

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
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
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.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>JETTA OPERATING CO 401(K) PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>05/13/1992</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JETTA OPERATING COMPANY, INC.</u> <u>640 TAYLOR STREET</u> <u>SUITE 2400</u> <u>FORT WORTH, TX 76102-4919</u>
2b	Employer Identification Number (EIN) <u>75-2765486</u>
2c	Plan Sponsor's telephone number <u>817-639-2236</u>
2d	Business code (see instructions) <u>211130</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/18/2023	MISTY FARR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	218
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)	128
a(2) Total number of active participants at the end of the plan year		6a(2)	126
b Retired or separated participants receiving benefits.....		6b	4
c Other retired or separated participants entitled to future benefits		6c	61
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	191
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	191
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	190
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J 2K 2S 2T 3H 2E 3D 2R			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan JETTA OPERATING CO 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JETTA OPERATING COMPANY, INC.	D Employer Identification Number (EIN) 75-2765486	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	8852	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65 71	RECORDKEEPER	2921	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan JETTA OPERATING CO 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 JETTA OPERATING COMPANY, INC.		
D Employer Identification Number (EIN) 75-2765486		

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	438292	369534
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	1667204	2055745
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	200231	166945
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	36966369	38651378
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	712	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	39272808	41243602

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	39272808	41243602
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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)	479815	
(B) Participants	2a(1)(B)	1089562	
(C) Others (including rollovers).....	2a(1)(C)	1601432	
(2) Noncash contributions.....	2a(2)	0	3170809
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	160	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	9735	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		9895
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	1415880
(B) Common stock	2b(2)(B)	41687	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1374193	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		1415880
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3793868	85403
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3708465	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		85403
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	104011
(B) Other	2b(5)(B)	104011	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		104011

		(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)		4484396
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		9270394
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7288200	
(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)		7288200
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
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)	8852	
(4) Other.....	2i(4)	2548	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		11400
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7299600
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1970794
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: WILLIAMS, WILBURN & CO., PLLC

(2) EIN: 45-4222795

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		X	
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	---

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

A Name of plan JETTA OPERATING CO 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 JETTA OPERATING COMPANY, INC.	D Employer Identification Number (EIN) 75-2765486

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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 _____

Financial Statements

Prepared for:

JETTA OPERATING COMPANY EMPLOYEE PROFIT SHARING PLAN

As of December 31, 2021 and 2020

Prepared by:

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

**Headquarters - 4609 East 91st Street
Tulsa, Oklahoma 74137
Phone (918) 492.7511
Facsimile (918) 492-6860**

**100 Crescent Court, 7th Floor
Dallas, TX 75201
Phone (214) 459-8309
Facsimile (214) 459-3101**

**205 Powell Place, Suite 200
Brentwood, Tennessee 37027
Phone (615) 369.0747
Facsimile (615) 369-0748**

Member of:

Williams, Partners & Affiliates, LTD.

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All other supplemental schedules required for 2021 by the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted as they are inapplicable or not required.



Independent Auditors' Report

Board of Trustees

Jetta Operating Company Employee Profit Sharing Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Jetta Operating Company Employee Profit Sharing Plan, or the "Plan", which is 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 2021 and 2020, and the related statement of changes in net assets available for benefits for the years ended December 31, 2021 and 2020, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 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 audits 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 certifications from a qualified institution as of December 31, 2021 and 2020, and for the years ended December 31, 2021 and 2020 stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's 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

We conducted our audits 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 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 that the financial statements are issued [or, when applicable, one year after the date that the financial statements are available to be issued].

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 audits 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 Matter – Supplemental Schedules Required by ERISA

The supplemental schedule H, Line 4i - Schedule of Assets 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 audits 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).

