Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
DEE KING TRUCKING 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2014

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
DEE KING TRUCKING, LP

PO BOX 79108
AMARILLO, TX 79120

2b Employer Identification Number (EIN) 75-2936790

2c Plan Sponsor's telephone number 806-335-9891

2d Business code (see instructions) 484120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/27/2022	MARK MCNAIR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/27/2022	MARK MCNAIR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	204
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	132
a(2) Total number of active participants at the end of the plan year	**6a(2)**	149
b Retired or separated participants receiving benefits	**6b**	46
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	195
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	195
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	106
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
DEE KING TRUCKING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DEE KING TRUCKING, LP

D Employer Identification Number (EIN)
75-2936790

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1272	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	12585	17849
(2) Participant contributions	1b(2)	3522	21195
(3) Other	1b(3)		6392
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		12108
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	5605	5426
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	711798	706705
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	734782	769675
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	734782	769675

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	54943	
	(B) Participants	2a(1)(B)	130793	
	(C) Others (including rollovers)	2a(1)(C)	3551	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		189287
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	522	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	177	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		699
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	96	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		96
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-49971
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		140111
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	93137	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		93137
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	12087	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		12087
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		105224
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		34887
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		-6

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: ROBINSON BURDETTE MARTIN & SERIGHT **(2)** EIN: 75-1489868

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		18875

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		60000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
DEE KING TRUCKING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DEE KING TRUCKING, LP

D Employer Identification Number (EIN)
75-2936790

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 45-3210377 95-6817943

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Dee King Trucking 401(k) Plan

Financial Statements

For the Years Ended:

December 31, 2019 and 2018

Robinson
Burdette
Martin &
Seright, L.L.P.
a professional services firm of
certified public accountants

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Independent Auditor's Report

To the Plan Administrators
Dee King Trucking 401(k) Plan
P.O. Box 79108
Amarillo, Texas 79120

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Dee King Trucking 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Mid Atlantic Trust Company (MATC) and Capital Bank and Trust Company (CBTC), the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that MATC held the Plan's investment assets and executed investment transactions for the period March 26, 2018 to December 31, 2019, and that CBTC held the Plan's investment assets and executed investment transactions for the period January 1, 2018 through March 25, 2018. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Robinson
Burdette
Martin &
Seright, L.L.P.

a professional services firm of
certified public accountants

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Lubbock, Texas 79424

telephone (806) 744-3333
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Other Matter

The supplemental schedules listed in the accompanying table of contents as of or for the years ended December 31, 2019 and 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

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

Robinson Burdette
Martin & Seright, L.L.P.

Lubbock, Texas
December 13, 2022

Dee King Trucking 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	2019	2018
Investments, at fair value	$ 1,008,279	$ 718,813
Receivables:		
Employee contributions	23,244	21,195
Employer contributions	19,229	17,849
Other receivables	8,279	6,392
Notes receivable from participants	5,426	5,426
Total receivables	56,178	50,862
Total Assets	1,064,457	769,675
Total Liabilities	-	-
Net Assets Available for Benefits	$ 1,064,457	$ 769,675

See accompanying *Notes to Financial Statements.*

Dee King Trucking 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2019 and 2018

	2019	2018
Net appreciation (depreciation) in fair value of investments	$ 146,700	$ (60,995)
Employer	69,771	56,893
Employees	189,165	140,534
Rollover	-	2,883
Contributions	258,936	200,310
Interest and dividend income	193	172
Total Additions to Net Assets	405,829	139,487
Benefits paid to participants	96,268	92,882
Administrative expenses	14,779	11,712
Total Deductions from Net Assets	111,047	104,594
Net Increase During the Year	294,782	34,893
Net Assets Available for Benefits:		
Beginning of year	769,675	734,782
End of year	$ 1,064,457	$ 769,675

See accompanying *Notes to Financial Statements.*

Note 1: Plan Description

The following description of the Dee King Trucking 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General. The Plan is a contributory, defined contribution plan covering substantially all employees of Dee King Trucking, LP (the Sponsor). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility. Employees are eligible to participate and may begin receiving discretionary matching contributions and making salary deferral contributions to the plan after completing 90 consecutive days of service. Plan entry dates are on the first day of the following month, upon satisfaction of the eligibility requirements.

Contributions. Under the Plan, both participants and the Sponsor are allowed to make contributions. Participant contributions are subject to certain annual limitations under provisions of the Internal Revenue Code (the Code).

