identity of Issuer, Borrower, Lessor, or Similar Party  | Description of Investment, Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost | Current Value |                     |
| * Fidelity Advisor Freedom 2010 Fund                    | Mutual Funds                                                                                                   | (1)  | \$            | 3,266               |
| * Fidelity Advisor Freedom 2020 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 73,528              |
| * Fidelity Advisor Freedom 2025 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 111,103             |
| * Fidelity Advisor Freedom 2030 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 576,441             |
| * Fidelity Advisor Freedom 2035 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 237,341             |
| * Fidelity Advisor Freedom 2040 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 195,215             |
| * Fidelity Advisor Freedom 2045 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 163,870             |
| * Fidelity Advisor Freedom 2050 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 49,493              |
| * Fidelity Advisor Freedom 2055 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 66,814              |
| * Fidelity Advisor Freedom 2060 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 33,772              |
| * Fidelity Advisor Freedom Income Fund                  | Mutual Funds                                                                                                   | (1)  |               | 18,886              |
| * Fidelity Advisor High Income Advantage Fund           | Mutual Funds                                                                                                   | (1)  |               | 2,296               |
| * Fidelity Advisor Industrials Fund                     | Mutual Funds                                                                                                   | (1)  |               | 4,797               |
| * Fidelity Advisor Levergaed Company Stock Fund         | Mutual Funds                                                                                                   | (1)  |               | 288                 |
| * Fidelity Advisor Small Cap Fund                       | Mutual Funds                                                                                                   | (1)  |               | 12,392              |
| * Fidelity Advisor New Insights Fund Class M            | Mutual Funds                                                                                                   | (1)  |               | 8,046               |
| * Fidelity Advisor Freedom 2065 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 10,908              |
| * Fidelity Advisor Value Strategies Class M             | Mutual Funds                                                                                                   | (1)  |               | 17,501              |
| * Fidelity Advisor Real Estate Income Class M           | Mutual Funds                                                                                                   | (1)  |               | 5,578               |
| * Fidelity Advisor Focused Emerging Markets Class M     | Mutual Funds                                                                                                   | (1)  |               | 6,897               |
| * Fidelity Advisor Diversified Internation Fund Class M | Mutual Funds                                                                                                   | (1)  |               | 86                  |
| * Fidelity Advisor Stable Value                         | Stable Value Fund                                                                                              | (1)  |               | 27,599              |
| Victory RS Partners Fund Class A                        | Mutual Funds                                                                                                   | (1)  |               | 7,650               |
| Columbia Large Cap Growth Fund                          | Mutual Funds                                                                                                   | (1)  |               | 28,042              |
| JPMorgan Equity Index Fund                              | Mutual Funds                                                                                                   | (1)  |               | 29,992              |
| * Participant loans                                     | Interest rates of 8.25%<br>per annum maturing through 2026                                                     | -0-  |               | 61,494              |
|                                                         |                                                                                                                |      |               | <u>\$ 1,753,295</u> |
| * Parties-in-interest to the plan                       |                                                                                                                |      |               |                     |
| (1) Cost omitted for participant directed investments.  |                                                                                                                |      |               |                     |

## Saint Jean Industries, Inc. 401(k)

### Schedule H, Line 4a, Schedule of Delinquent Participant Contributions

Year Ended December 31, 2021

E.I.N. 20-5408618 – P.I.N. 001

Plan # 001

|                                                                       | Total that Constitutes<br>Non-Exempt Prohibited Transactions |                                                  |                                                   |                                                        |
|-----------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|
|                                                                       | Contributions<br>Not<br>Corrected                            | Contributions<br>Corrected<br>Outside of<br>VFCP | Contributions<br>Pending<br>Correction<br>in VFCP | Total Fully Corrected<br>Under VFCP and PTE<br>2002-51 |
| Participant Contributions<br>Transferred Late to Plan                 | \$ -                                                         | \$ 6,127                                         | \$ 2,117                                          | \$ -                                                   |
| Check Here If Late<br>Participant Loan<br>Repayments Are<br>Included: | \$ -                                                         | \$ 6,127                                         | \$ 2,117                                          | \$ -                                                   |

**mazars**

[www.mazars.us](http://www.mazars.us)

# **Saint Jean Industries, Inc.** **401(k)**

Financial Statements and  
Supplementary Information  
December 31, 2021 and 2020



Mazars USA LLP is an independent member firm of Mazars Group.