Williams Wilburn & Co. PLLC

Williams, Wilburn & Co., PLLC

Certified Public Accountants and Advisors

Williams, Wilburn & Co., PLLC is an
Affiliate of Williams Partners & Affiliates, Ltd.
Headquarters: 4609 East 91st Street;
Tulsa, Oklahoma 74137-2852
P: (918) 492-7511 F: (918) 492-6860
Website: www.wjs-company.com

January 5, 2023
Tulsa, Oklahoma

JETTA OPERATING COMPANY EMPLOYEE PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 & 2020

	<u>2021</u>	<u>2020</u>
Assets:		
Investments at fair value (Note 5)	\$ 41,076,657	\$ 39,072,577
Receivables:		
Notes receivable from participants	166,945	200,231
	<u>166,945</u>	<u>200,231</u>
Total assets	<u>41,243,601</u>	<u>39,272,807</u>
Liabilities:		
Current portion of long term liabilities	-	-
Commitments and contingencies (Note 9)	-	-
Total current liabilities	<u>-</u>	<u>-</u>
Notes payable	-	-
Total long term liabilities	<u>-</u>	<u>-</u>
Total liabilities	<u>-</u>	<u>-</u>
Net assets available for plan benefits	<u><u>\$ 41,243,601</u></u>	<u><u>\$ 39,272,807</u></u>

See accompanying notes to the financial statements

JETTA OPERATING COMPANY EMPLOYEE PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED, December 31, 2021 & 2020

	<u>2021</u>	<u>2020</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 4,673,808	\$ 4,438,739
Dividends	1,415,881	1,010,462
Interest	160	2,863
Total investment income	<u>6,089,849</u>	<u>5,452,064</u>
Contributions:		
Employee	1,089,562	1,219,677
Employer	479,815	384,954
Employee rollover	1,601,432	35,270
Total contributions	<u>3,170,810</u>	<u>1,639,901</u>
Other income:		
Interest on participant loans	9,735	12,549
Total other income	<u>9,735</u>	<u>12,549</u>
Total additions	<u>9,270,394</u>	<u>7,104,514</u>
Deductions:		
Benefits paid to participants	7,288,200	8,978,960
Deemed distributions	-	115
Administration fees	11,399	9,071
Total deductions	<u>7,299,600</u>	<u>8,988,146</u>
Net increase (decrease)	<u>1,970,794</u>	<u>(1,883,631)</u>
Net assets available for plan benefits:		
Beginning of year	39,272,807	41,156,439
End of year	<u>\$ 41,243,601</u>	<u>\$ 39,272,807</u>

See accompanying notes to the financial statements

**JETTA OPERATING COMPANY
EMPLOYEE PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020**

1. Organization and summary of significant accounting policies

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

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

Contributions - The Plan provides that active participants may make voluntary contributions to the Plan up to the maximum allowed by the Internal Revenue Code. Participants may change the level of their contributions at any time throughout the Plan year. The Company may make a discretionary matching contribution based upon the discretion of the Board of Directors.

Forfeited accounts - The portion of a participant's Company contribution account that is forfeited due to a break in service before full vesting is allocated to the remaining active participants equally or administrative costs of the Plan. At December 31, 2021 and 2020, respectively, the Plan had \$0 and \$0 of forfeitures.

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

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

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

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

JETTA OPERATING COMPANY
EMPLOYEE PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

2. Summary of Significant Accounting Policies

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

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

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

Notes receivable from participants - Participant loans are classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Employer Contributions - The Plan may make a discretionary matching contribution equal to a percentage determined by the Board of Directors. As of December 31, 2021 and 2020, employer contributions totaled \$479,815 and \$384,954, respectively and fair value approximates cost.

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

Payment of benefits - Benefits are recorded when paid.

3. Investments (unaudited)

Fidelity - The following information as of December 31, 2021 and 2020, was certified by Fidelity, trustee and custodian of the Plan. The Plan adopted Statement of Financial Accounting Standards ASU No.2015-12 part II regarding Plan Investments for these financial statements and related disclosures.

Fidelity holds all of the Plan's investment assets and executes transactions therein. Financial information relating to the assets held by Fidelity is included in the accompanying financial statements based on information

**JETTA OPERATING COMPANY
EMPLOYEE PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020**

provided by them. That information has not been audited by independent accountants, see Note 6 for more detail.

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

4. Tax status

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

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

5. Fair market value measurement

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used

JETTA OPERATING COMPANY
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at December 31, 2021 and 2020.