The Sponsor may make discretionary matching or profit sharing contributions to the Plan, as determined annually. Sponsor matching contributions, if any, are equal to a uniform percentage of each participant's salary deferrals. The Sponsor may elect to tier matching contributions based on the rate of a participant's elective deferrals or years of service. All participants will share in any Sponsor matching contributions, regardless of the amount of service completed during the respective plan year. In order to share in any profit sharing contributions, the participant must be employed on the last day of the plan year and have completed at least 1,000 hours of service during that year, with certain exceptions.

Participant Accounts. Each participant's account is credited with the participant's contributions and allocations of the Sponsor's contributions, as well as the investment earnings or losses thereon, and allocations of any administrative expenses.

Participant Loans. Participants may borrow from their account a minimum of $1,000 up to the lesser of $50,000 or 50% of their vested account balance. Participant loans are secured by the balance in the participant's account and bear interest at a commercially reasonable rate of interest, as determined by the plan administrator. Principal and interest are repaid ratably, generally through payroll deductions. Effective July 1, 2016, the Plan was amended whereby no additional participant loans will be permitted.

Vesting. Participants are always vested in their contributions and earnings thereon. Participants vest in the Sponsor's matching and/or profit sharing contribution portions of their accounts (including the related earnings), if any, based on a 6-year graded vesting schedule:

Years of Service	Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Note 1: Plan Description (continued)

Payment of Benefits. On termination of service due to death, disability or retirement, the participant or their beneficiary may elect to receive a lump-sum amount equal to the value of the participant's vested interest in their account. A participant may receive the value of the vested interest in their account as a lump-sum distribution upon termination for other reasons. Participants may also make financial hardship withdrawals for situations specified in the Plan document. However, participants cannot contribute to the Plan for six months following the date of a financial hardship withdrawal.

Forfeitures. Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. As permitted by the Plan, forfeitures of Sponsor contributions may be utilized to pay Plan expenses or to reduce Sponsor contributions in future periods. In 2019 and 2018, forfeitures totaling $463 and $13,313, respectively, were used to reduce the Sponsor's contributions to the Plan. At December 31, 2019 and 2018, unallocated forfeitures totaled $10,258 and $12,090, respectively.

Amendment or Termination. Although they have no intent to do so, the Sponsor has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, participants would automatically become fully vested.

Note 2: Summary of Significant Accounting Policies

The Plan's financial statements are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), including specialized industry practices as specified in the American Institute of Certified Public Accountants audit and accounting guide titled *Audits of Employee Benefit Plans.*

Use of Estimates. Financial statements prepared in conformity with GAAP require management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Notes Receivable from Participants. Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Investment Values. Investments are stated at fair value. Shares of mutual funds and the money market fund are valued at the net asset value of shares held by the Plan at year end.

Payment of Benefits. Benefits are recorded when incurred.

Administrative Costs. Certain administrative services and the use of office fixtures and equipment are provided to the Plan by the Sponsor, with no provision for these costs included in the accompanying financial statements. These costs were not significant for the years ended December 31, 2019 and 2018. All other administrative expenses are recognized when incurred.

Prohibited Transactions. A "party-in-interest" is a fiduciary or employee of the Plan, any person who provides services to the Plan, the Sponsor or an employee association whose members are covered by the Plan, a person who owns 50 percent or more of the Sponsor or such employee association or relatives of such person just listed. Under ERISA, a Plan fiduciary is prohibited from causing the Plan to engage in the following transactions with a party-in-interest, with certain conditional exemptions provided by ERISA:

- A sale, exchange or lease of property;
- A loan or other extension of credit;
- The furnishing of goods, services or facilities;
- A transfer of plan assets to a party-in-interest for the use or benefit of a party-in-interest; or
- An acquisition of employer securities or real property.

Note 2: Summary of Significant Accounting Policies (continued)

Prohibited Transactions (continued). A fiduciary is also generally prohibited from using the Plan's assets for his or her own interest or account, acting in any Plan transactions on behalf of a party whose interests are adverse to those of the Plan or its participants and receiving consideration for his or her own account from a party dealing with the Plan in connection with a transaction involving the Plan's assets.

Other than as disclosed in Note 6, the Plan did not engage in any prohibited transactions for the years ended December 31, 2019 and 2018.

Note 3: Income Tax Status

The Internal Revenue Service (IRS) has issued an opinion letter determining that the volume submitter profit sharing plan (the VS Plan) is acceptable under Section 401 of the Code. It is not a ruling or determination as to whether the Plan itself qualifies under Section 401(a) of the Code. However, an employer adopting the VS Plan may rely on the opinion letter with respect to the qualification of its plan under Code section 401(a).

Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. Although the Plan has been amended since receiving the opinion, the plan administrator is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

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 applicable authorities. There are currently no audits for any tax periods in progress. Generally, the Plan's tax returns are subject to examination for three years after they are filed.

Note 4: Data Prepared and Certified By Trustee

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by Mid Atlantic Trust Company (MATC) and Capital Bank and Trust Company (CBTC). MATC held the Plan's investment assets and executed investment transactions for the period March 26, 2018 through December 31, 2019, and CBTC held the Plan's investment assets and executed investment transactions from January 1, 2018 through March 25, 2018.

	2019	2018
Mutual funds	$ 998,896	$ 706,705
Money market fund	9,383	12,108
Total	$ 1,008,279	$ 718,813

For the years ended December 31, 2019 and 2018, CBTC and MATC have also certified the completeness and accuracy of the $146,700 and ($60,995) net appreciation (depreciation) in fair value of the Plan's investments, respectively. Certain Plan investments are shares of mutual funds managed by Touchstone Retirement Group, an affiliate of MATC. MATC is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Note 5: Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

	2019		
	Level 1	**Level 2**	**Total**
Mutual funds	$ 998,896	$ –	$ 998,896
Money market fund	9,383	–	9,383
Total	$ 1,008,279	$ –	$ 1,008,279

	2018		
	Level 1	**Level 2**	**Total**
Mutual funds	$ 706,705	$ –	$ 706,705
Money market fund	12,108	–	12,108
Total	$ 718,813	$ –	$ 718,813

FASB ASC 820, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs consist of unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 1 Fair Value Measurements

The fair values of mutual funds and the money market fund are based on quoted net asset values of the shares held by the Plan at year end.

Note 6: Party-in-Interest Transactions

During 2019, 2018, and 2017, the Sponsor failed to remit certain participant contributions to the plan in a timely manner, as defined by ERISA. These instances have all been corrected. The delinquent contributions are considered nonexempt party-in-interest transactions, which may result in an imposition of a 15 percent excise tax on the amount of the transactions. The plan sponsor has compensated participants for any lost earnings resulting from the delay in contributions. Lost earnings associated with the delinquent contributions totaled $8,279. These nonexempt transactions do not affect the tax status determination of the Plan, and the Sponsor intends to pay any fines imposed.

Note 7: Reconciliation of Financial Statements to Form 5500

The Form 5500 is a joint-agency form, developed by the IRS, the U.S. Department of Labor, and the Pension Benefit Guaranty Corporation, which may be used to satisfy the annual reporting requirements of the Code and Titles I and IV of ERISA. The Plan is required to file a Form 5500 annually, with audited financial statements enclosed. Certain accounting principles and/or the methods of application underlying the accompanying financial statements and the Plan's Form 5500 are different, generating timing differences between corresponding amounts presented therein.

Note 7: Reconciliation of Financial Statements to Form 5500 (continued)

Accordingly, reconciliations of amounts presented in the accompanying financial statements and the Plan's Form 5500 follow:

"Net Assets Available for Benefits" per the accompanying financial statements and the Plan's Form 5500 are reconciled as follows:

	2019	2018
Net assets available for benefits as reported in the financial statements	$ 1,064,457	$ 769,675
Less: Accrued contributions receivable	(7,152)	–
As reported in the Form 5500	$ 1,057,305	$ 769,675

"Increase in Net Assets Available for Benefits" per the accompanying financial statements and the Plan's Form 5500 are reconciled as follows:

	2019	2018
Increase (decrease) in net assets available for benefits as reported in the financial statements	$ 294,782	$ (34,893)
Less: Change in accruals	(7,152)	–
As reported in the Form 5500	$ 287,630	$ (34,893)

Note 8: Subsequent Events Evaluation

Management has evaluated subsequent events through December 13, 2022, the date which the financial statements were available to be issued. No material subsequent events have occurred during this time which would require recognition in the financial statements or footnotes as of and for the year ended December 31, 2019.

