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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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
A360, INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2017

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)
A360, INC.

2121 WAUKEGAN ROAD
SUITE 300
BANNOCKBURN, IL 60015

2b Employer Identification Number (EIN) 81-4491906

2c Plan Sponsor's telephone number 813-261-0447

2d Business code (see instructions) 531390

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.	10/12/2021	ROBYN ELKO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2021	ROBYN ELKO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name A360, INC.

c Plan Name A360, INC. EMPLOYEE STOCK OWNERSHIP PLAN

4b EIN 81-4491906

4d PN 002

5 Total number of participants at the beginning of the plan year	**5**	281
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)**	175
a(2) Total number of active participants at the end of the plan year	**6a(2)**	175
b Retired or separated participants receiving benefits	**6b**	90
c Other retired or separated participants entitled to future benefits	**6c**	33
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	298
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	298
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	281
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:

2E 2I 2P 2Q 3H 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) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
A360, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
A360, INC.

D Employer Identification Number (EIN)
81-4491906

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
A360, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
A360, INC.

D Employer Identification Number (EIN)
81-4491906

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 reported 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		
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)	3324	26
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1879790	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	0	3023173
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	1883114	3023199
	Liabilities			
g	Benefit claims payable	**1g**	0	
h	Operating payables	**1h**	0	
i	Acquisition indebtedness	**1i**	0	
j	Other liabilities	**1j**	0	
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	1883114	3023199

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)**	0	
	(B) Participants	**2a(1)(B)**	0	
	(C) Others (including rollovers)	**2a(1)(C)**	0	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	6941	
	(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)**		
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		6941
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		0
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	0	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(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)**	0	
	(B) Other	**2b(5)(B)**	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		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)		0
c Other income	2c		1133144
d Total income. Add all **income** amounts in column (b) and enter total	2d		1140085
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	0	
(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)		0
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		0
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1140085
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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) ☐ 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: RSM US LLP **(2)** EIN: 42-0714325

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	0

			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	0
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	0
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	0
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? ..... [X] Yes [ ] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
A360, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
A360, INC.

D Employer Identification Number (EIN)
81-4491906

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): _____ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

A360, Inc. Profit Sharing Plan (f/k/a A360, Inc. Employee Stock Ownership Plan)

Financial Report
December 31, 2020

Contents

Independent auditor's report	1-2
Financial statements	
Statements of net assets available for benefits (in liquidation)	3
Statement of changes in net assets available for benefits (in liquidation)	4
Notes to financial statements	5-10
Supplemental schedules	
Schedule of assets (held at end of year)	11
Schedule of reportable transactions	12

RSM US LLP

Independent Auditor's Report

Participants and ESOP Committee
A360, Inc. Profit Sharing Plan (f/k/a A360, Inc. Employee Stock Ownership Plan)

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of A360, Inc. Profit Sharing Plan (f/k/a A360, Inc. Employee Stock Ownership Plan) (the Plan), which comprise the statements of net assets available for benefits (in liquidation) as of December 31, 2020 and 2019, the related statement of changes in net assets available for benefits (in liquidation) for the year ended December 31, 2020, 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Argent Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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

RSM US LLP is the U.S. member firm of RSM International, a global network of independent audit, tax, and consulting firms. Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International.

Emphasis of Matter
As discussed in Note 9 to the financial statements, the Board of Directors of A360, Inc., the Plan's sponsor, voted on September 12, 2019, to terminate the Plan effective as of September 17, 2019, and management determined liquidation is imminent as of December 31, 2019. As a result, the 2020 and 2019 financial statements are presented on the liquidation basis of accounting. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter
The supplemental schedule of assets (held at end of year) as of December 31, 2020 and schedule of reportable transactions for the year ended December 31, 2020 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

RSM US LLP

Schaumburg, Illinois
October 11, 2021

A360, Inc. Profit Sharing Plan (f/ka A360, Inc. Employee Stock Ownership Plan)

Statement of Net Assets Available for Benefits (in Liquidation)
December 31, 2020 and 2019

	2020	2019
Assets		
Investment, at fair value:		
Money market fund	**$ 3,023,173**	$ 1,879,790
Beneficial interest in escrow trust	**-**	931,675
Receivables		
Accrued dividends	**26**	3,324
Total assets	**3,023,199**	2,814,789
Net assets available for benefits	**$ 3,023,199**	$ 2,814,789

See notes to financial statements.