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

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

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

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

Fair Value Measurements at December 31, 2021 Using

Description	Total Investments	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	\$ 38,651,378	\$ 38,651,378	\$ -	\$ -
Common Stock	\$ 2,055,745	\$ 2,055,745	\$ -	\$ -
Interest bearing cash	\$ 369,534	\$ 369,534	\$ -	\$ -
Total Investments				
at Fair Value	<u><u>\$ 41,076,657</u></u>	<u><u>\$ 41,076,657</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>

Fair Value Measurements at December 31, 2020 Using

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

6. Financial Certification

Fidelity - The financial information relating to the Plan's assets at December 31, 2021 and 2020, as well as investment income (loss) and investment transactions for the years then ended, have been derived from information provided by Fidelity, trustee and custodian of the Plan, and has been certified by them as complete and accurate. The incorporation of this financial information in the accompanying financial statements is based solely on their certifications and has not been audited by independent auditors.

The ending fair value of investments held in Fidelity at December 31, 2021 and 2020 totaled \$41,076,657 and \$39,072,577, respectively.

7. Related Party and Party in Interest Transactions

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the company. Certain Plan investments are managed by Fidelity. Fidelity is the trustee, as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees paid by the Plan for investment management services amounted to \$9,071 and \$9,008 as of December 31, 2021 and 2020, respectively. Additionally, the Plan issues loans to participants, which are secured by the vested balances in the participants' accounts.

As of December 31, 2021 and 2020, the statements of net assets available for plan benefits include the following investments with parties-in-interest to the plan:

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	<u>2021</u>	<u>2020</u>
FID FDM IDX INC IPR	\$ 189,020	\$ 203,163
FID FDM IDX 2010 IPR	\$ 860	\$ 1,085
FID FDM IDX 2020 IPR	\$ 2,261,404	\$ 2,297,900
FID FDM IDX 2025 IPR	\$ 679,221	\$ 1,114,610
FID FDM IDX 2030 IPR	\$ 439,067	\$ 2,844,304
FID FDM IDX 2035 IPR	\$ 1,974,690	\$ 1,640,615
FID FDM IDX 2040 IPR	\$ 3,621,872	\$ 4,371,832
FID FDM IDX 2045 IPR	\$ 1,584,863	\$ 1,587,994
FID FDM IDX 2050 IPR	\$ 1,739,549	\$ 1,638,219
FID FDM IDX 2055 IPR	\$ 731,173	\$ -
FID FDM IDX 2060 IPR	\$ 225,201	\$ -
FID FDM IDX 2065 IPR	\$ 3,147	\$ 2,309
FID FDM IDX 2015 IPR	\$ 1,630,128	\$ 3,180,651
FID US BOND IDX	\$ 120,191	\$ 283,680
FID 500 INDEX	\$ 7,581,697	\$ 4,446,758
FID FDM IDX 2055 INV	\$ -	\$ 676,464
FID GLB EX US IDX	\$ 504,238	\$ 347,310
FID EXTD MKT IDX	\$ 562,343	\$ 426,687
FID FDM IDX 2060 INV	\$ -	\$ 148,217
FA TOTAL BOND Z	\$ 514,103	\$ 344,332
FID FREEDOM 2030 K6	\$ 7,402	\$ 6,628
FID FREEDOM 2040 K6	\$ 309,345	\$ 344,460
FID FREEDOM 2045 K6	\$ 219,319	\$ 147,819
FID FREEDOM 2050 K6	\$ 291,362	\$ 482,441
FID FREEDOM 2055 K6	\$ 622,671	\$ 581,101
FID FREEDOM 2060 K6	\$ -	\$ 19,724
FID FREEDOM 2065 K6	\$ 54,175	\$ -
FID FREEDOM INC K6	\$ 1,284,491	\$ 1,311,473
BROKERAGE LINK MUTUAL FUNDS	\$ 4,475,516	\$ 3,628,089
BROKERAGE LINK WARRANTS	\$ -	\$ 712
BROKERAGE LINK CASH	\$ 106,402	\$ 216,490
Note Receivable from participants	\$ 166,945	\$ 200,231
	<u>\$ 31,900,395</u>	<u>\$ 32,495,298</u>

8. Risks and uncertainties

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

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NOTES TO FINANCIAL STATEMENTS
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9. Commitments and Contingencies

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

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

Loss contingencies considered remote are generally not disclosed unless they involve guarantees, in which case the nature of the guarantee would be disclosed. At December 31, 2021 and 2020, the Plan has deemed that no such contingent liability exists.