# Saint Jean Industries, Inc. 401(k)

## Table of Contents December 31, 2021 and 2020

|                                                                             | Page(s) |
|-----------------------------------------------------------------------------|---------|
| Independent Auditors' Report.....                                           | 1-3     |
| Statements of Net Assets Available for Benefits .....                       | 4       |
| Statement of Changes in Net Assets Available for Benefits .....             | 5       |
| Notes to Financial Statements.....                                          | 6-10    |
| Schedule H, Line 4i, Schedule of Assets (Held at End of Year) .....         | 11      |
| Schedule H, Line 4a, Schedule of Delinquent Participant Contributions ..... | 12      |

## Independent Auditors' Report

Tel: 312.863.2400  
www.mazars.us

To the Plan Sponsor of  
Saint Jean Industries, Inc. 401(k)  
Heber Springs, Arkansas

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the Financial Statements

We have performed an audit of the financial statements of Saint Jean Industries, Inc. 401(k) (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 statements of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from Fidelity Management Trust Company, the trustee of the Plan, 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 the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 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).

### 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 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.

### Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and 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.



In preparing the financial statements, management is required to evaluate whether 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 one year after the date of the financial statements are issued, in accordance with accounting principles generally accepted in the United States of America.

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.

#### **Auditors' Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 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 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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 Schedules Required by ERISA*

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor'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 schedules, 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

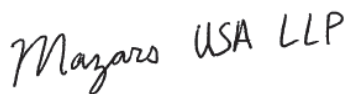
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

### *Auditors' Report on the 2020 Financial Statements*

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor'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 October 5, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



October 16, 2022

## Saint Jean Industries, Inc. 401(k)

### Statements of Net Assets Available for Benefits December 31, 2021 and 2020

|                                    | <u>2021</u>                | <u>2020</u>                |
|------------------------------------|----------------------------|----------------------------|
| <b>Assets</b>                      |                            |                            |
| Investments                        |                            |                            |
| Investments, at fair value         | <u>\$ 1,691,801</u>        | <u>\$ 1,208,477</u>        |
| Receivables                        |                            |                            |
| Employee contributions receivable  | 6,127                      | 8,244                      |
| Employer contributions receivable  | 5,069                      | 6,293                      |
| Notes receivable from participants | <u>61,494</u>              | <u>22,778</u>              |
| Total receivables                  | <u>72,690</u>              | <u>37,315</u>              |
| Net assets available for benefits  | <u><u>\$ 1,764,491</u></u> | <u><u>\$ 1,245,792</u></u> |

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

## Saint Jean Industries, Inc. 401(k)

### Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2021

|                                                       |                            |
|-------------------------------------------------------|----------------------------|
| Investment income                                     |                            |
| Interest and dividends                                | \$ 143,903                 |
| Net appreciation in fair value of investments         | <u>20,441</u>              |
| Net investment income                                 | <u>164,344</u>             |
|                                                       |                            |
| Additions to net assets available for benefits        |                            |
| Interest income on notes receivable from participants | <u>3,159</u>               |
|                                                       |                            |
| Contributions - employer                              | 139,333                    |
| Contributions - employee                              | 229,016                    |
| Contributions - rollover                              | <u>136,269</u>             |
| Total contributions                                   | <u>504,618</u>             |
| Total additions                                       | <u>672,121</u>             |
|                                                       |                            |
| Deductions                                            |                            |
| Benefits paid to participants                         | 145,697                    |
| Administrative expenses                               | <u>7,725</u>               |
| Total deductions                                      | <u>153,422</u>             |
| Net increase                                          | 518,699                    |
|                                                       |                            |
| Net assets available for benefits                     |                            |
| Beginning of year                                     | <u>1,245,792</u>           |
| End of year                                           | <u><u>\$ 1,764,491</u></u> |

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

# Saint Jean Industries, Inc. 401(k)

## Notes to Financial Statements Years Ended December 31, 2021 and 2020

### 1. Description of the Plan

The following description of the Saint Jean Industries, Inc. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

#### General

The Plan is a defined contribution plan covering all employees of Saint Jean Industries, Inc. (the Company) who have at least three months of service and are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Company is the plan sponsor. The Fidelity Management Trust Company (the “Trustee”) serves as the trustee and third-party administrator of the Plan. All investments are self-directed by Plan participants.