A360, Inc. Profit Sharing Plan (f/ka A360, Inc. Employee Stock Ownership Plan)

Statement of Changes in Net Assets Available for Benefits (in Liquidation)
Year Ended December 31, 2020

Additions to net assets attributed to:	
Net appreciation in fair value of investment	$ 201,469
Interest	6,941
Total additions	208,410
Net assets available for benefits:	
Beginning of year	2,814,789
End of year	$ 3,023,199

See notes to financial statements.

Note 1. Plan Description

The following brief description of A360, Inc. Profit Sharing Plan (f/k/a A360, Inc. Employee Stock Ownership Plan) (the Plan) is provided for general information purposes only. Participants should refer to the Plan Agreement for complete information.

General: A360, Inc. (the Company) established the Plan effective January 1, 2017, to permit eligible employees to share in the growth of the Company. The Plan was a leveraged employee stock ownership plan (ESOP), and was designed to comply with Section 4975(e)(7) and the regulation thereunder of the Internal Revenue Code of 1986, as amended (IRC), and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan is administered by an ESOP Committee appointed by the Company's Board of Directors. An independent third party trust company is the Plan's trustee.

On January 26, 2017, the Plan purchased 1,000,000 shares of A360, Inc. common stock using the proceeds from a note payable to the Company amounting to $30,000,000 (see Note 6), and held the stock in a trust established under the Plan. The borrowing was to be repaid over a period of 50 years, as determined in the loan agreement, by fully deductible Company contributions to the Plan. As the Plan made each payment of principal and interest, as required, an appropriate percentage of stock was allocated to eligible employees' accounts in accordance with applicable regulations under the IRC. The borrowing was collateralized by the unallocated shares of common stock and was guaranteed by the Company. The lender had no rights against shares once they were allocated under the Plan.

As further discussed in Notes 6 and 9, the Plan was terminated effective as of September 17, 2019. The Plan no longer held shares of the Company's common stock at December 31, 2019 or 2020. The Company also adopted a resolution to let the Plan continue as a profit sharing plan until all the assets of the Plan have been distributed, transferred or paid out from the trust. Consequently, the name of the Plan was changed from A360, Inc. Employee Stock Ownership Plan to A360, Inc. Profit Sharing Plan.

Eligibility: Subsequent to the Plan termination effective as of September 17, 2019, no new participants were allowed to enter the Plan.

Contributions: All contributions were made by the Company; there were no employee contributions permitted. Employer contributions were paid to the trustee in cash and/or in shares of Company stock, as determined by the Board of Directors in its sole discretion, provided that the contribution is paid to the trustee in cash to provide the trust with sufficient cash to pay the currently maturing debt service obligation based on the loan amortization schedule. Each employee's allocation was based on eligible compensation which included salary, wages, commissions, bonuses and overtime paid after entering the plan as a percentage of all participants' eligible compensation.

Payment of benefits: As a result of the Plan termination discussed in Note 9, the Plan initiated distribution of assets to participants based upon their election during the year ended December 31, 2019. Approximately $3 million and 2.8 million remained in Plan assets as of December 31, 2020 and 2019. These assets were continuing to be distributed to the participants during 2021.

Participant accounts: The Plan is a defined contribution plan under which a separate individual account was established for each participant. Plan earnings are allocated to each participant's account based on the ratio of the participant's account balance to all participants' account balances.

Vesting: Subsequent to the Plan termination effective as of September 17, 2019, all participant accounts became 100% vested.

Note 2. Significant Accounting Policies

Basis of accounting: Due to the decision to terminate the Plan during 2019, as discussed in Note 9, management determined liquidation was imminent. Therefore, the financial statements for 2020 and 2019 have been prepared using the liquidation basis of accounting.

Use of estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires plan management to make estimates and assumptions that affect reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value, which approximates liquidation value. Liquidation is the amount the Plan expects to collect at liquidation. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a settlement-date basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payments of benefits and administrative expenses: Benefits are recorded when paid. All expenses of maintaining the Plan are paid by the Company.