10. Subsequent events

The Plan evaluated events and transactions that occurred after the statement of net assets date through January 5, 2023, the date the financial statements were available to be issued for potential recognition and disclosure. No other items were noted for further recognition and disclosure in the financial statements.

JETTA OPERATING COMPANY EMPLOYEE PROFIT SHARING PLAN
401(k) Plan
Federal Identification Number - 75-2431614
Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	(b)	(c)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Current Value
*	BROKERAGE LINK MUTUAL FUNDS	Mutual Fund	\$ 4,475,516
	HTFD INTL OPPS R6	Mutual Fund, 9891.804 shares	\$ 199,320
	GLENMEDE LGPCORE IS	Mutual Fund, 29012.431 shares	\$ 875,595
	INVESCO DIVRS DIV R6	Mutual Fund, 4073.337 shares	\$ 81,345
	COL EMRG MKT I3	Mutual Fund, 19489.369 shares	\$ 338,141
	MFS GROWTH R6	Mutual Fund, 18873.082 shares	\$ 3,691,575
	MFS MID CAP GRTH R6	Mutual Fund, 1416.621 shares	\$ 47,513
	AS SPL SM CAP VAL R6	Mutual Fund, 6764.487 shares	\$ 295,879
	AS SM CO GROWTH R6	Mutual Fund, 5337.894 shares	\$ 246,824
	AS SPL MID CP VAL R6	Mutual Fund, 24666.747 shares	\$ 1,248,137
*	FID FDM IDX INC IPR	Mutual Fund, 14918.684 shares	\$ 189,020
*	FID FDM IDX 2010 IPR	Mutual Fund, 60.221 shares	\$ 860
*	FID FDM IDX 2015 IPR	Mutual Fund, 104428.468 shares	\$ 1,630,128
*	FID FDM IDX 2020 IPR	Mutual Fund, 131019.91 shares	\$ 2,261,404
*	FID FDM IDX 2025 IPR	Mutual Fund, 34689.552 shares	\$ 679,221
*	FID FDM IDX 2030 IPR	Mutual Fund, 21221.21 shares	\$ 439,067
*	FID FDM IDX 2035 IPR	Mutual Fund, 85189.372 shares	\$ 1,974,690
*	FID FDM IDX 2040 IPR	Mutual Fund, 153079.965 shares	\$ 3,621,872
*	FID FDM IDX 2045 IPR	Mutual Fund, 64503.979 shares	\$ 1,584,863
*	FID FDM IDX 2050 IPR	Mutual Fund, 70684.622 shares	\$ 1,739,549
*	FID FDM IDX 2055 IPR	Mutual Fund, 36125.161 shares	\$ 731,173
*	FID FDM IDX 2060 IPR	Mutual Fund, 13138.912 shares	\$ 225,201
*	FID US BOND IDX	Mutual Fund, 10032.626 shares	\$ 120,191
*	FID 500 INDEX	Mutual Fund, 45860.738 shares	\$ 7,581,697
*	FID GLB EX US IDX	Mutual Fund, 32978.311 shares	\$ 504,238
*	FID EXTD MKT IDX	Mutual Fund, 6448.151 shares	\$ 562,343
*	FA TOTAL BOND Z	Mutual Fund, 46525.145 shares	\$ 514,103
*	FID FREEDOM 2065 K6	Mutual Fund, 4042.926 shares	\$ 54,175
*	FID FDM IDX 2065 IPR	Mutual Fund, 227.238 shares	\$ 3,147
*	FID FREEDOM 2030 K6	Mutual Fund, 384.341 shares	\$ 7,402
*	FID FREEDOM 2040 K6	Mutual Fund, 25502.508 shares	\$ 309,345
*	FID FREEDOM 2045 K6	Mutual Fund, 15789.729 shares	\$ 219,319
*	FID FREEDOM 2050 K6	Mutual Fund, 20737.534 shares	\$ 291,362
*	FID FREEDOM 2055 K6	Mutual Fund, 38365.438 shares	\$ 622,671
*	FID FREEDOM INC K6	Mutual Fund, 108579.093 shares	\$ 1,284,491
			<u>\$ 38,651,378</u>
	CORPORATE COMMON STOCK	Non-Employer Corporate Common Stock	\$ 2,055,745
			<u>\$ 2,055,745</u>
	GABELLI UST MM AAA	Interest Bearing Cash Account	\$ 263,133
*	BROKERAGE LINK CASH	Interest Bearing Cash Account	\$ 106,402
			<u>\$ 369,534</u>
*	Note Receivable from participants	Loans to participants, interest rates ranging from 3.00% to 3.50%, various maturities	\$ 166,945
			<u>\$ 166,945</u>
	Total Assets		<u><u>\$ 41,243,601</u></u>

