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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
A-Z BUS SALES, INC. EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1999

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)
A-Z BUS SALES, INC.

1900 S RIVERSIDE AVE
COLTON, CA 92324-3344

2b Employer Identification Number (EIN)
33-0065644

2c Plan Sponsor's telephone number
951-781-1807

2d Business code (see instructions)
441228

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.	09/30/2020	KEVIN SMITTIPATANA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

A-Z BUS SALES, INC.

1900 S RIVERSIDE AVE
COLTON, CA 92324-3344

3b Administrator's EIN: 33-0065644

3c Administrator's telephone number: 951-781-1807

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**	216
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)**	120
a(2) Total number of active participants at the end of the plan year	**6a(2)**	104
b Retired or separated participants receiving benefits	**6b**	45
c Other retired or separated participants entitled to future benefits	**6c**	44
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	193
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f Total. Add lines **6d** and **6e**.	**6f**	196
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	195
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
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:

2I 2P 2Q 3I

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)	☐	0	**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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
A-Z BUS SALES, INC. EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
A-Z BUS SALES, INC.

D Employer Identification Number (EIN)
33-0065644

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MORGAN STANLEY SMITH BARNEY

1900 S RIVERSIDE AVE
COLTON, CA 92324-3344

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	24269	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ARGENT TRUST COMPANY

62-1437218

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	17811	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRANSITION FINANCE STRATEGIES/BREA

13-4238973

(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?
15	NONE	12371	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PRAIRIE CAPITAL ADVISORS

36-4072641

(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?
34	NONE	7800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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

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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
A-Z BUS SALES, INC. EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
A-Z BUS SALES, INC.

D Employer Identification Number (EIN)
33-0065644

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	26694	268018
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	17984	141
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2540250	3144104
(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)	464857	931527
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3027374	4107232
(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)	16330201	19042750
	(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	22407360	27493772
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	650	441
i	Acquisition indebtedness	1i	423522	287252
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	424172	287693
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	21983188	27206079

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)	824950	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		824950
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	108395	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		108395
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	18403	
	(B) Common stock	2b(2)(B)	3242071	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	126173	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3386647
	(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)	2080800	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2080800

		(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)		890615
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7291407
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1993823	
(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)		1993823
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		12442
i Administrative expenses: **(1)** Professional fees	2i(1)	62251	
(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)		62251
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2068516
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5222891
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: TALLEY, LLP **(2)** EIN: 81-3071614

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	
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	

			Yes	No	Amount
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		1000000
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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
A-Z BUS SALES, INC. EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
A-Z BUS SALES, INC.

D Employer Identification Number (EIN)
33-0065644

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 58-1428634

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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**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_____

A-Z BUS SALES, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

Report, Financial Statements
and Supplemental Information
December 31, 2019 and 2018

A-Z BUS SALES, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

INDEX TO REPORT, FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

	Page
Independent Auditor's Report	1 – 2
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2019 and 2018	3
Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2019 and 2018	4
Notes to Financial Statements	5 – 15
Supplemental Information:	
Schedule of Assets (Held at End of Year) as of December 31, 2019	17 – 18

* Schedules required by the Department of Labor Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974 and not included herein have been omitted because they are not applicable or the required information is included in the financial statements or notes hereto.

TALLEY LLP

ADVICE. SOLUTIONS. RESULTS.

600 CITY PARKWAY WEST | SUITE 650 | ORANGE, CALIFORNIA 92868 | 714.867.2200 | 714.867.2201 (F)

INDEPENDENT AUDITOR'S REPORT

Administrative Committee and Participants
A–Z Bus Sales, Inc. Employee Stock Ownership Plan

We have audited the accompanying financial statements of the A-Z Bus Sales, Inc. Employee Stock Ownership Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, 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

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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the plan's preparation and fair presentation of the financial statements 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, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

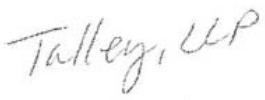
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the A-Z Bus Sales, Inc. Employee Stock Ownership Plan as of December 31, 2019 and 2018, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Assets Held at End of Year as of December 31, 2019 is presented for the purpose of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Orange, California
September 23, 2020