In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. The COVID-19 pandemic has led to increased volatility in financial markets. The extent to which such increased volatility will impact the value of Plan assets will depend on future developments that are highly uncertain and cannot be predicted.

On March 27, 2020, the “Coronavirus Aid, Relief, and Economic Security (CARES) Act” was signed into law. The CARES Act included several relief provisions available to the Plan and its participants. Plan management evaluated the provisions and adopted certain provisions related to notes receivable from participants and distributions. These amendments have not formally been adopted as of the date of the financial statements. Management will formally retroactively amend the plan prior to the statutory deadline of the end of the plan year beginning on January 1, 2022.

#### Contributions

Employees may contribute through payroll deductions up to 50% of their annual compensation, but not more than the Internal Revenue Code (“IRC”) imposed limit established each year. Participants who are age 50 or older before the close of the Plan year may also elect to make catch-up contributions, subject to certain IRC limitations. Participants may also roll over amounts representing distributions from other qualified benefit plans into the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan was amended effective January 1, 2019, requiring the Company to make Safe Harbor matching contributions for eligible participants equal to 100% of the first 4% of the eligible Participant’s Compensation contributed to the plan.

The Company, at its discretion, may make profit sharing contributions for eligible employees, as further defined in the plan document. For the year ended December 31, 2021, no discretionary profit-sharing contributions were made.

#### Participant Accounts

Each participant’s account is credited with the participant’s contributions, Company’s contributions, Plan earnings/losses based on the participant’s investment elections and charged with withdrawals and administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

#### Vesting

Participants are immediately vested in their voluntary contributions and safe harbor employer match contributions plus earnings thereon. Participants are not vested in employer contributions until they complete two years of service at which time, they become 20% vested. Twenty percent of the remainder of their account vests after each year of continuous service, so that a participant is fully vested after six completed years of service.

## Saint Jean Industries, Inc. 401(k)

### Notes Receivable from Participants

Employees may request loans for allowable uses which are repaid through payroll deductions. Participants may borrow from their vested balance up to the maximum loan amount which is the lesser of \$50,000 reduced by the highest outstanding loan balance during the 12-month period prior to the date of the participant's request or 50% of the participant's vested account balance. The Company has not formally amended the Plan for the CARES Act, which includes relief provisions for loans and distributions; but will be required to make the amendment by the end of Plan year beginning on or after January 1, 2022. Participants with loans taken on or after June 18, 2020, and on or before December 31, 2020 may borrow up to 100 percent of their vested balance or \$100,000, whichever is lesser. The loans are secured by the balance in the participant's account, bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator and are to be repaid over a period not to exceed five years, except as related to the purchase of a personal residence. Loan repayments from outstanding loans that are due between March 27, 2020, to December 31, 2020 can be extended for one year for all borrowers.

### Payment of Benefits

On termination of service due to death, disability, retirement, or financial hardship (as described in the Plan), a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments as defined in the Plan. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. The Plan allows for a coronavirus-related distribution from January 1, 2020, to December 31, 2020 up to an aggregate limit of \$100,000 of their vested account balance.

### Forfeited Accounts

On December 31, 2021 and 2020, forfeited non-vested accounts totaled \$22,653 and \$27,701, respectively. This account is available to be used to pay Plan expenses and to reduce future employer contributions, of which \$5,215 was used to pay plan expenses in 2021.

## 2. Summary of Significant Accounting Policies

### Basis of Accounting

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

### Use of Estimates

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

### Investment Valuation and Income Recognition

The Plan's 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation/depreciation 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 are recorded upon distribution.

### Notes Receivable from Participants

Loans are measured at their unpaid principal balance plus any accrued, but unpaid interest. Interest income is recorded on the accrual basis. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and benefit payment is recorded. No allowance for credit losses has been recorded as of December 31, 2021, and 2020.