Beneficial interest in escrow trust: The beneficial interest in escrow trust was the Company's estimate of the amount to be received by the Plan from the escrow funds established by the Stock Purchase Agreement. The amounts received by the Plan in June 2020 and September 2020, included $231,765 for an adjustment escrow account and $700,000 for an indemnity escrow account, respectively. These escrow payments amounting to $931,675 have been included in the purchase price, recorded as a receivable and in net appreciation in fair value of investments as of and for the year ended December 31, 2019. In June 2020, the Company and A360 Holdings, LLC (the Buyer) determined the final purchase price of the Company. Consequently, the Plan received $201,469 from the Buyer. This amount is greater than what was previously accrued in the 2019 financial statements for the estimated amount to be received by the Plan from escrow fund. This amount represented the difference between the final purchase price and the closing date purchase price. Such amount is recorded as net appreciation in fair value of investment in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2020.

Note 3. Information Certified and Provided by Argent Trust Company, the Trustee

The following is a summary of the Plan's asset and income information as of December 31, 2020 and 2019, and for the year ended December 31, 2020, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that the information provided to the Plan Administrator by the trustee related to the following assets and income is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets and income:

	2020	2019
Money market fund, at fair value	$ 3,023,173	$ 1,879,790
Accrued interest	$ 26	$ 3,324
Interest	$ 6,941	

Note 4. Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Accounting Standards Codification 820 are described below:

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

Level 2: Inputs to the valuation methodologies include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodologies 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Money market fund: Valued at the closing price reported in the active market on which the fund is traded.

The following table set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020 and 2019:

	2020			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 3,023,173	$ -	$ -	$ 3,023,173
Total assets at fair value	$ 3,023,173	$ -	$ -	$ 3,023,173

	2019			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 1,879,790	$ -	$ -	$ 1,879,790
Total assets at fair value	$ 1,879,790	$ -	$ -	$ 1,879,790

Changes in fair value levels: To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another.

Note 4. Fair Value Measurements (Continued)

Plan management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2020, there were no transfers in or out of Level 3.

Note 5. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 12, 2018, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax exempt. The Plan filed an Application for Determination for Terminating Plan with the IRS on June 19, 2020 due to the decision to terminate the Plan as discussed in Note 9. Final determination was received on December 17, 2020.

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 for any uncertain position that more likely than not would not be sustained upon examination by the U.S. federal, state or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress.

On December 17, 2019, the Plan received a notice from the IRS indicating that the 2017 Plan year end was selected for examination. The Plan Administrator has provided the requested documents to the IRS and no additional correspondence has been received. As this examination is ongoing, the ultimate outcome is uncertain; therefore, no adjustment has been reflected in the financial statements. The Plan Administrator intends to cooperate with the IRS and make any corrections necessary to maintain the Plan's qualified tax status. Penalties, if any, would need to be paid by the Plan Sponsor and not by the Plan. The Plan has not been notified that the IRS has concluded its examination.

Note 6. Loan Payable and Cancellation of Indebtedness

Effective September 12, 2019, the Plan and the Company entered into a Stock Purchase Agreement in which all outstanding obligations between the Plan and the Company were cancelled, in full, in exchange for the transfer of all unallocated shares to the Company. Prior to the close of the sale, the Company contributed approximately $1.8 million on September 6, 2019, which included principal of approximately $1.7 million and interest of approximately $117,000. This resulted in a share release of 36,758, and such shares were allocated to participants based on eligible compensation. Remaining debt amounting to approximately $26.3 million was forgiven. In exchange for the cancellation of the loan payable, the remaining 882,853 of unallocated shares with a fair value of approximately $7.3 million were returned to the Company.

Note 7. Risks, Uncertainties and Concentration

The investment of the Plan is exposed to various risks such as interest rate, market and credit risks.

Note 8. Related-Party and Party-in-Interest Transactions

The Plan has service providers which are considered parties-in-interest under ERISA. Certain employees of the Company provide services to the Plan and are not reimbursed for their services from the Plan. Certain other administrative expenses are paid by the Company on behalf of the Plan.

Note 8. Related-Party and Party-in-Interest Transactions (Continued)

Effective September 12, 2019, all allocated shares of the Company common stock held by the Plan were redeemed in addition to the Plan's indebtedness to the Company being canceled in exchange for all unallocated shares of the Company common stock held by the Plan, as discussed in Note 6.