A-Z BUS SALES, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31,

	2019			2018		
	Allocated	**Unallocated**	**Total**	**Allocated**	**Unallocated**	**Total**
ASSETS						
Investments at fair value:						
Cash and cash equivalents	$ 268,018	$ -	$ 268,018	$ 26,694	$ -	$ 26,694
Certificates of deposit	396,593	-	396,593	331,505	-	331,505
Mutual funds	4,107,232	-	4,107,232	3,027,374	-	3,027,374
Corporate bonds	2,215,056	-	2,215,056	1,799,159	-	1,799,159
Preferred stock	931,527	-	931,527	464,857	-	464,857
Corporate equities	532,455	-	532,455	409,586	-	409,586
A-Z Bus Sales, Inc. common stock	18,579,730	463,020	19,042,750	15,714,165	616,036	16,330,201
Total investments at fair value	27,030,611	463,020	27,493,631	21,773,340	616,036	22,389,376
Receivables:						
Accrued income	141	-	141	17,984	-	17,984
Total receivables	141	-	141	17,984	-	17,984
Total assets	27,030,752	463,020	27,493,772	21,791,324	616,036	22,407,360
LIABILITIES						
Loan payable - A-Z Bus Sales, Inc.	-	287,252	287,252	-	423,522	423,522
Interest expense payable	-	441	441	-	650	650
Total liabilities	-	287,693	287,693	-	424,172	424,172
Net assets available for benefits	$ 27,030,752	$ 175,327	$ 27,206,079	$ 21,791,324	$ 191,864	$ 21,983,188

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

A-Z BUS SALES, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31,

	2019			2018		
Additions to net assets attributed to:	**Allocated**	**Unallocated**	**Total**	**Allocated**	**Unallocated**	**Total**
Investment income:						
Net appreciation in fair value of A-Z Bus Sales, Inc. common stock	$ 2,002,306	$ 78,494	$ 2,080,800	$ 2,034,261	$ 107,740	$ 2,142,001
Interest and dividends	252,971	-	252,971	223,722	-	223,722
Dividend received from A-Z Bus Sales, Inc.	3,242,071	-	3,242,071	1,520,087	-	1,520,087
Allocation of 12,826 A-Z Bus Sales, Inc. common stock at fair market value	231,510	-	231,510	205,345	-	205,345
Employer contributions	676,029	148,921	824,950	-	148,921	148,921
Unrealized and realized gain, other investments	890,615	-	890,615	-	-	-
Total additions	7,295,502	227,415	7,522,917	3,983,415	256,661	4,240,076
Deductions from net assets attributed to:						
Benefits paid to participants	1,993,823	-	1,993,823	2,011,641	-	2,011,641
Interest expense	-	12,442	12,442	-	17,130	17,130
Administrative expenses	62,251	-	62,251	74,585	-	74,585
Unrealized loss, other investments	-	-	-	369,626	-	369,626
Allocation of 12,826 A-Z Bus Sales, Inc. common stock at fair market value	-	231,510	231,510	-	205,345	205,345
Total deductions	2,056,074	243,952	2,300,026	2,455,852	222,475	2,678,327
Net increase (decrease) in net assets	5,239,428	(16,537)	5,222,891	1,527,563	34,186	1,561,749
Net assets available for benefits:						
Beginning of year	21,791,324	191,864	21,983,188	20,263,761	157,678	20,421,439
End of year	$ 27,030,752	$ 175,327	$ 27,206,079	$ 21,791,324	$ 191,864	$ 21,983,188

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

A-Z BUS SALES, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2019 and 2018

NOTE 1 - GENERAL DESCRIPTION OF THE PLAN

The A-Z Bus Sales, Inc. Employee Stock Ownership Plan (the "Plan") was adopted by A-Z Bus Sales, Inc. (the "Company") on January 1, 1999. The Plan was amended and restated in its entirety effective January 1, 2014. Subsequently, the Plan was amended on October 12, 2017, to allow elective withdrawals during the period beginning October 15, 2017 and ending November 30, 2017 for inactive participants who incurred a severance from employment on or before December 31, 2017. The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. **General.** The Plan is a defined contribution plan covering all eligible employees of A-Z Bus Sales, Inc. Effective January 1, 2012, service with Fleet Financing Resources, LLC ("FFR") will be recognized for purposes of eligibility and vesting. In September 2018, FFR entered into an asset sale agreement and began to wind down its operations. As a result, all FFR employees were terminated. Employees are eligible to participate in the Plan once they have completed a minimum of 1,000 hours of service in a Plan Year and have attained the age of 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and is administered by the Administrative Committee. The Plan is intended to be a qualified defined contribution plan that satisfies the requirements of section 4975(e)(7) of the Internal Revenue Code (the "Code"). Under the Code, participants are not liable for federal income taxes on Company contributions or Plan earnings until such time as they are partially or completely withdrawn from the Plan.

   In January 2000, the Plan purchased 600,000 shares of the Company's common stock using the proceeds from a bank note. The bank note was paid off during 2005. In December 2005, the Plan purchased an additional 420,000 shares of the Company's common stock using the proceeds of a loan from a related party and holds the common stock in a trust established under the Plan. During 2010, the loan was refinanced and assumed by the Company. In connection with this refinance, the Plan executed a promissory note to the Company that was paid off during 2015. In December 2019, the Company's Board of Directors approved 35,000 shares to be released for ESOP contributions.