## Saint Jean Industries, Inc. 401(k)

### Administrative Fees

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

### 3. Information Certified by the Trustee

The following is a summary of the information regarding the Plan as of December 31, 2021 and 2020, and for the year ended December 31, 2021, included in the Plan's financial statements, that was prepared by or derived from information provided by Fidelity Management Trust Company, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained a certification from the trustee that such information is complete and accurate.

|                                                            | 2021         | 2020         |
|------------------------------------------------------------|--------------|--------------|
| Statements of net assets available for benefits:           |              |              |
| Investments at fair value                                  | \$ 1,691,801 | \$ 1,208,477 |
| Notes receivable from participants                         | 61,494       | 22,778       |
| Statement of changes in net assets available for benefits: |              |              |
| Interest and dividends                                     | \$ 143,903   |              |
| Interest income from notes receivable from participants    | 3,159        |              |
| Net appreciation in fair value of investments              | 20,441       |              |

### 4. Fair Value Measurements

The Financial Accounting Standards Board's Accounting Standards Codification established 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 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy 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 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.

## Saint Jean Industries, Inc. 401(k)

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, 2021 and 2020:

- Shares of mutual funds are valued using quoted market prices in an active market.
- Common collective trust funds are stated at fair value, which is determined by the trustee of the common collective trust based on the underlying assets, which represent the net asset value of units held by the trust. The common collective trust fund invests primarily in fixed income securities and shares of money market funds. The common collective trusts do not have unfunded commitments relating to its investments, or any significant restrictions or redemptions. Participant-directed redemptions can be made on any business day and do not have a redemption notice period.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

|                                                                              | 2021                |             |             |                     |
|------------------------------------------------------------------------------|---------------------|-------------|-------------|---------------------|
|                                                                              | Level 1             | Level 2     | Level 3     | Total               |
| Mutual funds                                                                 | \$ 1,664,202        | \$ -        | \$ -        | \$ 1,664,202        |
| Common collective trusts - stable value fund measured at net asset value (a) | -                   | -           | -           | 27,599              |
| Total investments at fair value                                              | <u>\$ 1,664,202</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 1,691,801</u> |
|                                                                              |                     |             |             |                     |
|                                                                              | 2020                |             |             |                     |
|                                                                              | Level 1             | Level 2     | Level 3     | Total               |
| Mutual funds                                                                 | \$ 1,172,348        | \$ -        | \$ -        | \$ 1,172,348        |
| Common collective trusts - stable value fund measured at net asset value (a) | -                   | -           | -           | 36,129              |
| Total investments at fair value                                              | <u>\$ 1,172,348</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 1,208,477</u> |

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

### 5. Plan Termination

Although it has not expressed any intention to do so, the Company 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. In the event of Plan termination, participants will become 100 percent vested in their accounts.

## **Saint Jean Industries, Inc. 401(k)**

### **6. Income Tax Status**

The Plan has not obtained a separate determination letter from the IRS stating that the Plan was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan is relying on the IRS approval of the volume submitter plan that it is utilizing. The IRS has opined and informed the third-party administrator by a letter dated June 30, 2020 that the volume submitter plan was designed in accordance with applicable sections of the IRC. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the Plan is qualified and tax-exempt as of the financial statement date.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the IRS. The Plan's management and its tax counsel have analyzed the tax positions taken by the Plan, and have concluded that as of both December 31, 2021 and 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes that it is no longer subject to income tax examinations for the years prior to 2018.

### **7. Risks and Uncertainties**

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

### **8. Related-Party Transactions and Party-in-Interest Transactions**

Certain Plan investments are shares of mutual funds and a common/collective trust managed or issued by the Trustee. Additionally, administrative expenses are paid by the Plan to the Trustee. Therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services are included as a reduction of the return earned on each fund. Administrative fees of \$7,725 were paid by the Plan to the Trustee for the year ended December 31, 2021. Participant loans are considered to be permitted party-in-interest transactions.

### **9. Delinquent Participant Contributions**

During 2021, the Company did not remit to the Plan's custodian certain participant contributions totaling \$8,244 within the period prescribed by the Department of Labor regulations. Delays in remitting the contributions to the custodian were due to administrative errors.

### **10. Subsequent Events**

The Plan has evaluated subsequent events through October 16, 2022, the date these financial statements were available for issuance.