Note 9. Plan Termination

The Board of Directors of the Company voted on September 12, 2019, to terminate the Plan effective as of September 17, 2019, in connection with the Stock Purchase Agreement between the Company and the Buyer, an unrelated third party, whereby the Buyer purchased all of the allocated shares of common stock of the Company from the Plan. Participants became fully vested in their benefits as of September 17, 2019, and the loan payable to the Company was cancelled in exchange for all unallocated shares of Company stock. On June 5, 2020, a Notice to Interested Parties was distributed to employees and former employees of the Company advising them that an application would be filed with the IRS for a determination on the qualification with respect to the Plan's termination. In addition, the Application for Determination for Terminating Plan was filed with the IRS on June 19, 2020, and was approved on December 17, 2020.

In connection with the Stock Purchase Agreement, the Plan received proceeds of approximately $8.3 million, or $8.30 per share, as of the date of closing. Participants were also entitled to payments from a beneficial interest in escrow trust (see Note 2), which amounted to $931,675 and were deposited into the Plan in June 2020 and September 2020. The Plan distributed cash amounting to approximately $5.5 million to participants during 2019, which was equal to 80% of vested participant account balances, provided the participant elected to receive such distribution. The liquidation of the Plan will be completed upon the distribution of the remaining Plan assets to participants, which is expected to occur during 2021.

See Note 6 for related discussion on the repayment of the loan payable to Company and its eventual cancellation, in full, in exchange for the transfer and sale of all unallocated shares.

Note 10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets (deficit) available for benefits per the financial statements to the Form 5500 at December 31, 2020 and 2019:

	2020	2019
Net assets available for benefits per the financial statements	$ 3,023,199	$ 2,814,789
Beneficial interest in escrow trust	-	(931,675)
Accrued dividends	(26)	(3,324)
Other receivables	26	3,324
Net assets available for benefits per the Form 5500	$ 3,023,199	$ 1,883,114

The following is a reconciliation of the change in net assets available for benefits for the year ended December 31, 2020, per the financial statements to the Form 5500:

Change in net assets available for benefits per the financial statements	$ 208,410
Net appreciation in fair value of investment	(201,469)
Other income	1,133,144
Change in net assets available for benefits per the Form 5500	$ 1,140,085

Note 11. Subsequent Events

The Plan Administrator has evaluated subsequent events for potential recognition and/or disclosure through October 11, 2021, the date the financial statements were available to be issued.

A360, Inc. Profit Sharing Plan (f/ka A360, Inc. Employee Stock Ownership Plan)

Schedule of Assets (Held at End of Year)
December 31, 2020

Plan Number 002, EIN 81-4491906
Form 5500, Schedule H, Line 4i

(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
	Federated Investors	Federated Treasury Obligations Fund Instl	$ 3,023,173	$ 3,023,173

The above information has been certified by Argent Trust Company, the trustee, as complete and accurate.

A360, Inc. Profit Sharing Plan (f/ka A360, Inc. Employee Stock Ownership Plan)

Schedule of Reportable Transactions
Year Ended December 31, 2020

Plan Number 002, EIN 81-4491906
Form 5500, Schedule H, Line 4j

(a)	(b) Identity of Party Involved	(c) Description of Asset	(d) Purchase Price	(e) Selling Price	(f) Cost of Asset	(g) Current Value of Asset on Transaction Date	(h) Net Gain or (Loss)
	Federated Investors	Federated Money Market IS Fund 3 purchases	$ 1,133,144	-	$ 1,133,144	$ 1,133,144	-

A360, Inc. Profit Sharing Plan (f/k/a A360, Inc. Employee Stock Ownership Plan)

Financial Report
December 31, 2020

Contents

Independent auditor's report	1-2
Financial statements	
Statements of net assets available for benefits (in liquidation)	3
Statement of changes in net assets available for benefits (in liquidation)	4
Notes to financial statements	5-10
Supplemental schedules	
Schedule of assets (held at end of year)	11
Schedule of reportable transactions	12

RSM US LLP

Independent Auditor's Report

Participants and ESOP Committee
A360, Inc. Profit Sharing Plan (f/k/a A360, Inc. Employee Stock Ownership Plan)

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of A360, Inc. Profit Sharing Plan (f/k/a A360, Inc. Employee Stock Ownership Plan) (the Plan), which comprise the statements of net assets available for benefits (in liquidation) as of December 31, 2020 and 2019, the related statement of changes in net assets available for benefits (in liquidation) for the year ended December 31, 2020, 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Argent Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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

RSM US LLP is the U.S. member firm of RSM International, a global network of independent audit, tax, and consulting firms. Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International.