2. **Contributions.** Company contributions are determined by the Board of Directors of the Company annually but are subject to certain dollar limitations in accordance with Plan provisions. Company contributions are required annually for the principal payments required of the loan payable. In addition, the Company may also make discretionary contributions. Company contributions may be paid in cash or Company stock as determined by the Trustee. Company contributions are allocated to the accounts of all participants employed on the last day of the Plan year and are made in the ratio in which the participant's compensation bears to the compensation of all participants for the Plan year. For the year ended December 31, 2019, the Company contributed $44,280 in cash and $631,749 in shares to the Plan for allocation to eligible participants and $148,921 in cash to the Plan for payments required of the loan payable. For the year ended December 31, 2018, the Company contributed $148,921 in cash to the Plan for payments required of the loan payable.

NOTE 1 - GENERAL DESCRIPTION OF THE PLAN (CONTINUED)

3. **Participant Accounts.** Each participant's account consists of the (a) Company stock account and (b) other investments account. The Company stock account of each participant is credited with participant's allocable share of Company stock contributed by the Company; allocated shares released due to Company contributions used for principal payment of loan payable; dividends on Company stock paid in shares of Company stock; Company stock purchased and paid for by the Plan; and forfeitures of Company stock occurring during such Plan year. The other investments account of each participant is credited with participant's allocable share of the employer contributions other than stock; any net income, gains, losses, appreciation or depreciation attributable to such account; any cash dividends paid on Company stock allocated and credited to participant's Company stock account; dividends currently available for distribution; and forfeitures (other than forfeitures of Company stock) occurring during such Plan year.

   The other investments account of each participant is also allocated for their share of any cash payments for the purchase of Company stock or for the payment of any principal and/or interest on an acquisition loan.

4. **Voting Rights.** The Trustee is required to vote all Company stock held in the A-Z Bus Sales, Inc. Employee Stock Ownership Trust (the "Trust") in such manner as the Trustee determines subject to its fiduciary duties under ERISA. With respect to corporate matters, such as merger or consolidation, recapitalization, reclassification, liquidation, dissolution or sale of substantially all business assets, which involves the voting of Company stock, each participant is entitled to direct the Trustee as to the exercise of any voting rights attributable to shares of Company stock then allocated to his or her Company stock account.

5. **Vesting.** Company contributions vest 20% after two years of service and increase 20% for each additional year of service, with 100% after six years of service if the employee became a participant on or after January 1, 2007. All other participants vest 20% after three years and increase 20% each year, with 100% after seven years of service. Benefits attributable to each participant will become fully vested in the event of death, total and permanent disability, normal retirement, the attainment of 100% vesting, or the complete or partial termination of the Plan.

6. **Payments of Benefits.** Participants are eligible to receive a distribution of their account balance, to the extent vested, upon termination of employment, death, disability or retirement. Benefits are payable in the form of cash or, if a participant elects, in the form of Company common shares. Distribution of participant's stock account may be paid in lump sum or in annual installments over a period not to exceed five years. Net assets of the Plan as of December 31, 2019 and 2018, include vested account balances of terminated employees totaling approximately $11,658,860 and $10,086,492, respectively.

NOTE 1 - GENERAL DESCRIPTION OF THE PLAN (CONTINUED)

7. **Put Option.** Under Federal income tax regulations, the Company stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations, includes a put option. The put option is a right to demand, as defined within the Plan provisions, that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair value of the stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash. In addition, if the Company elects to pay the purchase price of the Company stock option under the installment method then the Company shall give the participant who is exercising the put option the Company's promissory note for the full unpaid balance of the purchase price.

8. **Diversification.** Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25% of the total number of shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50%. Participants who elect to diversify receive a cash distribution or elect among three investment funds as determined by the Trustee.

9. **Forfeited Accounts.** Plan forfeitures may be used to pay any expenses of the Plan, restore any accounts due to reemployment prior to the occurrence of the five-consecutive-year Break in Service and/or be reallocated to the accounts of remaining participants. Forfeitures are allocated to each remaining participant's account based upon the relation of the participant's compensation to total compensation for the Plan year. Forfeitures of terminated non-vested account balances allocated to remaining participants as of December 31, 2019 and 2018, totaled $92,337 and $99,209, respectively.

10. **Plan Administration**. The Company appointed an Administrative Committee to serve as the Plan Administrator. The Committee appointed Reliance Trust Company to serve as Trustee and Morgan Stanley Smith Barney to serve as Custodian. The Company provides accounting and administrative services to the Plan at no cost and paid $18,950 and $18,368 on behalf of the Plan for the years ended December 31, 2019 and 2018, respectively. Contract administration fees are paid by the Plan and totaled $62,251 and $74,585, for the years ended December 31, 2019 and 2018, respectively.