Dee King Trucking 401(k) Plan

Supplemental Schedules

December 31, 2019 and 2018

Dee King Trucking 401(k) Plan

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2019

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
PYE 12/31/19	$ -	$ -	$ 7,756	$ -
PYE 12/31/18	-	-	15,354	-
PYE 12/31/17	-	-	3,522	-

Dee King Trucking 401(k) Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2019

(a)	(b) Identity of issuer, borrower, lessor or similar party [1]	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost [2]	(e) Current Value
	AllianceBernstein	AB Government Money Market Portfolio Fund	-	$ 9,383
	CLS Investments, LLC	CLS ETF Strategy Moderate Growth 60	-	92,015
	CLS Investments, LLC	CLS ETF Target Date 2015 Strategy	-	6
	CLS Investments, LLC	CLS ETF Target Date 2020 Strategy	-	172,165
	CLS Investments, LLC	CLS ETF Target Date 2025 Strategy	-	113,356
	CLS Investments, LLC	CLS ETF Target Date 2030 Strategy	-	89,405
	CLS Investments, LLC	CLS ETF Target Date 2035 Strategy	-	111,948
	CLS Investments, LLC	CLS ETF Target Date 2040 Strategy	-	5,673
	CLS Investments, LLC	CLS ETF Target Date 2045 Strategy	-	244,513
	CLS Investments, LLC	CLS ETF Target Date 2050 Strategy	-	128,293
	CLS Investments, LLC	CLS ETF Target Date 2055 Strategy	-	16,963
	CLS Investments, LLC	CLS ETF Target Date 2060 Strategy	-	24,559
*	Notes Receivable from Participants	1 year, 5.25%-5.50% each	-	5,426
				$ 1,013,705

* An asterisk (*) in column "a" indicates a party-in-interest to the Plan.

[1] Notes receivable from participants are aggregated and presented with a general description of terms and interest rates.

[2] Cost information is omitted with respect to participant and/or beneficiary-directed transactions.

Dee King Trucking 401(k) Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2018

(a)	(b) Identity of issuer, borrower, lessor or similar party [1]	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost [2]	(e) Current Value
	AllianceBernstein	AB Government Money Market Portfolio Fund	-	$ 12,108
	CLS Investments, LLC	CLS ETF Strategy Moderate Growth 60	-	17,335
	CLS Investments, LLC	CLS ETF Target Date 2015 Strategy	-	6
	CLS Investments, LLC	CLS ETF Target Date 2020 Strategy	-	138,003
	CLS Investments, LLC	CLS ETF Target Date 2025 Strategy	-	78,400
	CLS Investments, LLC	CLS ETF Target Date 2030 Strategy	-	112,952
	CLS Investments, LLC	CLS ETF Target Date 2035 Strategy	-	74,753
	CLS Investments, LLC	CLS ETF Target Date 2040 Strategy	-	5,025
	CLS Investments, LLC	CLS ETF Target Date 2045 Strategy	-	170,697
	CLS Investments, LLC	CLS ETF Target Date 2050 Strategy	-	86,164
	CLS Investments, LLC	CLS ETF Target Date 2055 Strategy	-	10,269
	CLS Investments, LLC	CLS ETF Target Date 2060 Strategy	-	13,101
*	Notes Receivable from Participants	2 years, 5.25%-5.50% each	-	5,426
				$ 724,239

* An asterisk (*) in column "a" indicates a party-in-interest to the Plan.

[1] Notes receivable from participants are aggregated and presented with a general description of terms and interest rates.

[2] Cost information is omitted with respect to participant and/or beneficiary-directed transactions.

Dee King Trucking 401(k) Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2018

(a)	(b) Identity of issuer, borrower, lessor or similar party [1]	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost [2]	(e) Current Value
	AllianceBernstein	AB Government Money Market Portfolio Fund	-	$ 12,108
	CLS Investments, LLC	CLS ETF Strategy Moderate Growth 60	-	17,335
	CLS Investments, LLC	CLS ETF Target Date 2015 Strategy	-	6
	CLS Investments, LLC	CLS ETF Target Date 2020 Strategy	-	138,003
	CLS Investments, LLC	CLS ETF Target Date 2025 Strategy	-	78,400
	CLS Investments, LLC	CLS ETF Target Date 2030 Strategy	-	112,952
	CLS Investments, LLC	CLS ETF Target Date 2035 Strategy	-	74,753
	CLS Investments, LLC	CLS ETF Target Date 2040 Strategy	-	5,025
	CLS Investments, LLC	CLS ETF Target Date 2045 Strategy	-	170,697
	CLS Investments, LLC	CLS ETF Target Date 2050 Strategy	-	86,164
	CLS Investments, LLC	CLS ETF Target Date 2055 Strategy	-	10,269
	CLS Investments, LLC	CLS ETF Target Date 2060 Strategy	-	13,101
*	Notes Receivable from Participants	2 years, 5.25%-5.50% each	-	5,426
				$ 724,239

* An asterisk (*) in column "a" indicates a party-in-interest to the Plan.

[1] Notes receivable from participants are aggregated and presented with a general description of terms and interest rates.

[2] Cost information is omitted with respect to participant and/or beneficiary-directed transactions.