# Saint Jean Industries, Inc. 401(k)

## Schedule H, Line 4i, Schedule of Assets (Held at End of Year)

E.I.N. 20-5408618 – P.I.N. 001

December 31, 2021

| (a)                                                     | (b)                                                                                                            | (c)  | (d)           | (e)                 |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------|---------------|---------------------|
| Identity of Issuer, Borrower, Lessor, or Similar Party  | Description of Investment, Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost | Current Value |                     |
| * Fidelity Advisor Freedom 2010 Fund                    | Mutual Funds                                                                                                   | (1)  | \$            | 3,266               |
| * Fidelity Advisor Freedom 2020 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 73,528              |
| * Fidelity Advisor Freedom 2025 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 111,103             |
| * Fidelity Advisor Freedom 2030 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 576,441             |
| * Fidelity Advisor Freedom 2035 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 237,341             |
| * Fidelity Advisor Freedom 2040 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 195,215             |
| * Fidelity Advisor Freedom 2045 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 163,870             |
| * Fidelity Advisor Freedom 2050 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 49,493              |
| * Fidelity Advisor Freedom 2055 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 66,814              |
| * Fidelity Advisor Freedom 2060 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 33,772              |
| * Fidelity Advisor Freedom Income Fund                  | Mutual Funds                                                                                                   | (1)  |               | 18,886              |
| * Fidelity Advisor High Income Advantage Fund           | Mutual Funds                                                                                                   | (1)  |               | 2,296               |
| * Fidelity Advisor Industrials Fund                     | Mutual Funds                                                                                                   | (1)  |               | 4,797               |
| * Fidelity Advisor Levergaed Company Stock Fund         | Mutual Funds                                                                                                   | (1)  |               | 288                 |
| * Fidelity Advisor Small Cap Fund                       | Mutual Funds                                                                                                   | (1)  |               | 12,392              |
| * Fidelity Advisor New Insights Fund Class M            | Mutual Funds                                                                                                   | (1)  |               | 8,046               |
| * Fidelity Advisor Freedom 2065 Fund                    | Mutual Funds                                                                                                   | (1)  |               | 10,908              |
| * Fidelity Advisor Value Strategies Class M             | Mutual Funds                                                                                                   | (1)  |               | 17,501              |
| * Fidelity Advisor Real Estate Income Class M           | Mutual Funds                                                                                                   | (1)  |               | 5,578               |
| * Fidelity Advisor Focused Emerging Markets Class M     | Mutual Funds                                                                                                   | (1)  |               | 6,897               |
| * Fidelity Advisor Diversified Internation Fund Class M | Mutual Funds                                                                                                   | (1)  |               | 86                  |
| * Fidelity Advisor Stable Value                         | Stable Value Fund                                                                                              | (1)  |               | 27,599              |
| Victory RS Partners Fund Class A                        | Mutual Funds                                                                                                   | (1)  |               | 7,650               |
| Columbia Large Cap Growth Fund                          | Mutual Funds                                                                                                   | (1)  |               | 28,042              |
| JPMorgan Equity Index Fund                              | Mutual Funds                                                                                                   | (1)  |               | 29,992              |
| * Participant loans                                     | Interest rates of 8.25%<br>per annum maturing through 2026                                                     | -0-  |               | 61,494              |
|                                                         |                                                                                                                |      |               | <u>\$ 1,753,295</u> |
| * Parties-in-interest to the plan                       |                                                                                                                |      |               |                     |
| (1) Cost omitted for participant directed investments.  |                                                                                                                |      |               |                     |

## Saint Jean Industries, Inc. 401(k)

### Schedule H, Line 4a, Schedule of Delinquent Participant Contributions

Year Ended December 31, 2021

E.I.N. 20-5408618 – P.I.N. 001

Plan # 001

|                                                                       | Total that Constitutes<br>Non-Exempt Prohibited Transactions |                                                  |                                                   |                                                        |
|-----------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|
|                                                                       | Contributions<br>Not<br>Corrected                            | Contributions<br>Corrected<br>Outside of<br>VFCP | Contributions<br>Pending<br>Correction<br>in VFCP | Total Fully Corrected<br>Under VFCP and PTE<br>2002-51 |
| Participant Contributions<br>Transferred Late to Plan                 | \$ -                                                         | \$ 6,127                                         | \$ 2,117                                          | \$ -                                                   |
| Check Here If Late<br>Participant Loan<br>Repayments Are<br>Included: | \$ -                                                         | \$ 6,127                                         | \$ 2,117                                          | \$ -                                                   |

**mazars**

[www.mazars.us](http://www.mazars.us)