11. **Plan Termination.** The Company anticipates and believes that the Plan will continue without interruption but reserves the right to terminate the Plan in whole or in part at any time. In the event of termination of the Plan, each participant would become fully vested to the extent of the balance in their account, and all accumulated plan benefits would be disbursed to the participants.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Administrative Committee to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Cash and Cash Equivalents

All short-term deposits purchased with a maturity of three months or less are considered to be cash equivalents. No certificates of deposit as of December 31, 2019 have maturities of three months or less.

Cash is maintained in bank deposit and other investment accounts which, at times, may exceed federally insured limits. No losses have been incurred in such accounts and the Administrative Committee believes the Plan is not exposed to any significant credit risk on cash and cash equivalents.

Investment Valuation and Income Recognition

The common stock of the Company is valued at estimated fair value on December 31, 2019 and 2018 and is determined by an annual independent appraisal. The estimated fair values as of December 31, 2019 and 2018 are based on the weighted-average valuation results from the discounted future cash flow method and the market approach.

Investments in corporate equity securities, mutual funds and preferred stock are valued at fair value, measured by publicly quoted prices at the close of each business day that the New York Stock Exchange is open. Investment income is recorded when earned. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Net appreciation (depreciation) in the fair value of investments consists of both realized and unrealized gains and losses. Realized gains and losses are measured as the difference between the historical cost of investments sold or redeemed during the year and the proceeds received from their sale or redemption. Unrealized gains and losses are measured as the difference between cost and fair value at the beginning of the period and at the end of the period. Investment transactions are accounted for on a trade date basis.

NOTE 3 - CERTIFICATES OF DEPOSIT

Certificates of deposit as of December 31, 2019 and 2018 consist of amounts on deposit at banks, with coupon rates of 0% to 0.25% with maturities averaging 8 years. There were no deposits in an individual bank that exceeded the federally insured limits as of December 31, 2019 and 2018.

NOTE 4 – INVESTMENT IN A-Z BUS SALES, INC.'S COMMON STOCK

The Plan's investment in A-Z Bus Sales, Inc.'s common stock represents 70 percent and 74 percent of net assets available for benefits as of December 31, 2019 and 2018, respectively, whose fair value has been estimated by an independent appraisal valuation in the absence of readily ascertainable fair values with the assistance of management and approved by the trustee. Because of the inherent uncertainty of valuation, those estimated values may differ significantly from the values that would have been used had a market for the investments existed, and the differences could be material.

The estimated fair value of a share of A-Z Bus Sales, Inc.'s common stock is $18.05 and $16.01 as of December 31, 2019 and 2018, respectively. The Plan's investment in A-Z Bus Sales, Inc.'s common stock is nonparticipant-directed and presented in the following tables as of December 31:

	2019		2018	
	Allocated	Unallocated	Allocated	Unallocated
A-Z Bus Sales, Inc. common stock:				
Number of Shares	1,029,348	25,652	981,522	38,478
Cost	$ 5,788,497	$ 144,253	$ 5,101,027	$ 199,973
Estimated Fair Value	$ 18,579,730	$ 463,020	$ 15,714,165	$ 616,036

The estimated fair value of A-Z Bus Sales, Inc.'s common stock is determined by an independent appraiser with the assistance of management and approved by the trustee. In January 2000, the Plan purchased 600,000 shares of A-Z Bus Sales, Inc.'s common stock for $3,138,000 or $5.23 per share. In December 2005, the Plan purchased 420,000 shares of A-Z Bus Sales, Inc.'s common stock for $2,163,000 or $5.15 per share. In December 2019, the Plan received 35,000 shares of A-Z Bus Sales, Inc.'s common stock as a contribution from the Company. The average cost of the shares is $5.62 and $5.20 per share as of December 31, 2019 and 2018, respectively. During the Plan years ended December 31, 2019 and 2018, the Plan's investment in A-Z Bus Sales, Inc.'s common stock appreciated by

NOTE 4 – INVESTMENT IN A-Z BUS SALES, INC.'S COMMON STOCK (CONTINUED)

$2,080,800 and $2,142,000, respectively. This appreciation in value includes investments that were bought, sold and held during the year.

NOTE 5 - LOAN PAYABLE – COMPANY

During 2017, the Plan executed a promissory note to the Company in the amount of $555,111 with an interest rate of 3.5%. As of December 31, 2019 and 2018, the balance of this note was $287,252 and $423,522, respectively. The note is payable in 48 equal monthly payments of $12,410, including principal and interest. The Company may make advance principal payments without penalty. However, the Company is required to continue to make monthly payments of principal plus interest for the remaining term of the note. The note is secured by unallocated shares of common stock. Allocated shares are released as collateral.