Emphasis of Matter
As discussed in Note 9 to the financial statements, the Board of Directors of A360, Inc., the Plan's sponsor, voted on September 12, 2019, to terminate the Plan effective as of September 17, 2019, and management determined liquidation is imminent as of December 31, 2019. As a result, the 2020 and 2019 financial statements are presented on the liquidation basis of accounting. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter
The supplemental schedule of assets (held at end of year) as of December 31, 2020 and schedule of reportable transactions for the year ended December 31, 2020 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

RSM US LLP

Schaumburg, Illinois
October 11, 2021

A360, Inc. Profit Sharing Plan (f/ka A360, Inc. Employee Stock Ownership Plan)

Statement of Net Assets Available for Benefits (in Liquidation)
December 31, 2020 and 2019

	2020	2019
Assets		
Investment, at fair value:		
Money market fund	**$ 3,023,173**	$ 1,879,790
Beneficial interest in escrow trust	**-**	931,675
Receivables		
Accrued dividends	**26**	3,324
Total assets	**3,023,199**	2,814,789
Net assets available for benefits	**$ 3,023,199**	$ 2,814,789

See notes to financial statements.

A360, Inc. Profit Sharing Plan (f/ka A360, Inc. Employee Stock Ownership Plan)

Statement of Changes in Net Assets Available for Benefits (in Liquidation)
Year Ended December 31, 2020

Additions to net assets attributed to:	
Net appreciation in fair value of investment	$ 201,469
Interest	6,941
Total additions	208,410
Net assets available for benefits:	
Beginning of year	2,814,789
End of year	$ 3,023,199

See notes to financial statements.

Note 1. Plan Description

The following brief description of A360, Inc. Profit Sharing Plan (f/k/a A360, Inc. Employee Stock Ownership Plan) (the Plan) is provided for general information purposes only. Participants should refer to the Plan Agreement for complete information.

General: A360, Inc. (the Company) established the Plan effective January 1, 2017, to permit eligible employees to share in the growth of the Company. The Plan was a leveraged employee stock ownership plan (ESOP), and was designed to comply with Section 4975(e)(7) and the regulation thereunder of the Internal Revenue Code of 1986, as amended (IRC), and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan is administered by an ESOP Committee appointed by the Company's Board of Directors. An independent third party trust company is the Plan's trustee.

On January 26, 2017, the Plan purchased 1,000,000 shares of A360, Inc. common stock using the proceeds from a note payable to the Company amounting to $30,000,000 (see Note 6), and held the stock in a trust established under the Plan. The borrowing was to be repaid over a period of 50 years, as determined in the loan agreement, by fully deductible Company contributions to the Plan. As the Plan made each payment of principal and interest, as required, an appropriate percentage of stock was allocated to eligible employees' accounts in accordance with applicable regulations under the IRC. The borrowing was collateralized by the unallocated shares of common stock and was guaranteed by the Company. The lender had no rights against shares once they were allocated under the Plan.

As further discussed in Notes 6 and 9, the Plan was terminated effective as of September 17, 2019. The Plan no longer held shares of the Company's common stock at December 31, 2019 or 2020. The Company also adopted a resolution to let the Plan continue as a profit sharing plan until all the assets of the Plan have been distributed, transferred or paid out from the trust. Consequently, the name of the Plan was changed from A360, Inc. Employee Stock Ownership Plan to A360, Inc. Profit Sharing Plan.

Eligibility: Subsequent to the Plan termination effective as of September 17, 2019, no new participants were allowed to enter the Plan.

Contributions: All contributions were made by the Company; there were no employee contributions permitted. Employer contributions were paid to the trustee in cash and/or in shares of Company stock, as determined by the Board of Directors in its sole discretion, provided that the contribution is paid to the trustee in cash to provide the trust with sufficient cash to pay the currently maturing debt service obligation based on the loan amortization schedule. Each employee's allocation was based on eligible compensation which included salary, wages, commissions, bonuses and overtime paid after entering the plan as a percentage of all participants' eligible compensation.

Payment of benefits: As a result of the Plan termination discussed in Note 9, the Plan initiated distribution of assets to participants based upon their election during the year ended December 31, 2019. Approximately $3 million and 2.8 million remained in Plan assets as of December 31, 2020 and 2019. These assets were continuing to be distributed to the participants during 2021.