* Represents party in interest.

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

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

* Represents party in interest.

JETTA OPERATING COMPANY EMPLOYEE PROFIT SHARING PLAN
401(k) Plan
Federal Identification Number - 75-2431614
Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	(b)	(c)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Current Value
*	BROKERAGE LINK MUTUAL FUNDS	Mutual Fund	\$ 4,475,516
	HTFD INTL OPPS R6	Mutual Fund, 9891.804 shares	\$ 199,320
	GLENMEDE LGPCORE IS	Mutual Fund, 29012.431 shares	\$ 875,595
	INVESCO DIVRS DIV R6	Mutual Fund, 4073.337 shares	\$ 81,345
	COL EMRG MKT I3	Mutual Fund, 19489.369 shares	\$ 338,141
	MFS GROWTH R6	Mutual Fund, 18873.082 shares	\$ 3,691,575
	MFS MID CAP GRTH R6	Mutual Fund, 1416.621 shares	\$ 47,513
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*	FID FDM IDX 2010 IPR	Mutual Fund, 60.221 shares	\$ 860
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*	FID FDM IDX 2055 IPR	Mutual Fund, 36125.161 shares	\$ 731,173
*	FID FDM IDX 2060 IPR	Mutual Fund, 13138.912 shares	\$ 225,201
*	FID US BOND IDX	Mutual Fund, 10032.626 shares	\$ 120,191
*	FID 500 INDEX	Mutual Fund, 45860.738 shares	\$ 7,581,697
*	FID GLB EX US IDX	Mutual Fund, 32978.311 shares	\$ 504,238
*	FID EXTD MKT IDX	Mutual Fund, 6448.151 shares	\$ 562,343
*	FA TOTAL BOND Z	Mutual Fund, 46525.145 shares	\$ 514,103
*	FID FREEDOM 2065 K6	Mutual Fund, 4042.926 shares	\$ 54,175
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*	FID FREEDOM 2030 K6	Mutual Fund, 384.341 shares	\$ 7,402
*	FID FREEDOM 2040 K6	Mutual Fund, 25502.508 shares	\$ 309,345
*	FID FREEDOM 2045 K6	Mutual Fund, 15789.729 shares	\$ 219,319
*	FID FREEDOM 2050 K6	Mutual Fund, 20737.534 shares	\$ 291,362
*	FID FREEDOM 2055 K6	Mutual Fund, 38365.438 shares	\$ 622,671
*	FID FREEDOM INC K6	Mutual Fund, 108579.093 shares	\$ 1,284,491
			<u>\$ 38,651,378</u>
	CORPORATE COMMON STOCK	Non-Employer Corporate Common Stock	\$ 2,055,745
			<u>\$ 2,055,745</u>
	GABELLI UST MM AAA	Interest Bearing Cash Account	\$ 263,133
*	BROKERAGE LINK CASH	Interest Bearing Cash Account	\$ 106,402
			<u>\$ 369,534</u>
*	Note Receivable from participants	Loans to participants, interest rates ranging from 3.00% to 3.50%, various maturities	\$ 166,945
			<u>\$ 166,945</u>
	Total Assets		<u><u>\$ 41,243,601</u></u>

* Represents party in interest.