Future minimum principal note payments are as follows:

Year Ending December 31,	
2020	$ 141,116
2021	146,136
	$ 287,252

NOTE 6 - FAIR VALUE MEASUREMENT

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, Fair Value Measurement and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

NOTE 6 - FAIR VALUE MEASUREMENT (CONTINUED)

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 or 2018.

The fair values of corporate equity, mutual funds and preferred stock are based on quoted market prices of the underlying investments at year-end.

The fair value of the certificates of deposit is based on amortized cost or original cost plus accrued interest. The fair value of the loan payable is determined using quoted interest rates currently available for issuance of debt with similar terms and maturity dates.

The fair value of A-Z Bus Sales, Inc.'s common stock is valued by an independent appraiser with the assistance of management and approved by the trustee. This appraisal was based upon a combination of the market and income valuation techniques consistent with prior years. The appraiser took into account historical and projected cash flow and net income, return on assets, return on equity, market comparables, and fair value of Company assets and liabilities. Plan management has concluded that a market participant would also recognize a discount for lack of marketability.

The following is a summary of the inputs used as of December 31, 2019 in valuing the Plan's investments:

	Level 1	Level 2	Level 3	Fair Value Measurements
Corporate equity	$ 532,455	$ -	$ -	$ 532,455

NOTE 6 - FAIR VALUE MEASUREMENT (CONTINUED)

	Level 1	Level 2	Level 3	Fair Value Measurements
Corporate bonds	$ 2,215,056	$ -	$ -	$ 2,215,056
Mutual funds	$ 4,107,232	$ -	$ -	$ 4,107,232
Preferred stock	$ 931,527	$ -	$ -	$ 931,527
Certificates of deposit	$ -	$ 396,593	$ -	$ 396,593
A-Z Bus Sales, Inc. common stock	$ -	$ -	$ 19,042,750	$ 19,042,750

Fair value measurements using significant unobservable inputs (Level 3):

Balance as of January 1, 2019	$ 16,330,201
Contribution of 35,000 shares by the Company	631,749
Total gains, realized and unrealized, included in changes in net assets available for benefit	2,080,800
Balance as of December 31, 2019	$ 19,042,750

The following is a summary of the inputs used as of December 31, 2018 in valuing the Plan's investments:

	Level 1	Level 2	Level 3	Fair Value Measurements
Corporate equity	$ 409,586	$ -	$ -	$ 409,586
Corporate bonds	$ 1,799,159	$ -	$ -	$ 1,799,159
Mutual funds	$ 3,027,374	$ -	$ -	$ 3,027,374
Preferred stock	$ 464,857	$ -	$ -	$ 464,857

NOTE 6 - FAIR VALUE MEASUREMENT (CONTINUED)

	Level 1	Level 2	Level 3	Fair Value Measurements
Certificates of deposit	$ -	$ 331,505	$ -	$ 331,505
A-Z Bus Sales, Inc. common stock	$	$ -	$ 16,330,201	$ 16,330,201

Fair value measurements using significant unobservable inputs (Level 3):

Balance as of January 1, 2018	$ 14,188,201
Total gains, realized and unrealized, included in changes in net assets available for benefit	2,142,000
Balance as of December 31, 2018	$ 16,330,201

Quantitative information about significant unobservable inputs used in Level 3 fair value measurements are presented in the following table for the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments and the significant unobservable inputs as of December 31:

Description	Fair Value 2019	Fair Value 2018	Valuation Techniques	Unobservable Inputs
A-Z Bus Sales, Inc. common stock	$ 19,042,750	$ 16,330,201	Discounted cash flow	Model that discounts projected annual debt-free cash flows of A-Z Bus Sales, Inc.
			Guideline company comparables	Identification of five public companies sharing similar characteristics to A-Z Bus Sales, Inc.

NOTE 6 - FAIR VALUE MEASUREMENT (CONTINUED)

Description	Fair Value 2019	Fair Value 2018	Valuation Techniques	Unobservable Inputs
				Comparable company multiples have been discounted for advantages over A-Z Bus Sales, Inc. such as access to debt and equity markets, size and product diversification.

In estimating fair value of the investments in Level 3, the Board of Directors and the trustee may use third-party pricing sources or appraisers. In substantiating the reasonableness of the pricing data provided by third parties, the Board of Directors and the trustee evaluate a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments, and overall credit ratings.

NOTE 7 - FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated May 22, 2015, that the Plan qualifies, in form, under Section 4975(e)(7) of the Internal Revenue Code of 1986 as amended (the "Code") and the trust established under the Plan is tax-exempt under Section 501(a) of the Code. The Administrative Committee and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization 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. The Plan administrator believes it is no longer subject to income tax examinations for periods prior to 2016.