Participant accounts: The Plan is a defined contribution plan under which a separate individual account was established for each participant. Plan earnings are allocated to each participant's account based on the ratio of the participant's account balance to all participants' account balances.

Vesting: Subsequent to the Plan termination effective as of September 17, 2019, all participant accounts became 100% vested.

Note 2. Significant Accounting Policies

Basis of accounting: Due to the decision to terminate the Plan during 2019, as discussed in Note 9, management determined liquidation was imminent. Therefore, the financial statements for 2020 and 2019 have been prepared using the liquidation basis of accounting.

Use of estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires plan management to make estimates and assumptions that affect reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value, which approximates liquidation value. Liquidation is the amount the Plan expects to collect at liquidation. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a settlement-date basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payments of benefits and administrative expenses: Benefits are recorded when paid. All expenses of maintaining the Plan are paid by the Company.

Beneficial interest in escrow trust: The beneficial interest in escrow trust was the Company's estimate of the amount to be received by the Plan from the escrow funds established by the Stock Purchase Agreement. The amounts received by the Plan in June 2020 and September 2020, included $231,765 for an adjustment escrow account and $700,000 for an indemnity escrow account, respectively. These escrow payments amounting to $931,675 have been included in the purchase price, recorded as a receivable and in net appreciation in fair value of investments as of and for the year ended December 31, 2019. In June 2020, the Company and A360 Holdings, LLC (the Buyer) determined the final purchase price of the Company. Consequently, the Plan received $201,469 from the Buyer. This amount is greater than what was previously accrued in the 2019 financial statements for the estimated amount to be received by the Plan from escrow fund. This amount represented the difference between the final purchase price and the closing date purchase price. Such amount is recorded as net appreciation in fair value of investment in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2020.

Note 3. Information Certified and Provided by Argent Trust Company, the Trustee

The following is a summary of the Plan's asset and income information as of December 31, 2020 and 2019, and for the year ended December 31, 2020, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that the information provided to the Plan Administrator by the trustee related to the following assets and income is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets and income:

	2020	2019
Money market fund, at fair value	$ 3,023,173	$ 1,879,790
Accrued interest	$ 26	$ 3,324
Interest	$ 6,941	

Note 4. Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Accounting Standards Codification 820 are described below:

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

Level 2: Inputs to the valuation methodologies include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodologies 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Money market fund: Valued at the closing price reported in the active market on which the fund is traded.

The following table set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020 and 2019:

	2020			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 3,023,173	$ -	$ -	$ 3,023,173
Total assets at fair value	$ 3,023,173	$ -	$ -	$ 3,023,173

	2019			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 1,879,790	$ -	$ -	$ 1,879,790
Total assets at fair value	$ 1,879,790	$ -	$ -	$ 1,879,790

Changes in fair value levels: To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another.

Note 4. Fair Value Measurements (Continued)

Plan management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2020, there were no transfers in or out of Level 3.

Note 5. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 12, 2018, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax exempt. The Plan filed an Application for Determination for Terminating Plan with the IRS on June 19, 2020 due to the decision to terminate the Plan as discussed in Note 9. Final determination was received on December 17, 2020.

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 for any uncertain position that more likely than not would not be sustained upon examination by the U.S. federal, state or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress.

On December 17, 2019, the Plan received a notice from the IRS indicating that the 2017 Plan year end was selected for examination. The Plan Administrator has provided the requested documents to the IRS and no additional correspondence has been received. As this examination is ongoing, the ultimate outcome is uncertain; therefore, no adjustment has been reflected in the financial statements. The Plan Administrator intends to cooperate with the IRS and make any corrections necessary to maintain the Plan's qualified tax status. Penalties, if any, would need to be paid by the Plan Sponsor and not by the Plan. The Plan has not been notified that the IRS has concluded its examination.

Note 6. Loan Payable and Cancellation of Indebtedness

Effective September 12, 2019, the Plan and the Company entered into a Stock Purchase Agreement in which all outstanding obligations between the Plan and the Company were cancelled, in full, in exchange for the transfer of all unallocated shares to the Company. Prior to the close of the sale, the Company contributed approximately $1.8 million on September 6, 2019, which included principal of approximately $1.7 million and interest of approximately $117,000. This resulted in a share release of 36,758, and such shares were allocated to participants based on eligible compensation. Remaining debt amounting to approximately $26.3 million was forgiven. In exchange for the cancellation of the loan payable, the remaining 882,853 of unallocated shares with a fair value of approximately $7.3 million were returned to the Company.