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan assets are cash balances managed by Morgan Stanley Smith Barney. Morgan Stanley Smith Barney is the Custodian as defined by the Plan. Certain Plan assets are cash balances managed by Argent Financial Group, Inc. ("Argent"). Argent is the Trustee as defined by the Plan. These transactions qualify as party-in-interest transactions.

There were no party-in-interest transactions that are prohibited by the Employee Retirement Income Security Act of 1974 Section 406 and for which no statutory or administrative exemption exists.

The Plan has a total of 1,055,000 shares of A-Z Bus Sales, Inc. common stock at a price of $18.05 and $16.01 per share as of December 31, 2019 and 2018, respectively. These amounts represent the fair value of the shares based on appraisals of the Company as of December 31, 2019 and 2018.

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan primarily invests its funds in the Company's common stock. Due to the level of risk associated with its common stock not being traded in an active market, it is at least reasonably possible that changes in the value of the Company's common stock will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. In the event of the Company's failure, the Plan will be subjected to losses to the extent of amounts invested in the Company's common stock.

The Plan invests in other 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 statements of net assets available for benefits.

NOTE 10 – SUBSEQUENT EVENTS

Subsequent events have been evaluated by the Company's management through September 23, 2020, the date these financial statements were available to be issued. No material subsequent events have occurred since December 31, 2019 that required recognition or disclosure in the current period financial statements.

SUPPLEMENTAL INFORMATION

A-Z BUS SALES, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 33-0065644
PLAN # 003

DECEMBER 31, 2019

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	A-Z Bus Sales, Inc.	A-Z Bus Sales, Inc. common stock 1,055,000 shares at $18.05 per share	$ 5,932,750	$ 19,042,750
	Cash and cash equivalents:			
*	Morgan Stanley Smith Barney	Morgan Stanley Smith Barney Money Fund	157,916	157,916
*	Argent Trust Company	Distributions Cash Account	110,102	110,102
	Certificates of deposit:			
	HSBC Survivor on SPX	Certificates of deposit; maturity dates of 2023, variable interest rates	175,000	202,883
	JP Morgan	Certificate of deposit; maturity date of 2020, variable interest rates	150,000	193,710
	Corporate equities:			
	Bank of America	6.5% BAC-Y	51,551	49,960
	Comenity Bank Jumbo	2.35%	100,000	99,952
	Key Corp	5.655% KEY-J	105,010	107,200
	Unit Guggenheim	Inv Grade Corp 3-7 year 4	77,917	70,663
	US Bancorp	5.15% USB-O	51,328	51,860
	Wells Fargo & Company	5.125% WFC-O	100,960	101,880
	Wells Fargo & Company	5.25% WFC-P	49,610	50,940
	Mutual funds:			
	Cons Discret Sel Sect SPDR FD - XLY	Mutual Fund	122,197	215,095
	Cons Staples Sel Sect SPDR - XLP	Mutual Fund	195,845	342,485
	First TR Interm Dur Prf - FPF	Mutual Fund	100,000	94,360
	Guggenheim Limited Duration - GILHX	Mutual Fund	150,000	155,144
	Invesco High Income - IHIT	Mutual Fund	100,000	105,500
	Invesco S&P 500 Revenue - RWL	Mutual Fund	206,135	243,544
	Ishares Preferred & Income - PFF	Mutual Fund	258,131	246,778
	KKR Income Opportunities - KIO	Mutual Fund	75,000	59,175
	Nuveen high Income - JHB	Mutual Fund	99,999	102,142
	Nuveen High Income 2023 Target - JHAA	Mutual Fund	100,000	108,500
	Prudential Short Term Corp Bond - PIFZX	Mutual Fund	558,561	561,132
	SPDR DJIA Trust - DIA	Mutual Fund	255,417	289,662
	SPDR S&P 500 Trust - SPT	Mutual Fund	309,277	357,908
	Vaneck Morningstar Wide Moat - MOAT	Mutual Fund	405,541	427,284
	Vanguard Health Care - VNT	Mutual Fund	199,555	221,268
	Vanguard Info Tech - VGT	Mutual Fund	111,938	359,930
	Vanguard Mega Cap Growth, MGK	Mutual Fund	$ 200,008	$ 217,325

* Party-in-interest

A-Z BUS SALES, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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DECEMBER 31, 2019