Note 7. Risks, Uncertainties and Concentration

The investment of the Plan is exposed to various risks such as interest rate, market and credit risks.

Note 8. Related-Party and Party-in-Interest Transactions

The Plan has service providers which are considered parties-in-interest under ERISA. Certain employees of the Company provide services to the Plan and are not reimbursed for their services from the Plan. Certain other administrative expenses are paid by the Company on behalf of the Plan.

Note 8. Related-Party and Party-in-Interest Transactions (Continued)

Effective September 12, 2019, all allocated shares of the Company common stock held by the Plan were redeemed in addition to the Plan's indebtedness to the Company being canceled in exchange for all unallocated shares of the Company common stock held by the Plan, as discussed in Note 6.

Note 9. Plan Termination

The Board of Directors of the Company voted on September 12, 2019, to terminate the Plan effective as of September 17, 2019, in connection with the Stock Purchase Agreement between the Company and the Buyer, an unrelated third party, whereby the Buyer purchased all of the allocated shares of common stock of the Company from the Plan. Participants became fully vested in their benefits as of September 17, 2019, and the loan payable to the Company was cancelled in exchange for all unallocated shares of Company stock. On June 5, 2020, a Notice to Interested Parties was distributed to employees and former employees of the Company advising them that an application would be filed with the IRS for a determination on the qualification with respect to the Plan's termination. In addition, the Application for Determination for Terminating Plan was filed with the IRS on June 19, 2020, and was approved on December 17, 2020.

In connection with the Stock Purchase Agreement, the Plan received proceeds of approximately $8.3 million, or $8.30 per share, as of the date of closing. Participants were also entitled to payments from a beneficial interest in escrow trust (see Note 2), which amounted to $931,675 and were deposited into the Plan in June 2020 and September 2020. The Plan distributed cash amounting to approximately $5.5 million to participants during 2019, which was equal to 80% of vested participant account balances, provided the participant elected to receive such distribution. The liquidation of the Plan will be completed upon the distribution of the remaining Plan assets to participants, which is expected to occur during 2021.

See Note 6 for related discussion on the repayment of the loan payable to Company and its eventual cancellation, in full, in exchange for the transfer and sale of all unallocated shares.

Note 10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets (deficit) available for benefits per the financial statements to the Form 5500 at December 31, 2020 and 2019:

	2020	2019
Net assets available for benefits per the financial statements	$ 3,023,199	$ 2,814,789
Beneficial interest in escrow trust	-	(931,675)
Accrued dividends	(26)	(3,324)
Other receivables	26	3,324
Net assets available for benefits per the Form 5500	$ 3,023,199	$ 1,883,114

The following is a reconciliation of the change in net assets available for benefits for the year ended December 31, 2020, per the financial statements to the Form 5500:

Change in net assets available for benefits per the financial statements	$ 208,410
Net appreciation in fair value of investment	(201,469)
Other income	1,133,144
Change in net assets available for benefits per the Form 5500	$ 1,140,085

Note 11. Subsequent Events

The Plan Administrator has evaluated subsequent events for potential recognition and/or disclosure through October 11, 2021, the date the financial statements were available to be issued.

A360, Inc. Profit Sharing Plan (f/ka A360, Inc. Employee Stock Ownership Plan)

Schedule of Assets (Held at End of Year)
December 31, 2020

Plan Number 002, EIN 81-4491906
Form 5500, Schedule H, Line 4i

(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
	Federated Investors	Federated Treasury Obligations Fund Instl	$ 3,023,173	$ 3,023,173

The above information has been certified by Argent Trust Company, the trustee, as complete and accurate.

A360, Inc. Profit Sharing Plan (f/ka A360, Inc. Employee Stock Ownership Plan)

Schedule of Reportable Transactions
Year Ended December 31, 2020

Plan Number 002, EIN 81-4491906
Form 5500, Schedule H, Line 4j

(a)	(b) Identity of Party Involved	(c) Description of Asset	(d) Purchase Price	(e) Selling Price	(f) Cost of Asset	(g) Current Value of Asset on Transaction Date	(h) Net Gain or (Loss)
	Federated Investors	Federated Money Market IS Fund 3 purchases	$ 1,133,144	-	$ 1,133,144	$ 1,133,144	-