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Preferred stock:			
	BCS	Market Linked Note - SPWZG	$ 100,000	$ 110,700
	BCS	Trigger Blus - SQAMR	100,000	109,700
	Entergy New Orleans	ENI	49,928	51,492
	Entergy New Orleans	5.0% - ENJ	51,240	51,907
	HSBC	Dual Directional Trigger - SPVPZ	150,000	198,300
	JPM	Dual Directional Trigger Jump - SQAGB	100,000	112,800
	Legg Mason, Inc.	5.45% - LMHB	100,618	103,160
	Prudential Financial, Inc.	5.70% - PRH	51,133	51,780
	Public Storage	5.20% - PSA-W	41,217	40,448
	Public Storage	5.20% - PSA-X	99,440	101,240
	Corporate bonds:			
	Apple, Inc.	Corporate Bond, mat 07/04/21, 2.275%	97,726	99,625
	BCS Contingent Income	Corporate Bond, mat 12/03/25, 8.10%	100,000	99,820
	Brighthouse Financial Inc.	Corporate Bond, mat 12/22/46 4.70%	45,565	46,331
	Brighthouse Financial Inc.	Corporate Bond, mat 06/22/2027, 3.70%	44,089	49,884
	Campbell Soup Co	Corporate Bond, mat 03/15/48, 4.80%	48,159	57,918
	Cap One Fin Corp	Corporate Bond, mat 10/31/59, 5.550%	105,351	101,487
	Cardinal Health Inc	Corporate Bond, mat 09/15/45, 4.90%	48,226	52,176
	Entergy Louisiana	Corporate Bond, mat 06/01/63, 4.70%	49,831	51,300
	FMC Technologies, Inc.	Corporate Bond, mat 10/10/22, 3.450%	47,103	50,231
	Ford Motor Co	Corporate Bond, mat 12/08/26, 4.346%	47,250	51,666
	General Electric Co	Corporate Bond, mat 5.000%	100,175	97,946
	General Motors Finl Co	Corporate Bond, mat 04/01/45, 5.200%	50,647	50,500
	General Motors Finl Co	Corporate Bond, mat 04/10/22, 3.450%	49,307	52,160
	GS 6.45% Contingent Callable	Corporate Bond, mat 12/04/29, 6.45%	200,000	194,780
	GS Cont Income	Corporate Bond, mat 07/05/23, 7.25%	100,000	100,550
	HCA, Inc.	Corporate Bond, mat 02/15/27, 4.50%	98,939	107,849
	JP Morgan Chase	Corporate Bond, mat 04/30/18, 7.90%	55,907	48,432
	Kinder Morgan Ener Part	Corporate Bond, mat 09/01/22	50,675	56,284
	Kohls Corp	Corporate Bond, mat 07/17/25, 4.250%	49,401	53,150
	Kraft Heinz Foods Co.	Corporate Bond, mat 06/01/26, 3.00%	122,897	135,039
	M&T Bank Corp.	Corporate Bond, mat 02/15/24, 6.45%	55,318	55,528
	Newell Brands, Inc.	Corporate Bond, mat 02/15/26, 4.750%	46,707	50,395
	Newell Rubbermaid, Inc	Corporate Bond, mat 04/01/21, 3.150%	99,720	100,723
	Nordstrom	Corporate Bond, mat 01/15/44, 5.00%	46,235	49,014
	Qwest Corp	Corporate Bond, mat 09/15/25, 7.250%	82,824	86,291
	Reliance Steel & Alum	Corporate Bond, mat 04/15/23, 4.500%	50,377	52,851
	Synchrony Financial	Corporate Bond, mat 12/01/27, 3.950%	77,110	85,137
	Time Warner Cable, Inc	Corporate Bond, mat 09/15/42, 4.500%	50,031	61,343
	Western Union Co	Corporate Bond, mat 6/21/40, 6.2%	113,996	116,646
				$ 27,493,631

A-Z BUS SALES, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 33-0065644
PLAN # 003

DECEMBER 31, 2019

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*	A-Z Bus Sales, Inc.	A-Z Bus Sales, Inc. common stock 1,055,000 shares at $18.05 per share	$ 5,932,750	$ 19,042,750
	Cash and cash equivalents:			
*	Morgan Stanley Smith Barney	Morgan Stanley Smith Barney Money Fund	157,916	157,916
*	Argent Trust Company	Distributions Cash Account	110,102	110,102
	Certificates of deposit:			
	HSBC Survivor on SPX	Certificates of deposit; maturity dates of 2023, variable interest rates	175,000	202,883
	JP Morgan	Certificate of deposit; maturity date of 2020, variable interest rates	150,000	193,710
	Corporate equities:			
	Bank of America	6.5% BAC-Y	51,551	49,960
	Comenity Bank Jumbo	2.35%	100,000	99,952
	Key Corp	5.655% KEY-J	105,010	107,200
	Unit Guggenheim	Inv Grade Corp 3-7 year 4	77,917	70,663
	US Bancorp	5.15% USB-O	51,328	51,860
	Wells Fargo & Company	5.125% WFC-O	100,960	101,880
	Wells Fargo & Company	5.25% WFC-P	49,610	50,940
	Mutual funds:			
	Cons Discret Sel Sect SPDR FD - XLY	Mutual Fund	122,197	215,095
	Cons Staples Sel Sect SPDR - XLP	Mutual Fund	195,845	342,485
	First TR Interm Dur Prf - FPF	Mutual Fund	100,000	94,360
	Guggenheim Limited Duration - GILHX	Mutual Fund	150,000	155,144
	Invesco High Income - IHIT	Mutual Fund	100,000	105,500
	Invesco S&P 500 Revenue - RWL	Mutual Fund	206,135	243,544
	Ishares Preferred & Income - PFF	Mutual Fund	258,131	246,778
	KKR Income Opportunities - KIO	Mutual Fund	75,000	59,175
	Nuveen high Income - JHB	Mutual Fund	99,999	102,142
	Nuveen High Income 2023 Target - JHAA	Mutual Fund	100,000	108,500
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	Vanguard Mega Cap Growth, MGK	Mutual Fund	$ 200,008	$ 217,325

* Party-in-interest

A-Z BUS SALES, INC.
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DECEMBER 31, 2019

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	BCS	Trigger Blus - SQAMR	100,000	109,700
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	Entergy New Orleans	5.0% - ENJ	51,240	51,907
	HSBC	Dual Directional Trigger - SPVPZ	150,000	198,300
	JPM	Dual Directional Trigger Jump - SQAGB	100,000	112,800
	Legg Mason, Inc.	5.45% - LMHB	100,618	103,160
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	Public Storage	5.20% - PSA-W	41,217	40,448
	Public Storage	5.20% - PSA-X	99,440	101,240
	Corporate bonds:			
	Apple, Inc.	Corporate Bond, mat 07/04/21, 2.275%	97,726	99,625
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	Brighthouse Financial Inc.	Corporate Bond, mat 12/22/46 4.70%	45,565	46,331
	Brighthouse Financial Inc.	Corporate Bond, mat 06/22/2027, 3.70%	44,089	49,884
	Campbell Soup Co	Corporate Bond, mat 03/15/48, 4.80%	48,159	57,918
	Cap One Fin Corp	Corporate Bond, mat 10/31/59, 5.550%	105,351	101,487
	Cardinal Health Inc	Corporate Bond, mat 09/15/45, 4.90%	48,226	52,176
	Entergy Louisiana	Corporate Bond, mat 06/01/63, 4.70%	49,831	51,300
	FMC Technologies, Inc.	Corporate Bond, mat 10/10/22, 3.450%	47,103	50,231
	Ford Motor Co	Corporate Bond, mat 12/08/26, 4.346%	47,250	51,666
	General Electric Co	Corporate Bond, mat 5.000%	100,175	97,946
	General Motors Finl Co	Corporate Bond, mat 04/01/45, 5.200%	50,647	50,500
	General Motors Finl Co	Corporate Bond, mat 04/10/22, 3.450%	49,307	52,160
	GS 6.45% Contingent Callable	Corporate Bond, mat 12/04/29, 6.45%	200,000	194,780
	GS Cont Income	Corporate Bond, mat 07/05/23, 7.25%	100,000	100,550
	HCA, Inc.	Corporate Bond, mat 02/15/27, 4.50%	98,939	107,849
	JP Morgan Chase	Corporate Bond, mat 04/30/18, 7.90%	55,907	48,432
	Kinder Morgan Ener Part	Corporate Bond, mat 09/01/22	50,675	56,284
	Kohls Corp	Corporate Bond, mat 07/17/25, 4.250%	49,401	53,150
	Kraft Heinz Foods Co.	Corporate Bond, mat 06/01/26, 3.00%	122,897	135,039
	M&T Bank Corp.	Corporate Bond, mat 02/15/24, 6.45%	55,318	55,528
	Newell Brands, Inc.	Corporate Bond, mat 02/15/26, 4.750%	46,707	50,395
	Newell Rubbermaid, Inc	Corporate Bond, mat 04/01/21, 3.150%	99,720	100,723
	Nordstrom	Corporate Bond, mat 01/15/44, 5.00%	46,235	49,014
	Qwest Corp	Corporate Bond, mat 09/15/25, 7.250%	82,824	86,291
	Reliance Steel & Alum	Corporate Bond, mat 04/15/23, 4.500%	50,377	52,851
	Synchrony Financial	Corporate Bond, mat 12/01/27, 3.950%	77,110	85,137
	Time Warner Cable, Inc	Corporate Bond, mat 09/15/42, 4.500%	50,031	61,343
	Western Union Co	Corporate Bond, mat 6/21/40, 6.2%	113,996	116,646
				$ 27,493,631